

Reducing Mental Health's Stigma in Healthcare

Despite the number of individuals affected by mental illness and mental health disorders, the stigma around mental health remains. In the U.S. alone, 47.6 million people (one in five adults) experienced mental illness in 2018, and 9.2 million adults experienced a co-occurring substance use disorder and mental illness during the same year.¹

As the stigma around mental health persists, the rate of suicide in the U.S. has only increased. Since 2001, suicides have risen by 31% and is the second leading cause of death among people aged 10-34.¹ While mental illness rates are higher in certain demographic groups, it spares no individuals completely, per the stats below:

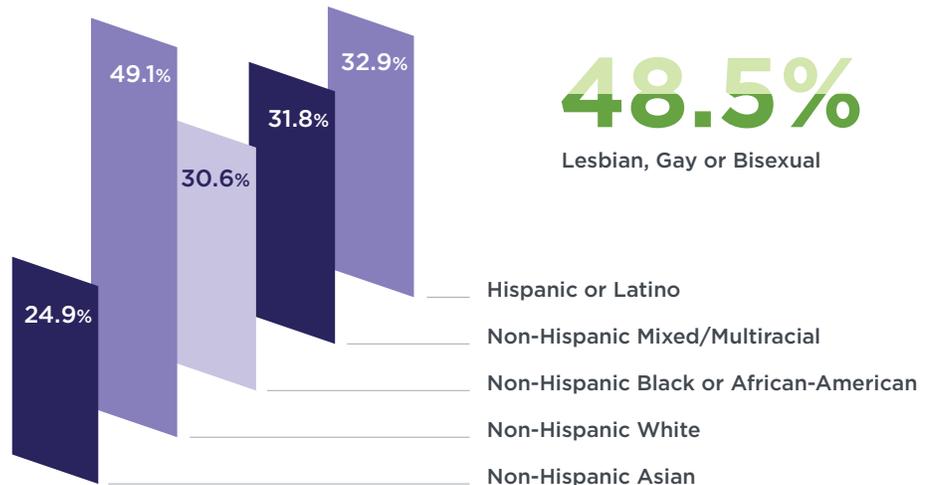
Annual treatment rates among U.S. adults with any mental illness, by demographic group:¹

34.9%

Male

48.6%

Female



48.5%

Lesbian, Gay or Bisexual

With the current stigma around mental health, individuals may be less likely to seek treatment, and even have difficulty doing so once they decide to. The average delay between onset of mental illness symptoms and treatment is 11 years, and more than 60% of U.S. counties do not offer a single practicing psychiatrist.¹ Research suggests that perceived stigma is a significant barrier to mental healthcare, leading to as many as 40% of the 60 million patients living with mental illness not seeking treatment.² Other barriers include lack of knowledge about mental healthcare, inability to recognize symptoms in one's self, and inability to identify adequate healthcare resources for mental health symptoms.³

MENTAL HEALTH IN HEALTHCARE WORKERS

To suggest that healthcare workers are exempt from experiencing mental illness and mental health disorders would be nothing short of illogical, yet the mental health stigma is only magnified in the healthcare industry. Healthcare workers endure incredibly high-stress conditions, shift after shift, as they physically and mentally work to deliver safe patient care, often in life and death situations.

While the healthcare industry presents an increase in stressors for its employees, they're often found in a Catch-22 when faced with seeking treatment or choosing to continue to suffer in silence. Healthcare workers face a unique level of stigma, amidst the intense professional pressure to excel in the workplace. The specific factors that increase a healthcare worker's stress level are also the very barriers that can deter them from seeking treatment:

1

Fear of Judgement

Most U.S. state medical licensing boards include questions about mental health history. There is evidence that such questions make physicians afraid that seeking help for a mental health issue will affect their ability to practice medicine or damage their professional reputation.⁴

2

Unrealistically High Standards

Certain clinical roles can hold themselves to incredibly high standards, often because of their training and competitive nature, and less likely to admit when they need help or treatment.

3

Calling to Serve Others

Healthcare workers commonly enter the healthcare industry with a calling to care for others and might feel unqualified to effectively care for others, if they need treatment for themselves.

