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# Fall 2022 Third Place Essay

## THE BARRIERS BETWEEN MENTAL HEALTH SUPPORT AND PHYSICIANS

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To become a doctor, 4 years are spent in an undergraduate program, 4 years in a medical school program, and 3-7 years are then continued in a residency program. This means that 11 to 18 years are spent being educated and being surrounded by the clinical setting. While physicians are training and practicing medicine, they are also put under immense amounts of stress and work. And even physicians that have been practicing and are well past their residency struggle with the same amount, if not more burnout in their careers. What follows this burnout though is the most important issue of all, the development of mental illnesses. It is not uncommon for physicians to deal with some sort of mental health issue throughout their career, so why is there still so much controversy surrounding the support for physicians? Whether they are obtaining their medical license for the first time or renewing it, the physician must go through their state's medical boards. As part of the process, the physician is asked if they have received mental health treatment as part of their medical history. If answered yes, many licensing concerns may arise, including the threat of refusing the physician their license. And while it is important to consider a physician's current mental state, it shouldn't be necessary to dive into their personal medical records and use their decision to get the help they need against them.

"In the last five years, have you been admitted or referred to a hospital, facility, or impaired practitioner program for the treatment of a diagnosed mental disorder or impairment?" (Wible, August 2019). If the physician answers yes following this question on the Florida medical license application, they are required to prove a self-explanation and explicit details regarding their treatments and providers' names. Florida as well as 17 other states ask "have you" or "in the last 5 years" questions that are related to the applicant's previous mental health treatments and diagnoses (Wible, August 2019). They are highly invasive and pry into the physician's privacy. It is understandable that the medical board would want to ensure that their physicians are stable and in the right headspace to practice medicine, but the way that they are doing it instills fear among their doctors. They are creating barriers between the doctors and their ability to receive mental health treatment.

In the medical profession, physicians and other medical professionals are starting to deal with an increase in burnout and poor mental health. It has been reported that the

rates of suicide and depression in doctors are rising. (Samuel, 2017). A recent study published in the Journal of the American Medical Association reported that 29% of physicians have depression (Hata, 2022). Common symptoms that follow many mental illnesses like depression are insomnia, lack of appetite, and even the decreased desire to do things the person once loved. These are just 3 of the many symptoms one might encounter when fighting through a mental battle. And honestly, these increased rates do not really come as a surprise, especially with the addition of the Covid-19 pandemic in the mix. However, the main problem lies in the impact that these mental illnesses may have on physicians and why there is only a fraction of them are reaching out for help.

There have been multiple studies that dive into the probability of physicians reaching out for help when they are fighting with their mental state. In a recent study done in the Mayo Clinic Proceedings, an article titled “Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions” recorded that around 40% of physicians were hesitant to get the care that would help support their mental health challenges (Dyrbye LN, West CP, Sinsky CA, et al, 2017). This was the case for both initial and renewal license applicants. When people let mental illnesses like depression and anxiety build up without any kind of support, people start to also become mentally drained and almost lost in their heads. According to a Medscape study, 47% of physicians who were dealing with depression (and no help) were easily exasperated with other staff members while 35% were more irritated with patients. The study also found that 26% of the physicians who participated were less careful while taking patient notes (Rees, 2019). So, if hospitals and medical boards are asking about their physician’s mental health history to protect patients and other doctors, why are these problems still happening? Easy answer, these questions aren’t even protecting their doctors and their medical history, creating a fearful and stigmatized environment. If physicians can’t receive the care they need, how are the patients supposed to as well?

Caring for their patients means that many physicians and other medical professionals will and have become familiar with the ways people die. It’s sad but it’s incredibly real. It has clearly been noted that working in a profession where you are surrounded by death and horrific situations on a day-to-day basis may lead to several mental illnesses. Pamela Wible is a respected physician who speaks out about the problems surrounding doctors and the lack of mental health support for them. In her book Human Rights Violations in Medicine: A-to-Z Guide she talks about how the situations that med students and other doctors face in their careers will often lead to an increased probability of mental disorders. In response to this, she states “Yet we’re offered no debriefing or on-the-job support after witnessing trauma and death. Instead, we risk interrogation and punishment by medical boards, hospitals, and insurance companies when seeking mental health care.” (Wible. June 2019). This pretty much sums up how institutions, like hospitals, create a limited environment for their providers which could eventually lead to diminished mental health.

What happens when that physician who was too scared to ask someone for help starts letting their depression or other mental health-related problem build up? Maybe they consider suicide like 14% of other physicians, or maybe even attempt it (Rees, 2019). It has

been reported that there are about 300–400 physician suicides each year because of the accumulation of stress, burnout, and mental illness (Chiaravalloti, 2021). To put that into perspective, 300–400 people is about the size of one med school class.

