

## May We Grow Back Not to What Was, but Toward What We Can Become

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**B**eing at the STFM Annual Spring Conference this past week felt like a rekindling of things we have lost during the pandemic. We were together in person for the first time in well over 2 years. We connected with friends and colleagues who we may have only met on a video screen. Throughout the conference, we were engaged in lively conversations where ideas were flowing. We learned from one another and gained inspiration for new ways of teaching and providing care.

While being together in person at the conference felt like a signal that we are moving beyond 2 years of COVID, we need to pay attention to the impact that the pandemic has had on our health care workforce. After all we have been through, many of us, our learners, and teammates feel depleted, emotionally and physically exhausted. When I talk with residents and faculty, I hear their distress. When I see messages on social media such as “Mental health stigma be like ‘it’s ok to not be ok’ but make sure it’s on your time off and it doesn’t affect your productivity and you really make up for the inconvenience it created for others and...” (Mona Asood, DO, @ShrinkRapping, Tweet posted August 4, 2021) or the recent *New York Times* article, “Why so Many Doctors Treat Their Mental Health in Secret,”<sup>1</sup> I feel compelled to advocate for system change, change in our graduate medical education system, change in our health care systems, and in our approach to mental health care. While more health care systems are developing wellness programs and designating chief wellness officers,<sup>2</sup> the hidden curriculum still teaches us that crying, needing sleep, making mistakes, or any sign of weakness is not okay... that we

must soldier on despite the trauma we have witnessed, denying our own humanity.<sup>3,4</sup>

As we work on changing systems that make it incredibly difficult to stay well, we also need to make it easier to get help for those who are naturally struggling. Access factors such as scarcity of mental health professionals and time constraints impact our ability to seek care, but stigma continues to be one of the most significant barriers. For example, consider the fact that a majority of medical boards in the United States include questions on licensing applications about a history of mental health conditions and treatment. Hospital credentialing forms ask similar questions. Surveys have shown that 40%-65% of physicians have been reluctant to seek mental health care due to concern it would negatively impact receiving or renewing their medical licenses or hospital privileging process.<sup>5,6</sup> People are hurting alone.

There are some important positive signs that we are slowly chipping away at the stigma surrounding mental health care. Naomi Osaka and Simone Biles both made headlines in the past year for their stellar athletic accomplishments and also by taking a stand for their own mental well-being. Ms Osaka announced that she would not participate in postgame press conferences and in some of tennis’ grand slam events to protect her mental well-being. Ms Biles withdrew from some Olympics gymnastics events, recognizing that it was healthier for her not to compete. Both of these phenomenal role models initially faced some harsh

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criticism for their decisions and then voices of support and understanding began to drown out the critics.

What can we take away from these inspirational role models, and how can we start to address stigma associated with mental health issues?

First, we need to tell our own stories about mental health struggles.<sup>3,7</sup> We need to share our stories with our learners to normalize prioritizing mental health and seeking help. We know that medical students and residents struggle with depression, anxiety, and substance use concerns. In order to link them with help, we need to develop relationships with mental health professionals in our communities who have an appreciation for the challenges of being a medical student and resident. We need to connect with mental health clinicians who offer flexible appointment times and modalities such as telehealth appointments. We also need to ensure that learners are able to schedule and keep appointments when they do seek help, without pressure that they are creating an inconvenience for others as they care for themselves.

Finally, we can also advocate with state medical boards and hospital credentialing committees to modify questions about mental health so that we reduce the fear that clinicians will be punished for seeking mental health treatment. The language, "Are you *currently* suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine" (italics mine), developed by the Federation of State Medical Boards, has been endorsed by the American Medical Association and American Psychiatric Association.<sup>7</sup> Notice that it does not distinguish between psychological and physical conditions. It focuses on present concerns rather than a prior history, and inherently challenges the perception that a mental health diagnosis implies impairment.

A close friend and colleague recently gave me a book, *The Boy, the Mole, the Fox and the Horse*.<sup>8</sup> It is an eloquently simple story on the surface, of a lonely boy meeting a mole, a fox, and a horse. The boy is full of questions. The simple sketched illustrations and narrative belie the depth of meaning and wisdom in this story.

"What is the bravest thing you've ever said?" asked the boy.

"Help," said the horse.

Let us be brave. Let us help our learners and colleagues be brave. Let us be willing to share our stories, to ask for help, and foster an environment where asking for help for our emotional pain is seen as just as routine as asking for help when we are physically sick.

As we grow back from the past 2 years, let's grow toward what we can become... a community that supports the health of the whole individual in our clinics, care systems, educational systems, and broader society, so that no one feels alone.

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