SUICIDE AND SUBSTANCE USE DISORDER IN HEALTHCARE WORKERS

A shift in professional attitudes and institutional policies is urgently needed, as healthcare workers face an increasingly stressful work environment. Sobering statistics remind us that caregivers are living with mental illness and mental health disorders at alarming rates, despite the lack of resources or support made available. In fact, the suicide rate for physicians is twice that of active duty military members, with a 40% higher occurrence of suicide among male doctors when compared to their male peers, and the female doctor suicide rate is about 130% higher than women in the general population.^{5,6}

Due to both increased stress and access to drugs, clinicians often abuse substances to manage work-related depression and anxiety. Data show 12.9% of male physicians and 21.9% of female physicians abuse alcohol—much higher rates than the 6.2% of the overall U.S. population aged 18 years or older with an alcohol use disorder.^{7,8} In addition to reported alcohol abuse, prescription drugs are often illegally used, especially in specialties with direct access. According to a study published in the *Journal of Addiction Medicine*, 69% of doctors reported that they abused prescription medicine “to relieve stress and physical or emotional pain.”⁹



Despite these unsettling truths, the mental health stigma in healthcare prevails. A national report found that 66% of male physicians and 58% of female physicians who reported burnout, depression, or both had never received professional help, were not currently seeking professional help, and did not plan to seek professional help.¹⁰

THE PANDEMIC'S EFFECT ON HEALTHCARE WORKERS

As if healthcare workers weren't already experiencing a highly stressful, demanding work environment, the COVID-19 pandemic has unleashed unforeseen stressors that continue to evolve day by day. The implications of COVID-19's impact on mental health has begun to appear in current research—studies of Chinese healthcare workers who initially responded to the pandemic have seen an increase in anxiety (almost half), depression, fear of workplace violence, and a third have insomnia.¹¹

A CDC study of 5,000+ survey respondents between June 24, 2020 and June 30, 2020 found that almost 31% of self-reported unpaid caregivers and 22% of essential workers had considered suicide in previous 30 days. Another 13.3% reported using alcohol and prescription or illicit drugs to manage stress related to the pandemic.¹²

To make matters worse on a national level, a new study suggests that the U.S. is also experiencing more mental health consequences than people in other countries, in addition to having the highest number of cases and deaths (although not per capita).¹³ This data suggests that American healthcare workers are experiencing greater impacts on mental health, yet to be understood and managed.

The American Psychiatric Association has discussed the likelihood of post-traumatic stress following the pandemic, recognizing the stigma around mental health preventing healthcare workers from seeking care. Healthcare workers, especially those who are directly caring for COVID-19 patients, are at a high risk of developing traumatic stress disorders due to unprecedented levels of burnout, moral injury, and compassion fatigue.



MORAL INJURY VS BURNOUT DURING A PANDEMIC

Burnout is categorized by symptoms of emotional exhaustion, depersonalization, and reduced personal accomplishment, and has been discussed in the healthcare industry at length, for many years.¹⁴ The notion of moral injury however, differs significantly and is becoming more prevalent in healthcare workers during the coronavirus.

Moral injury has been described as a “deep soul wound” that occurs when a person feels they must take actions, or witness actions, that violate their deeply held moral beliefs.¹⁵ While moral injury is not a new issue in healthcare, the COVID-19 pandemic has increased its challenges for caregivers, as they’re unable to care for patients as they traditionally had.

Consider these examples

- Increased personal protective equipment (PPE) creates an alarming sense of fear in patients, when helping them to remain calm is of the utmost importance.
- Heightened restrictions prevent caregivers from comforting patients through physical touch, such as hand holding or even wiping away tears or sweat.
- Additional equipment, such as fans and ventilators make it difficult for caregivers to be heard as they try to offer kind words of comfort to patients.
- New protocols limit patients’ visitors, leaving caregivers to communicate more frequently with patients’ families—often having to deliver updates over the phone, which can hinder the ability to show compassion.
- Shortage in equipment has forced caregivers in many situations to reuse PPE as a last resort, despite the increased risk of infection associated with doing so (to both themselves and to patients).
- Dire need for additional ventilators leaves caregivers left to decide which patients will use them, and which ones will not.
- Overcrowded facilities have been faced with the heart wrenching decision to turn patients away, based on the predicted survivability rate.



These recent, real-life scenarios are unfortunately the uncomfortable truth of moral injury for healthcare workers practicing during COVID-19. They present a moral dilemma, placing caregivers in a uniquely tough position. Moral injury represents the disconnect between the values that led them into their profession in the first place and the realities that shape the compromises they must make from day to day. Healthcare workers are making difficult decisions that contrast with the core tenet of healthcare—the Hippocratic Oath to keep patients safe and deliver the highest quality of care.

Aside from the added stressors the COVID-19 pandemic has handed healthcare workers on the frontline, caregivers are also in fear of bringing the coronavirus home to their families and loved ones. With this new pressure, many have chosen to self-isolate, only increasing their risk of loneliness and depression. Studies following the SARS epidemic found that quarantine has a serious effect on the mental health of healthcare workers, and predicted symptoms of acute stress disorder, depression, and alcohol abuse. Even three years after the epidemic, quarantine was associated with post-traumatic stress symptoms, which were more severe in healthcare workers.¹⁶

During the COVID-19 peak in New York City (spring of 2020), the suicide of a well-respected emergency physician received national attention. Dr. Lorna Breen was an incredibly intelligent, kind, and empathetic person throughout her life, who had only recently shown symptoms of mental health distress in the weeks before her suicide. A New York Times [article](#) that incorporated her family's accounts and opinions, conveyed that Dr. Breen “was destroyed by the sheer number of people she could not save. That she was devastated by the notion that her professional history was permanently marred and mortified to have cried for help in the first place.”



