

Doctors under stress from COVID-19 say they need mental health services: 'We're human beings, just like everyone else'

March 1 2021, by Nara Schoenberg



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Chicago emergency room doctor Meeta Shah wiped down her face shield and stethoscope as she rushed from one patient to the next, some

of them very sick with COVID-19, some of them dying.

At home, she worried about how to keep her husband—also an ER doctor—and her two young children safe from the virus: Shower at work? Stop hugging the kids?

And then there were the challenges of supervising her children's remote learning, of a sudden gap in [child care](#), of work emails that stretched past midnight.

"It just really started to feel like a lot. It felt like my mind was loud, all the worry was so loud and I just wasn't sleeping as well as I should," said Shah, 43, who works at Rush University Medical Center.

"One of my friends always said, 'I don't understand why people don't just talk to a therapist. There's no shame in it.' So I just started talking to somebody, and it was really a nice outlet," Shah said.

Doctors have long faced daunting obstacles to receiving the most basic mental [health](#) services, with studies showing that many avoid therapy and counseling due to intense stigma, as well as fear that they will be penalized by supervisors and state medical boards.

But now, with COVID-19 adding to their stress, doctors are increasingly pushing back against a "grind" workplace culture that celebrates stamina at the expense of self-care, as well as state medical boards that ask intimidating questions about mental health.

"We're humans just like everyone else, so yes, at times we're going to need mental or physical health care," said Kim Templeton, a professor of orthopedic surgery at the University of Kansas Health System.

A recent poll from the American College of Emergency Physicians

found that 87% of [emergency room doctors](#) are experiencing more stress during the pandemic and 57% of ER doctors say they would be concerned for their jobs if they sought mental health treatment.

In response to the pandemic, the American Medical Women's Association launched its Humans Before Heroes initiative, with doctors working to improve the mental health questions asked when they obtain or renew their medical licenses.

Individual doctors are also coming forward to fight stigma, with Shah saying she worried about publicly disclosing that she benefited from therapy during the heart of the pandemic but ultimately decided, "I have to be braver than that."

"There might be somebody else out there who's really hurting and needs this and might feel OK because they heard somebody else did it," she said.

Historically, questions asked by state medical boards when doctors obtain or renew their licenses have discouraged doctors from seeking therapy or counseling.

As recently as 2019, Alaska asked if a doctor had "ever" been diagnosed with or treated for any of 14 [mental health conditions](#), including depression and seasonal affective disorder, according to a report by physician and mental health advocate Pamela Wible. Alaska also asked about "any condition requiring chronic medical or behavioral treatment."

But Alaska, Illinois, Alabama and Kansas have all improved the mental health questions they ask medical doctors in the last four years, with Illinois now simply asking, "Do you now have any disease or condition that impairs or impaired your ability to perform the essential functions

of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed explanation including dates, names and addresses of treating physicians and/or counselors and nature of treatment."

That's largely the kind of question doctors want, with two exceptions. Templeton, who co-chairs Health Before Heroes, objected to the reference to past impairment, saying that it's unnecessary and could discourage doctors from seeking care. A health condition that is under control and no longer affecting a doctor's ability to practice shouldn't be scrutinized, Templeton said.

Templeton also questioned Illinois' follow-up requirement for those doctors who do disclose an impairment: Submit a detailed explanation, including the nature of treatment.

That's asking for too much information, Templeton said, and it's unclear whether those details would even be useful to the state medical board. It would be better to simply have the person treating the physician weigh in on the physician's ability to safely practice medicine.

The Illinois Department of Financial and Professional Regulation declined to comment on the mental health questions doctors have to answer here, according to spokesman Chris Slaby.

Today, Templeton said, the problem with state licensing questions is partly one of awareness.

"Unfortunately, there are still physicians who are not seeking help because they don't know that their state (licensing) language has changed," she said.

"There are still unfortunately physicians who die by suicide because they don't know that their state language has changed," she said.

Health Before Heroes is assembling a list of all the mental health questions that state medical boards ask. The questions will be available on a website, Templeton said

In a half-dozen interviews, Chicago-area physicians reported a wide range of COVID-related stresses.

A gastroenterologist in the south suburbs, who requested anonymity because she fears professional backlash, said that as her young children's sole caregiver during the pandemic, she decided it would be best for them to live with her mom, two hours away. She worried about their health, as well as her own; she has an underlying condition that would make COVID-19 particularly dangerous.

