

# MedWell: A Clinical Outreach Initiative to Promote Mental Health Service Awareness and Accessibility Among First-Year Medical Students

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## INTRODUCTION

Mental health concerns among college and graduate students have risen substantially over the past two decades, with marked increases in depression, anxiety, suicidal ideation, and psychiatric medication use.<sup>1</sup> Despite expanded awareness and service availability, treatment engagement has not increased proportionally, particularly among students of color, gender-diverse students, and professional trainees.<sup>2</sup>

Medical students self-report symptoms of depression, anxiety, burnout, and suicidal thoughts at rates higher than their peers. Estimates reveal 27% screen positive for depression and 11% experience suicidal ideation, yet only 15–17% receive treatment.<sup>3,4</sup> 47% of students perceive a decline in their mental health during medical school.<sup>5</sup>

Burnout, stigma, disclosure concerns, and structural barriers to care persist across training stages.<sup>6</sup> Recent psychosocial autopsy data examining physician suicides between 2017 and 2021 identified occupational stress and untreated mental health conditions as major contributors.<sup>7</sup>

Barriers to engaging with care include limited time, resources, knowledge of available services, and fear that engaging in mental health treatment could affect their career.<sup>8</sup> Stigma and self-stigmatization can lead to low self-esteem and be obstacles to learning, workplace performance, and social growth.<sup>9,10</sup>

The unique educational experiences and health behaviors of medical students necessitate a proactive, stigma-informed, targeted outreach program for this unique population.

## OBJECTIVE

MedWell is a clinical outreach program co-sponsored by the Johns Hopkins University School of Medicine (SOM) and Student Health and Well-Being's Division of Mental Health Services (MHS) to provide an opportunity for every first-year medical student to meet with an MHS clinician for a brief conversation about wellness during major life transitions, mental health, and a potential referral to clinical treatment.

## DESIGN

### Participants

**Target population:** First-year medical students

**Comparison group:** Prior-year first-year cohort (2024 pilot)

**Class size (2025 cohort):** 117 students

Participation was voluntary and visits were confidential.

### Intervention

**MedWell Clinical Outreach Program**

**2024 Pilot**

Optional brief mental health check-in  
Student called MHS clinic to schedule their encounter

**Focus:** psychoeducation, service navigation  
Framed as a non-treatment visit

### 2025 Revised Model

Program refinements were made to address:

- Logistical barriers (time constraints)
- Psychological barriers (stigma, mistrust)
- Privacy concerns

Revisions outlined in table to right:

**Visits:** 20–30 minutes, conducted by psychiatry or counseling clinicians. In-person and telehealth visits available beginning during orientation  
Not a treatment visit *unless* student expressed need/desire for services, at which time they were consented for treatment and encounter was changed to a clinical evaluation and triage visit with referral.

**Focus:** promote awareness of needs of med students, reduce MH and treatment stigma

### Outcomes Measured

#### Primary outcomes:

- Participation rate
- Conversion to triage/referral
- Engagement with Student Health beyond MedWell

#### Secondary outcomes:

- Transfer of medication management
  - Use of third-party telehealth services
  - Satisfaction and qualitative feedback
- Data were derived from program tracking logs and brief post-visit surveys.



Stigma and structural barriers to care

Low-threshold, confidential check-ins

Early engagement

Normalization, destigmatization

Improved trajectory of care

## RESULTS

### 2024 Pilot

24 of 134 (18%) first-year students participated

- 5 converted visit to a triage encounter for referral to therapy/psychiatry/case management

Non-participant survey respondents cited time constraints (36%) or privacy concerns (18%) as primary reasons for not engaging with the program.

### 2025 Revised Program

#### Participation

49 of 117 (42%) first-year students participated

- 22 converted visit to a triage encounter for referral to therapy/psychiatry/case management
- 6 transferred stable medication management to SHWB Primary Care provider
- 3 accepted a referral to a third-party telehealth service
- Additionally, we learned 3 students didn't participate because they were in MH treatment at SHWB

63% of MedWell program participants received a referral for mental health treatment.

**By week 6:** 29% of the M1 class were in treatment with a SHWB provider or SHWB-contracted third-party service. Psychiatry engagement at 6 weeks of M1 exceeded that of the second-year class after one year.

