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Project HX

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Project Hx: Mental Health Matters

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Mental Health Matters

UC Irvine School of Medicine

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Dear Readers,

Project Hx is a collection of narratives and photographs with a goal to highlight the rich diversity of the medical community. It is a portraiture of people's stories and backgrounds, their experiences and adventures in healthcare, and ultimately a way to show a human side behind the oftentimes faceless nature of medicine. We aim to document these stories and perspectives in the form of biographical interviews and portrait photography as a way to provide our audience with daily glimpses into the human lives surrounding medicine. The people interviewed portray only a fraction of the countless number of unique attitudes and ideologies that represent the medical community, but we hope that it can serve as kindling for continued conversation. While reading the stories, please keep in mind that narratives are powerful only when they are genuine. They can be genuine only under the climate of acceptance and open-mindedness. Thus, we hope that each story is received free of judgment and prejudice.

This year's fourth issue is particularly personal, as it explores the thoughts and opinions that medical students and healthcare providers have regarding mental health in medicine, and their own personal journey towards finding strength in this profession. Given the intimate nature of this theme, most of our interviewees opted towards anonymity, but we are grateful that they were willing to step forward to reveal their personal struggles, and put a face - though not in the literal sense - on the true reality of mental health challenges that come with the rigorous journey towards becoming a physician.

Sincerely,
Project Hx Team
UC Irvine School of Medicine

UCISOM Wellness Program Director

Looking at the statistics, many medical students and physicians will struggle with mental illness, whether it be depression, anxiety, alcohol abuse etc. I believe they can continue to be successful and thrive, if given the appropriate support and resources. These are individuals who have wanted to devote their careers to caring for others and so it is imperative that we encourage a culture of self care and to take care of each other, so they can continue their passion. We are fortunate at UCI to have an administration that is dedicated to programming and funding around mental health. Back when I was in medical school, there was no discussion about mental illness among providers. Right now, especially at UCI, the leadership is actively trying to normalize and openly talk about these topics. We have implemented onsite counseling, the annual retreat, wellness events, process groups, peer mentors and lectures dedicated to physician well-being.

I encourage any student struggling with mental illness to reach out to their peers, attendings, or clerkship directors, before things get out of control. The earlier you reach out, the better. Many students start to get behind and feel overwhelmed and do not realize it is due to their mental illness. It is, of course, not their fault. The nature of the mental illness itself, is that it is difficult to know when you need help. So, in my opinion, promoting physician wellness is a collective effort. We need to abandon the competitive culture and encourage students and residents to take care of each other. If you think your colleague seems to be struggling, definitely reach out to them.

Many people are concerned to accept help because they are scared of how it will impact their future. Students can take a leave if they are struggling with significant mental illness. A psychiatric leave is the same as any medical leave. Nobody needs to know the medical reason for the leave and residency programs will not know and are not allowed to ask the reason for the medical leave. I have been asked by students if the medical board will know if they see a psychiatrist. The board does not ask if you have seen a psychiatrist or therapist. They are alerted if you get a 5150, which is a psychiatric hold for three days or if you get a DUI or have a drug related incident. I think it's really important to clarify these questions because they are all things that discourage people getting the help that they need.