HELPING HEALTHCARE WORKERS

With healthcare workers caught in crisis mode, the healthcare industry is faced with a crucial challenge of helping caregivers at a time when they need it most—but how? In a time of uncharted territory, organizations already stretched thin can focus on the following tactics to help caregivers cope with the “new normal” during the COVID-19 pandemic and even beyond:

Prepare

Being honest with caregivers about the new decisions, challenges, and stressors that will affect their new day-to-day routine will provide them with a chance to process these changes ahead of time. The more preparation, the better equipped they’ll be to handle new, unforeseen challenges.

Debrief

Provide caregivers with an outlet or forum to discuss what they’ve experienced in each shift or day, to express their fears and feelings—helping them to process and prepare for what’s to come.

Connect

When possible, managers should check in with their team members, or designate shift partners to look out for one another. Having an extra level of support can help caregivers’ mental state, as well as offer a focused effort to be mindful of their colleagues’ mental wellbeing.

Support

Letting caregivers know that resources are not only available, but easily accessible is key. Resources on tips for self-care (articles, tip sheets, webinars) or crisis hotlines (both national and organizational) provide help and support 24/7 both at home and in the workplace. Partnering with mental health-focused organizations is an easy step—such as the National Council for Behavioral Health that provides [Mental Health First Aid](#) (a skills-based training course that teaches participants about mental health and substance-use issues).

HOW TO REDUCE THE STIGMA

Years of research and data has shown that healthcare workers are not only at an increased risk of experiencing mental health symptoms, but also less likely to seek treatment—largely due to the mental health stigma in healthcare. While efforts have been made to reduce the stigma around mental health in our culture, there's still a long way to go. For healthcare workers especially, the fear of judgement in the workplace is preventing them from seeking treatment. Organizations and individuals alike can make a conscious effort to help change the perception of mental illness and mental health disorders by considering the following approaches:

Education

Organizations such as the National Alliance on Mental Illness have developed campaigns specific to reducing the stigma around mental health ([StigmaFree](#)). Individuals and organizations can utilize an existing resource like this to help pledge to shift the social and systemic barriers for those living with mental health conditions.

Transparency

Following the national focus on healthcare workers' suicides during the COVID-19 pandemic, several clinicians began [publicly posting](#) about their own personal experiences with mental illness and mental health disorders. By honestly engaging in the conversation around healthcare's stigma on mental health, individuals and organizations can take an active role in shifting the culture toward acknowledgement and acceptance, rather than turning a blind eye.

Compassion

Offering support to those struggling with mental illness and mental health disorders helps not only those individuals, but also sets an example for other individuals and organizations to follow. Even by simply listening to someone in need, or providing a small act of kindness can make all the difference in a person's time of struggle.

Advocacy

Being a mental health advocate can not only help shape how decision makers aid people with mental health conditions, but even smaller, everyday displays of support can immediately and directly impact individuals affected by mental illness or mental health disorders. By taking the time and effort to help empower those with mental health conditions, individuals and organizations can act as allies and help to educate others in the meantime.

TO SUM UP

The COVID-19 pandemic has shed light on the stigma around mental health in today's culture, that is somehow held to even more scrutiny within the healthcare industry. At a time when caregivers are putting their lives on their lines more literally than ever before, society cannot continue to unfairly praise them as "heroes" without acknowledging that they are first and foremost "human beings" just like us.

Articulated best by Alisha Cornell, DNP, MSN, RN, Clinical Implementation Consultant at Relias, "The stigma of mental health is born out of a Teflon™ suit mentality that healthcare workers are super heroes, when in fact we are not super human—we are imperfect, we are very human. We make mistakes, have family problems, trauma, and genetic predispositions to mental illness just like everyone else in the population."

RELIAS HAS RESOURCES TO SUPPORT MENTAL HEALTH

Education is an important tool for practicing self-care, as well as helping those with mental illness and mental health disorders. Relias provides resources to support this journey at every stage. Whether you're looking for training to develop your own skills, or tools to promote the wellness and growth of your team members, Relias can help. [Relias CE Direct](#) offers unmatched content for your interdisciplinary team to maintain licensures, increase knowledge, and improve professional performance throughout all stages of their career. From courses on timely topics such as wellness, self-care, and mental health, to certification review offerings, Relias CE Direct continues to serve as a proven leader in continuing education in the healthcare industry.

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