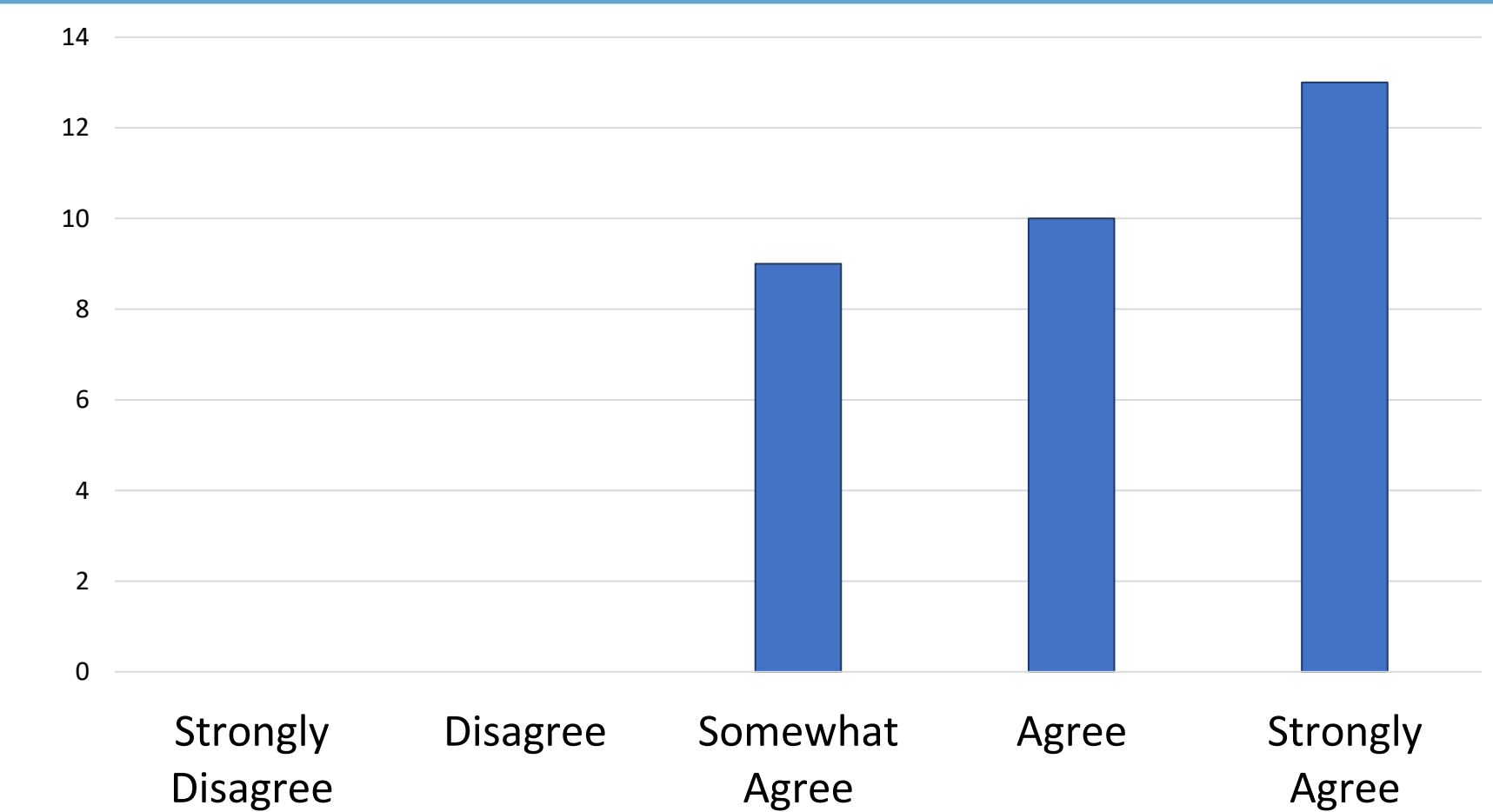
**Satisfaction data** reflected destigmatization and increased motivation for self-care. Privacy concerns were not endorsed by any participants or non-participants in the follow-up survey. 94% participants agreed or strongly agreed that MedWell should be a standard part of the first-year orientation.

Outcome	2024 Pilot	2025 Revised Program	Change
Participation Rate	18%	42%	2.3-fold increase
Triage/referral encounter conversion	5 students	31 students	*including referral to PC or third-party provider
Rate of MedWell participants receiving a referral for treatment	21%	63%	Increased openness to treatment engagement
Engagement with SHWB clinician by Week 6	4%	26%	Demonstrated early engagement
Psychiatry evaluation	19% of M2 after 1 year	21% of M1 students after 6 weeks	Boosted early connection
Reported Privacy Concerns	18% non-participants cited	0% reported concerns in follow-up or non-participant surveys	Barrier reduced
Satisfaction Themes	Appreciation	Destigmatization; normalization; motivation for self-care	Improved qualitative response

**“The MedWell Check gave me more motivation to focus on or improve my mental health.”**

All participants in the follow-up survey agreed with this statement.

40% of respondents strongly agreed.



Barrier	2025 Program Design Refinement
Logistic	Implement 24/7 online self-scheduling availability
	Move the program earlier in the term before classwork burden grows
Stigma and Mistrust	Implement a wellness focus into orientation to medical school
	Program messaging through the portal serves as an introduction to this communication feature
Privacy concerns	Promote provider trust through physical presence at orientation
	Breakdown stigma with messaging along a second-year student, who offered endorsement of SHWB service
	Messages come directly from student health provider, rather than announcements and program reminders from school administration
Privacy concerns	Emphasis on non-treatment interaction
	Provide transparency on documentation and record keeping

## CONCLUSIONS

Medical students experience high psychiatric symptom burden alongside persistent stigma and structural barriers to care. Despite high health literacy, help-seeking remains disproportionately low among this population.

The MedWell Clinical Outreach Program demonstrates that:

- Brief, non-evaluative, low-threshold encounters increase participation in campus-based mental health treatment.
- Explicit messaging reduces concerns related to privacy or treatment stigma.
- Early, proactive outreach increases downstream engagement, including in treatment, and a focus on improving one's health and wellness overall.

These findings support shifting from passive messaging about service availability to a proactive, stigma-informed engagement strategy to improve access to and participation in mental health care among medical trainees. MedWell 2026 will include further integration into the new student orientation week to leverage peak availability.

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