Interview/Photography: Soe Thein

MS1

There's this topic I've been thinking about over the semester. Being here and being taught. Why are we here as students? To become doctors, healers and leaders in medical society. The curriculum teaches us not only the practical aspects of that, but ideals and principles to live by. Yet, we are constantly being challenged on those values. Balancing seeing more patients and making money versus taking the time to help people. It's just interesting how we're taught to practice and take histories in this idealistic way, but at the same time we're being challenged by practical problems. I guess it's good we're being challenged now, so we'll know what to do when we face these situations.
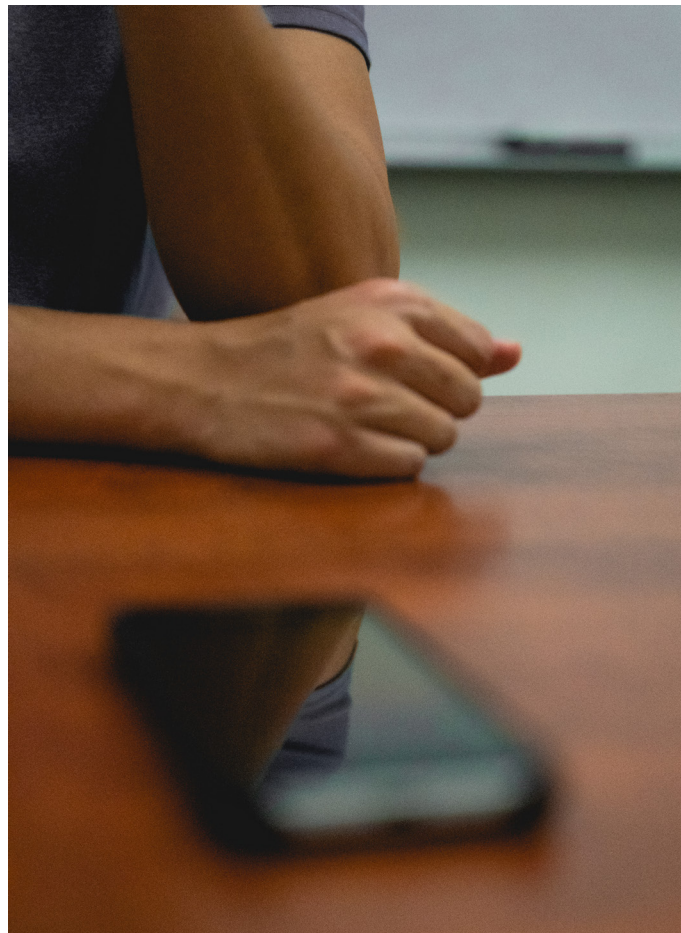
I struggle with being a good person all the time. One example is giving certain people in my life due attention and care. What does it mean to be a good person in that case? To be able to tend to those needs constantly?

My parents were immigrants. Back at their home country, America was a place of new beginnings in the 90s. Living with my parents, they were always in my ear telling me to just get by. Put your head down. Education is key. Don't cause trouble. And that got me here. I'm proud of where I am. But at some point,

it's my responsibility to look at the issues that I've put a blind eye to just because I wanted my life to be convenient. Whether that's structural violence or disadvantages that minorities face – things that I didn't stand up and fight for because I was in survival mode. As a first-generation immigrant, I was born here, but pretty much for the first half-decade of my life, I didn't speak any English. So only now that I'm in my 20's have I started to look at the structural inequalities around me.

I've talked to my mom about this before. I asked her if risking that much of your life is worth it, if it's the morally ethically right thing to do. And she said that it is. But survival is important too, because ultimately, you'd have another day to continue the good fight. You can't fight if you're dead.

So, have I ever thought about putting myself out there? Making myself vulnerable, even a target? Because when you take a stance out in public like that, you are at risk of being targeted. I've thought about whether it's my time yet. And I'm stuck in the middle, because I have so much longer in training. But while I'm in training, I'll continue to be conscious of these issues and actively work with them. I can support others that will fight the good fight, and one day I will can stand up when I'm ready.

Interview: May Hui, Janani Prasad; Photography: May Hui

MS2

When I first came into medical school I was actually surprised at how, for lack of a better word, well I was. I kind of expected first year to be hitting the books 24/7, going to the library and never really seeing friends or family. I was pleasantly surprised that I didn't find it too different from my undergrad. The material and the amount of material was different, but I still had time to see my friends and family, work out and have hobbies. In my first year of medical school I went to one of the process groups that Dr. Hurria hosts. It didn't surprise me but I think just facing people that were going through issues with their mental health was a reality check. I had to think about why I wasn't feeling the same way they were.

To my classmates that aren't going through any sort of mental health crisis: first I would recommend that even if you don't think you are struggling, to take a second and really think about what you are going through. You are going through one of the hardest things that you can possibly go through in terms of getting a medical school education so I think even if you have a positive attitude and you don't think you are going through a mental health crisis, you can definitely identify some things that have had some sort of impact on your overall well being. But then beyond that, just remind yourself that you are really fortunate to be in this place and some people aren't. Just respect how other people might be feeling about something and be there for your classmates because we all want to graduate together.

I imagine that at some point in medical school, everyone has had to feel at some point, some kind of unwellness whether its burnout, or just stress or depression. I would encourage anyone to seek help if they need it. I hope that everyone here has at least one person that they could confide in. I definitely talk to my friends from medical school, because one of the biggest ways I am able to deal with it is commiseration. Talking to your family and friends outside of medical school is a little bit harder because they don't really understand what we go through.