She has to work with extensive protective equipment, which makes her physically demanding job harder, and she finds it difficult to live apart from her children.

During the worst of her pandemic stress, she couldn't sleep at night, she said. She thought about worst-case scenarios a lot. Her heart raced. Her body was on high alert.

Still, she said, she was cautious about therapy, in part because she remembers questions on her state medical license renewal applications about whether she'd ever sought mental health services. (That's not a question that's currently asked in Illinois.)

Another barrier is her demanding work schedule: "I can't predict when I'm going to have even half an hour available."

A local emergency room doctor in her 30s, who requested anonymity because she feared she'd be penalized at work, told the Tribune that during COVID-19, staffing levels at her hospital fell, eventually leaving her with nearly twice as many patients.

"I don't feel safe, and I don't feel like I can give the care that I want to give to the patients," she said.

Doctors, nurses and respiratory therapists at her hospital are all on edge due to COVID-19 fears and thin staffing, she said. A nurse told her that he sat in his car before his shift and prayed for the strength to do everything that would be required of him.

The doctor had never had a panic attack before the pandemic, she said, but since April she's had three, each a heart-pounding explosion of anxiety, accompanied by chest pains and trouble breathing.

"It's terrifying," she said. "You feel like the entire room is collapsing in on you, and you don't know if it's going to end."

She tried to see a therapist but found it hard to get help through her employer, and eventually gave up.

If she had seen a therapist, she said, she would have feared she would eventually have had to disclose that to the state medical board or potential employers.

"I have applied for enough (hospital) jobs in my career that I know there is a box that says, 'Do you have any current or previous medical problems or disabilities that have in the past or could possibly in the future affect your job performance?'" she said.

The Illinois Health and Hospital Association, which represents hospitals

in the state, could not be reached for comment.

Shah said the stress she experienced varied during different phases of the pandemic. Initially, the medical unknowns surrounding COVID-19 were a big worry.

"Am I going to be able to take care of (my patients), and how well?" she recalled wondering.

"It was just sort of overwhelming. And then it seemed that every two or three weeks, something would change, some new treatment," she said.

She and her husband, Sambhav, an ER doctor who also works full time, were doing more than ever at home, and remote learning was hard with two kids under age 7. Her older daughter would seem fine for a long time, but then the little girl would start to cry, and it would quickly become clear that the problem ran deeper than any one disappointment or frustration.

"I just want to go back to school," the little girl would sob.

Shah's husband helped a lot, as did her colleagues, who were quick to comfort and support one another.

But by late spring, she had decided to reach out to a therapist.

It was helpful to talk to someone who didn't know her in any other context, she said. She could speak very openly, and it was good to just hear an objective person say, "You're being too hard on yourself."

"Some physicians are, like, these Type A personalities. They expect a lot from themselves and people around them," Shah said.

"Sometimes you have to give yourself a little break, but I don't think we give ourselves permission to do that often enough."

Another doctor interviewed by the Tribune—the one who has experienced panic attacks during the pandemic—said that she sees the current talk of decreasing stigma around mental health services as largely just lip service.

She still believes that she could be punished at work for seeking therapy and that there would be negative consequences if her co-workers found out.

"We were never taught how to take care of ourselves," she said of her generation of doctors. "We were never taught what an emotional toll it takes on you to watch people die, to tell people's loved ones that they've died. We're just supposed to shake it off."

Shah does see some signs of change. She pointed to doctors who have come forward on social media, calling for more openness around physicians' mental health.

Shah also noted that a Rush University Medical Center wellness officer came to one of her departmental meetings during the pandemic, with the goal of highlighting a wide range of [mental health](#) services available through the hospital and encouraging employees to use them.

And then, Shah said, there are the new attitudes toward self-care that she sees among medical students and residents.

In contrast to earlier generations of doctors with their relentless work ethic and stoic aura of self-sacrifice, these doctors-in-training believe they deserve to be healthy, she said.

"I do think it will be very different in 10 to 20 years," Shah said.

"The younger generation just sees things differently."

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Citation: Doctors under stress from COVID-19 say they need mental health services: 'We're human beings, just like everyone else' (2021, March 1) retrieved 9 March 2023 from <https://medicalxpress.com/news/2021-03-doctors-stress-covid-mental-health.html>

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