But something that I was talking about with my friends that's just a common thing is the subject of wellness in the medical field and amongst medical students and how it's kind of like a running joke now. Honestly, the word wellness, people just throw it around and it doesn't really have a tangible meaning anymore. You could use that word to describe your mental health. You could use it to just describe free time, like your everyday. Not just UCI but medical schools everywhere try to really incorporate wellness into the curriculum, which again doesn't mean anything. We have these mandatory lectures about topics like meditation or optional lectures on how to form relationships outside of medical school and those are all really great. Except I feel that a lot of times with wellness lec-

tures, almost by addressing the elephant in the room that we aren't well, in a way it kind of just makes it worse because then all you are really talking about for an hour is how unwell you are. There is never really a lecture that talks about how cool it is that we are fortunate enough to be in this position where we get to pursue our passion of becoming a physician. I would love for there to be a lecture about this. For example, it could be a certain case a certain physician had that just really changed their practice and really re-inspired them to circumvent their burnout, instead of just talking about how burnout is a real thing. We talk about these strategies to get around it but no one ever puts it into a tangible thing to make at least me feel reinspired.

When you are a second year you have these PACE reflections. Our last one was talking about diversity in medicine which again you could put two spins on. You could be like "wow medicine is this field that is overarching, it is completely human, anyone can relate to it and so it welcomes diversity". But of course the natural progression of conversation is going to be, "well there's a lack of diversity within medicine and there's a lack of diversity even within UCI". When you talk about that for two hours, you leave

and you're like "well now I'm completely unmotivated to study because we just talked about how terrible the world is!" For me at least, I think what would be really beneficial across medical schools everywhere and even conferences for physicians would just be talking about cool things that got them reinspired as a physician, cool cases, and research that's going on. Life is all about balance and I feel the same needs to go into medical school. I definitely think that of the lectures we've been having, maybe 70% of them have been useful. I just think that the other 30% should go towards just making us feel happy to be here.

Interview: Ruchi Desai; Photography: Tammy Tran

MS-LOA*

The most difficult part of medical school for me was carrying the weight of a family on me and not having a similar understanding with classmates whose family play a more supportive role. I know I came into medical school already knowing I had these responsibilities, but I had hoped my preparation prior to that to push for their independence would have been successful. I worked full-time and overtime up until a few days before orientation so they would be okay, but my mother's inability to hold a job consistently became an ongoing problem. Both members of my family suffer from depression, and I have been the person who was on suicide watch for both in the past. Thankfully things are better, but there's still work to be done on both ends.

I know first year was a mess and it was not until second year that I was seeing the medical school psychiatrist to sort out my situation. UCI has gotten better about making those resources more visible and accessible to students since I began. They're well aware that I came from a nontraditional background and therefore a nontraditional path through medicine is going to continue. They were

amazing to step in when a classmate had crossed personal and professional boundaries and placed me in a position I should not have been.

I've practiced self-care by giving time to myself and not feel guilty about it. No longer hesitating to ask for help, simply because I may be inconveniencing someone. However, I didn't by working during medical school, taking on too many activities (extracurricular or other), and placing the needs of my former partner above my own. The collective sense of suffering is quiet, so you do often feel alone until you open up to someone about your suffering. I was fortunate to find good people early on, and in particular one has remained that person who I can share every failure and success without any judgment. I have learned to let go of most of my guilt when it comes to not always being there physically or financially for my family. Everything else is still a work in progress!

This past year outside of medical school, I worked for a non-profit and I tutored in creative writing, Spanish, math, chemistry, and biology during my evenings when I wasn't at work full-time. I partly overworked myself out of necessity but I genuinely enjoy teaching, so I did not mind working up to 60 hour weeks. I completed my graduate degree. I also completed my research project and submitted an abstract and presented a poster for two conferences. These experiences taught me that I really enjoy doing a bit of everything.

Failures don't define you. So many people don't want to talk about failing an exam or course because of fear of how others may see them. It's such a toxic thought process that hinders progress. I recall a friend telling me how a classmate brought up in her group how someone failed one of the MS1 classes based on looking at the lowest overall grade. It was a comment not made out of concern, but to see who didn't make the cut for MS2 with their cohort. We need to be supportive of each other rather than criticize or isolate those who struggle.

*LOA: Leave of Absence

Interview: Thalia Nguyen; Photography: Soe Thein

MS3

Over the course of medical school, I came to recognize that what I find most challenging about the process boils down to a constant internal dissonance of the following: "Should I do what I currently want to do or should I do what I know would make me successful for this exam/rotation/career?" Sometimes those sentiments align such as when I was in a rotation I really enjoyed—waking up in the morning to go to work and having the initiative to explore topics to augment my knowledge was an easier and enjoyable task, all of which contributed to success in the rotation. However, it can be very frustrating and mentally debilitating when put in a position where the "want" and the "need" do not necessarily align. One can make a case for being in a rotation he or she just does not find stimulating or be with a team where the instructors look through you no matter how much you try to reach out, offer help, learn, or be visible. Or, when you've been in a position to repeatedly decline attending events from peers on a lighter rotation, friends who are not in medicine, or family visiting. Even though everyone is understanding of the situation, there is a guilt that comes about from not being present at certain life milestones. There came a point where I felt like I was half-assing work and half-assing pleasure and it was just not a comfortable feeling. The whole scenario eventually led up to me being anxious and emotionally labile even at the most minor things. I would write up an email that I would need to send to an attending or resident and I would think twice and perseverate about the necessity of the e-mail for almost an hour. There would come a point where I would get stuck on these tasks and I'd get frustrated because I consciously knew that I could have spent that time doing more productive things.

This all built from constant pressures since MS1 year to do well/decently because every opportunity seems to become available when you hit certain marks—For example, want to get into x specialty? The mean score is "xxx" and word on the street is that programs don't even look at scores lower than "zzz." I feel that UCI tries to minimize that by reminding us about wellness and making grading more generous—for example, pass/fail. However, the pressures come from within. When you've been blessed to be put in a situation and environment where you used to get top

marks in high school and undergrad and then suddenly feel that your just treading over water in medical school—from an outside perspective you're still doing fine because you're passing. But I felt I wasn't meeting standards I used to set for my past self. And the self-imposed pressures along with the constant dissonance I felt in my decision making process (along with the rigors of material learned in medical school) just makes the overall experience difficult.

One thing I feel that is not talked about regarding medical school is that almost everyone around me is experiencing some version of what I am going through and that I am not alone in the process. There was a point throughout school where I was just honestly emotionally labile and I've had peers reach out to me and ask me a theme of questions—if I had intentions to hurt myself or others. At that point, the honest answer was "no." But I felt that there had to be some change in the way I was behaving that concerned them enough to ask. This—brought to my consciousness—along with the following scenarios led me to realize that I was not alone:

A peer messaged me on facebook randomly and asked how I was doing. We were acquaintances who probably had 3-5 full conversations in the past and he checked up on me to see where I was in my medical school career. Long story short, he revealed to me he was just reconnecting with acquaintances and redirecting his energy to forge stronger relations with acquaintances after going through a period of anxiety and depression while in clerkships, failing one of the rotations as a result and had to take time off afterwards. He visited family from different states and regularly met with a therapist during this time and felt it was the best decision he made. He recently messaged me again informing me that he was back rotating, received his best marks on the rotation he had to retake, and just wanted to advocate mental health and being honest with what an individual's body and mind can handle—that saying no and slowing down is not a sign of weakness, but a sign of strength and being cognizant about one's capacity. While working on notes in the workroom, one of the residents I worked with nonchalantly revealed that he had to go see a psychiatrist during his second year of residency because of burn-out. It revealed to me that at even at the level of residents—people do feel a mental health challenge and seek help.

As I spent more time and conversation revealing about the burden I feel with others, the more others shared with me. I gained consciousness of how "not alone" I was. I am thankful for every gift of a conversation and for everyone reached out to check in on how I was doing because they slowly guided me to a point where I was comfortable enough to seek help. When I approached my PCP, I felt the same dissonance I described as before—I did not want to tell her about the burden I felt but I knew I had to because something about me was not right. I spent the visit going through the same questions my peers asked me before, and screening for anxiety and depression. Before we concluded the visit, she informed me that I was not alone in the process, there are for more people who felt some spectrum of burden as I did, and that she wishes that more would speak out and speak up for how they truly felt.

I am still in the process of healing. But the impetus for me to seek help was all the people who were and are strong and brave enough to acknowledge that the work we are about to enter and the work we do is very unusual—people come to us at their more

sickest and crankiest times or if they're in great need of help and we are expected to somehow provide a solution where sometimes there isn't one—and all of that is not cumulatively physically nor emotionally easy. While UCI and all these amazing mindfulness courses are available, help can only ever be useful if the person who needs the help is willing to seek it and be amenable to the change that help provides. As such, sometimes it's not a mass email or advertisement that can change a person's life. It's reaching out, peer to peer. You never know whose life you're going to change by a conversation.

Interview: Thalia Nguyen; Photography: Richelle Homo

MS4

I have bipolar II. I was diagnosed in the medical school, because of the extreme stress and the nature of bipolar to to come out during in the mid twenties. Medical school can be very un-forgiving, in my opinion. It requires both mental and physical consistency in every aspect. You are put on a very high pedes-tal. You are expected to be at the hospital around 5am, and leave around 10pm, and perform at the highest standard possible. You are expected to not complain. If you complain, you have to worry about the consequence of getting penalized. If you show any kind of mood volatility, you can be instantly seen as untrustworthy. I have never felt comfortable opening up to my clerkship directors, attendings or colleagues because I am afraid that doing so would hurt my evaluations.

I was pretty much helpless. I was seeing therapists but they were expensive, and not really helping me. I was also reluctant to talk to my family members because I did not want them to worry about me. The only outlet I had was venting to my ex-girlfriend. Bi-polar makes it especially hard to maintain relation-ships. There were times I wondered if I actually loved my ex or I was just using her as a coping mechanism. I still feel guilty about that to this day. I was in a re-lationship with my ex-girlfriend for 4 years, but now we are broken up due to *my* bipolar. There are only so

many times I could blow up and then apologize to my ex-girlfriend, before she finally said, "f* this, your apology doesn't mean anymore".

For the first few depressive episodes, people empa-thize with you. But, after that, people started telling me "it is mind-over-matter", or just to "be happy". When people no longer know what to do, they start blaming on you. Even for amazing people like my ex, she could only put up with my cyclical outbursts for so many times, until she realized she wanted to get married, and settle down with someone. It is really hard for someone with bipolar like me to provide this type of stability. I am not saying that I don't want to, but it is the nature of the disease.

But, I also want to make a point that you can actual-ly do function well bipolar disorder. When I am do-ing well in hypomanic state, I feel I am very creative, energetic and free. When other people see that, they think I am having the time of my life. But, what they don't see are the lows, when I am hiding inside my room, where I don't even have motivation to do the most basic things like getting up or eating. During these episodes, everything around me just seems neg-ative. No matter how many degrees or achievements you have, you think you are worthless. Depression is not about what you have or what you don't have. It is a state of mind, where everything becomes hopeless even though you are in the profession of saving people's lives. And because you stopped eating or drinking, you started to waste away. Without mood stabilizers, these depressive episodes can seem like never ending. Right now, I am doing quite well with medications, but I still wonder how I can provide myself and my loved ones with stability in a society that really values consistency.

Interview/Photography: Soe Thein

MD/PhD

As soon as I was ready to enter the graduate phase of the program, I was pretty much set on wanting to pursue research related to mental illness - and specifically I wanted to focus on the medical student experience. Just from my own personal experiences, as well as talking to people in my program or in my class, it seemed like many of us were dealing with mental health issues that we didn't want to talk about, and I saw that as an issue. That's part of what inspired me to follow the path of looking at medical student depressive symptoms and suicidal behaviors, among other things.

Overall, the main outcomes of interest for my dissertation project are depressive symptom severity, thoughts of suicide in the previous 12 months, risk of future suicidal behaviors, and lifetime suicidality. Lifetime suicidality is a measure of whether or not someone has ever considered taking their life or ever attempted to take their life. In addition to personal experiences, I am interested in this line of study because depression, suicidal thoughts, and suicidal behaviors are higher in medical students and in physicians than the general population. My study also asks about various behavioral and psychological health factors, so I am getting an overall picture of med student health. I am most interested in what other health behaviors may be associated with suicidal thoughts and behaviors. For example, I ask about sleep and exercise behaviors, stress, empathy, quality of life, and imposter syndrome - which I find interesting. I've recruited 80 students into my study so far, but we're still recruiting. As of now, 18.5% of students in my sample have reported thoughts of suicide in the previous 12 months. That's pretty jarring for me to see. As a researcher, you hope to see your outcomes of interest in your data, but as a future clinician, a medical student, and as a human being, it is just so difficult to see that answer on a questionnaire. I'm hoping that the results of my work will shine a light on how prevalent suicidality is, and even if people are not attempting to end their lives,

it's definitely a public health concern that they're even considering it.

So maybe that says something about our coping behaviors as med students, but I guess we can talk about my personal experience now.

During my first year of med school, I had a couple of pretty terrible things happen in my personal life. In September of that year, one of my friends was murdered by her husband, and in December, one of my friends took her life. Even though I've always wanted to go into psychiatry, and therefore knew that my life would involve talking about and treating mental illness, I wasn't ready for the experience myself. Once those things happened in my life, I didn't respond well. I did the thing [where I thought], "I think I'm depressed, but I can get out of this myself, I'm strong enough to get through this." This was a mistake. Depression has nothing to do with strength. I ended up doing pretty poorly in some of my classes second year and ended up taking a leave of absence. It was good I did that because if I didn't, I would have failed out and I wouldn't be here now. I'm happy to share that with anyone who wants to read it, because if people are struggling, it's helpful to know that someone else experienced the same sort of thing and kept going. I was definitely clinically depressed, but I went to a therapist, I was on medication, and I got my life back together and came back to do research. But I was pretty quiet about it while it was happening and I think people see depression (especially future doctors), people see it as weakness. Like if I am going to be a physician, I should be strong and a picture of perfect health. That's not the case. We're human beings. I think it's helpful when people share their experiences and let each other know that it's human to feel these sort of things. Just statistically, we all experience depression at some point in our lives and I think it would be a lot less scary if we could deal with it and talk about it.

Obviously as a result of my depression I was doing poorly in classes. When you're depressed, it's impossible to study. You can't focus. It's pathological, I would sit in front of my laptop and just stare at the slides that I knew would come up in the exam. Even if I read through it several times, it just wasn't sticking. I think it can be scary to share personal stories of mental illness. We are worried that if we share that we are struggling with advisors, mentors, or someone in administration, that it will somehow go on some sort of record or affect us down the line. When I'm applying to residency are they going to see that? I think the big thing for residency, or jobs, even if I'm okay now, but it's in my file that I was ever depressed, are they going to choose someone with no history of depression over me? Just because of that "weakness". But I would like to hope, especially since I'm going into psychiatry, that the people I'm working with will be understanding. And honestly I see my experiences as a strength and I think it will make me a better physician. We talk a lot about empathy in the medical profession, and I feel that my capacity for empathy has certainly been enhanced by personal experiences. Passing judgment on the abilities of a person based on mental illness is obviously discriminatory and seems very old school to me, but I think we are certainly moving toward a more progressive era.

Is there anything in particular that got you through those first two years of medical school?

There was so much guilt. That sounds ridiculous that guilt was pushing me through instead of just saying "screw this, this is too hard. I'm out of here". I got into this MD/PhD program that I think the year I got accepted, 700 people applied and 7 of us got in. I am a part of one percent of this population and I'm going to quit? No, that's not going to happen. I had many pep talks with myself saying "I'm not going to quit, I'm not going to quit". That's why it was so devastating during the most painful times when someone told me to quit. Wait a minute-am I fighting a losing battle? Should I just give up? Is he right? Do I not belong here? But I'm glad I didn't listen to him and found a therapist I could trust. It was kind of devastating for me since I felt like I was quitting in a way since I took that leave, but I am so glad I did that now. Because I took the leave, two thirds of the way through second year, and I was almost there, it was definitely heartbreaking to think I had to start over second year when I come back, but at this point-who cares? What's 6 or 7 months of your life? I definitely want to say to anyone who is struggling and considering taking a break for your mental

health-it is totally worth it. I know it may be scary to put your life on hold for 1 or 2 years. If I would've kept going without taking my leave I wouldn't have passed my courses second year, and I probably would have been dismissed from the program, and it wouldn't have been good. I think, as med students, we are so focused on the goal of getting through med school, and the goal of helping other people that our health takes a backseat. But that shouldn't be the case. To be a good physician and to treat patients to the best of our abilities, we first need to be physically well and mentally well ourselves.

How do you think we can improve mental health and wellness, moving forward?

I think it would be helpful for all of us if we would share when we are struggling. Even if you aren't struggling with depression - if you are "just" feeling stressed, which everyone is. During my pre-clinical years, when class ended people would say how much did you study last night? How many slides did you get through?" I remember at one point I was just like, "can we not do this?" It's super stressful and overwhelming. I feel like if we spent less time comparing progress and more time talking about how difficult things are or how we are doing mentally, if we acknowledge that, I think that it would be less painful and less difficult to get through, or in my case, make it easier to come to terms with (and therefore fix) the problem. Just knowing you aren't the only one struggling releases so much pressure, at least for me. I would highly encourage people to talk about their struggles. It would be so helpful. Everyone always pretends that they have their stuff together so as not to appear weak, but oftentimes we don't. Opening up about our experiences and struggles would make medical school a much more open and warm environment in my opinion. It is easy to lose sight of the fact that we have a family of peers going through the same thing, we should rely on that family.

Soe Thein

My name is Soe Thein, a current senior going into psychiatry. I have always believed in the healing power of narratives. I created Project Hx to tell the stories of diverse people working in the healthcare setting. My hope is that, through these narratives, we will be better able to understand and support each other, as well as ourselves. Mental health tip: there is a free therapy app called WoeBot, created by people at Stanford. The app is powered with artificial intelligence to provide cognitive behavioral therapy. It is particularly helpful with anxiety and depression.

Thalia Nguyen

Hi there! I've been lucky to be a part of Project Hx for the past 3 years and am excited to apply for Family Medicine Residency next year. Project Hx has allowed me to gain a more intimate understanding of my peers and fellow healthcare providers and their different perspectives regarding medicine and _____. My personal mental health tip is to find time, even if it is just 10 minutes, to do something for yourself, whether it is watching a Youtube music video, run 1 mile, or playing a speed round of Exploding Kittens.

Richelle Homo

Hello, I'm Richelle, a 3rd year pursuing military medicine. I enjoy karaoke-ing, weightlifting, and currently learning how to slackline! I believe that one of the most valuable sentiments we can help someone feel is a sense of belonging. I joined Project Hx because it is a powerful medium that allows voices to be shared and heard, helping us foster a sense of community even though we may be separated geographically. Mental health tip: Coloring is an age appropriate activity for everyone.

May Hui

Hi readers! I'm excited to share this year's Project Hx: Mental Health Matters. Although the topic might seem over-done to some, I was (and continue to be) frustrated by the disconnect between the medical community's purported openness and our (un-)willingness to share our own mental health struggles. My hope is that this issue will bring the topic a little closer to home and provide some food for thought - starting with: What reasons compel someone to keep their mental health stories anonymous, and what am I doing to address those reasons? Mental Health Tip: Don't compare your life to someone else's highlight reel.

Farheen Basith

Hello! My name is Farheen Basith and I am a 1st year medical student. What initially attracted me to Project Hx was the unique light it shed on the inner lives of those in the medical community through the written word. I think we can all agree that medicine is one of the more difficult and taxing careers, but it's important to make time for mental health because if we don't take care of ourselves as healthcare providers, it becomes more difficult to take care of others. My mental health tip would be to take time out to spend with friends and family, because happiness is closely correlated with the quality of relationships in our lives.

Ruchi Desai

Hi! My name is Ruchi and I am a 1st year medical student. I joined Project Hx to better understand my peers, the faculty and other members of the medical community. Project Hx provides a medium for these individuals to showcase other aspects of their life and express their unique perspectives, highlighting the diversity that exists in the medical field. Mental health tip: While this may sound corny, if you ever feel overwhelmed, write out your thoughts; getting your feelings out on paper can help you process the situation and decrease your stress!
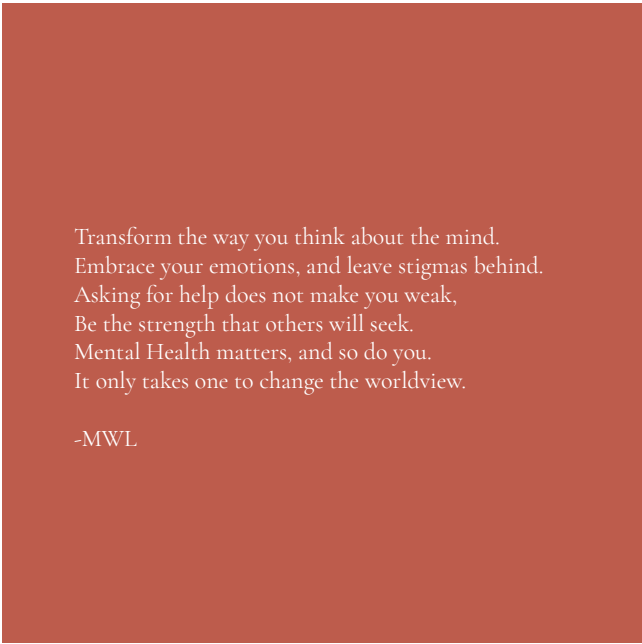
Janani Prasad

Hi everyone! My name is Janani Prasad and I am a first year medical student. I joined Project Hx because I've always been interested in the intersection of medicine and art. I think Project Hx's artistic approach to showcasing individual's experiences in the medical field is a powerful way to highlight the unique perspectives and diversity in UCI medical community. Mental Health Tip: Make time for the things that you love doing, whether it's hanging out with friends, dancing, reading, or baking! Even if you have to push yourself to do them at the end of a long day, it's a great way to recharge and to be more productive after too.
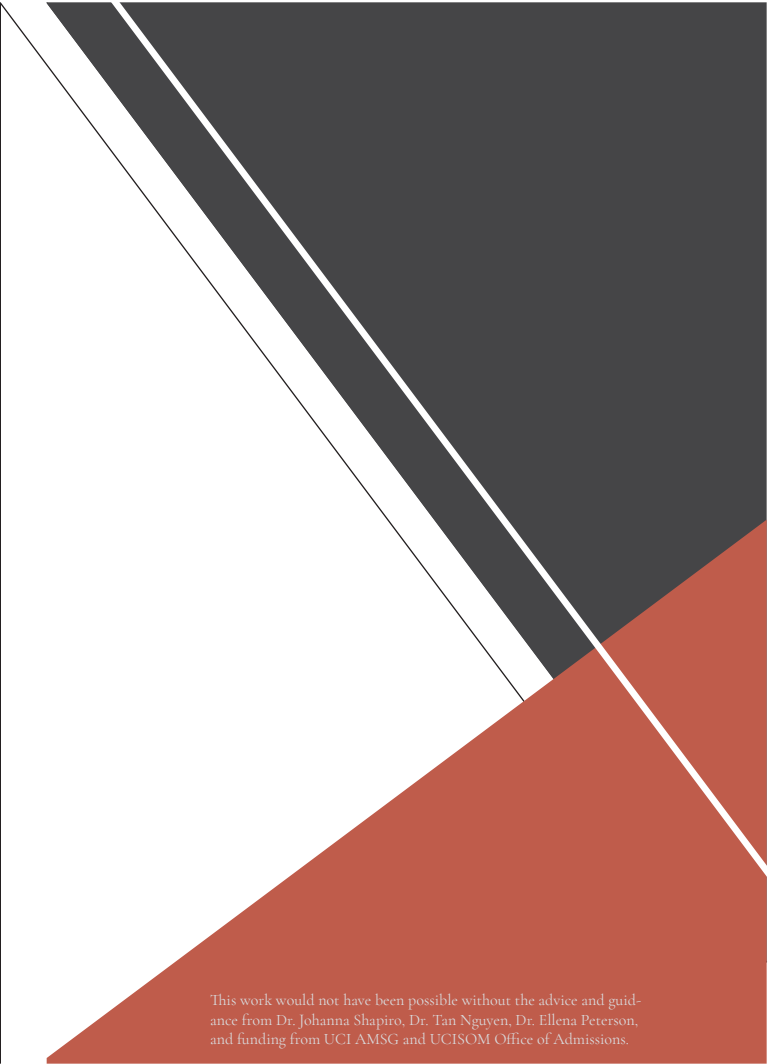
Tammy Tran

Hi, my name is Tammy T. Tran and I'm an MS1, a youngling in this world of medicine. Although I am still not well versed in medical lingo, I did find medicine in art as a kid. I joined Project Hx because I was intrigued by its ability to artistically elaborate on human feelings, opinions, and emotions through writing. My mental health tip: Sleep.

Transform the way you think about the mind.
Embrace your emotions, and leave stigmas behind.
Asking for help does not make you weak,
Be the strength that others will seek.
Mental Health matters, and so do you.
It only takes one to change the worldview.

-MWL

+Project H_x