When someone goes and seeks formal medical care, it goes on their medical history and can be pulled up in the future to haunt that person. This is how physicians view getting help from another medical professional. They are afraid that admitting that they need help will later impact their career and how they progress within their profession. But don't forget that these physicians went to school for 11–18 years, and the information is probably going to be similar to what another professional would tell them, right? When someone is struggling with a mental illness, sometimes their judgment may be clouded because they just want a cure. They will do what it takes to feel better mentally and physically, which sometimes means finding solutions through unethical ways. If these physicians have similar knowledge that a professional from whom they would seek help, they can avoid the medical boards and licensing concerns by prescribing medication themselves. Thought processes like these are what lead to substance misuse as well as substance abuse. Self-treatment may harm them accidentally in the case that they under or overestimate a dosage amount. This impacts patient care and their ability to practice if they are not taking the medication appropriately and safely. But physicians don't just have access to medications, they also have information about lethal dosages and medications (Ross, V., Mathieu, S., Witt, K., & Kølves, K, 2021). Self-medication, for some physicians, could ultimately lead to them becoming one of the 300–400 physicians who commit suicide every year.

There is also the possibility that physicians may contradict the issue of self-medicating. M.D Evelyn Haung writes in her article “Why Doctors Can't Get the Help They Need” that when she was in medical school, she knew a student who was on medication to help relieve her anxiety. As the time was approaching to apply for her medical license, she self-discontinued her anxiety medication because she didn't want to have to report them to the medical boards. There is a variety of harmful impacts anxiety may have on someone, like diminished self-confidence, isolation, and trouble making connections with others (Theo, 2021). Physicians need to be able to make connections with patients as well as be confident in their diagnoses and treatment in order to be successful in their profession. When someone is on medication to help diminish the symptoms of anxiety or any mental disorder, and then takes themselves off of it without professional advice, the symptoms will most likely come back and may even evolve. This is another example of the ways in which medical boards are challenging their efforts of creating safe patient care. Physicians are worried that if they take medicine that helps calm their minds and overall allows them to do their job better, there will be obstacles in furthering their careers.

Medical boards didn't randomly decide to start weaponizing treatment surrounding mental health against physicians, a familiar issue known as stigma is what influenced licensing concerns and scared doctors. Stigma, especially revolving around mental health is one of the biggest barriers to reaching out for support (Ross, V., Mathieu, S., Witt, K., & Kølves, K, 2021). It has been found that because of the negative connotations following certain mental health conditions and the need for treatment lead to discrimination against

the physician. Many people assume that because someone is diagnosed with a mental illness that the entirety of their judgment is inaccurate. Many people shame those who not only are diagnosed with a mental illness but even when they reach out for help. Physicians experience the exact same. They become very aware of how they may be perceived by fellow doctors and patients, impacting how they go about treatment (Huang, 2021). The issue revolving around stigma is not only affecting medical professions but various other careers as well. First responders, Military and Service personnel, and even those working in the agricultural industry may be fearful that they will be judged for reaching out for help with their mental illness (Ross, V., Mathieu, S., Witt, K., & Kólves, K, 2021).

As someone who wishes to work in the medical field 6 years from now, I hope that there is reduced tension when dealing with mental illness and treatments in the profession. There needs to be more accepting of the fact that the medical field deals with a lot of heavy situations and emotionally draining work. People aren't meant to see and work with death every day and when we hit points in our life that cause some mental distress, it's normal. We need to know that there is support to help get us over roadblocks like these. Our minds can only handle so much, and physicians have to handle so much more. There needs better, open conversations about mental illness. People should feel like they are putting their job on the chopping block because they need a little extra help.

Say a physician comes across one of these "have you ever" questions when applying for their medical license. What would happen if they answered yes to receiving a form of mental health treatment (whether it be therapy, medications, etc.) and how would it actually impact their personal/professional lives? Probably the biggest concern has to do with the threat of rescinded licensure. Oftentimes, medical boards will either limit or even deny the physician of their medical license because of the fear that their mental state might affect the way they treat patients. While this is a valid concern, many medical boards will only look at all previous treatments rather than ones that might currently impact the physician. And in the cases that the medical boards decide not to deny them their license, many physicians have to carry around the weight of humiliation or embarrassment that they may feel about their mental illness. This is once again where we see stigma coming into play (Wible, 2019). Physicians have to go up in front of a panel of people from the medical board to defend their reasoning for trying to better their health. The feeling of judgment while having to openly talk about a very personal matter to strangers is something that people shouldn't have to deal with. And the confidentiality issues that come from a situation like this go even deeper than just openly talking about a person's medical history.

Dr. Steven Miles is a gerontologist and a professor of biomedical ethics at the University of Minnesota Medical School (Chiaravalloti, 2021). Dr. Miles was very open with his classes about how he was "living-proof" of a physician who was able to practice medicine with a mental illness. When he was filling out his annual license renewal, he had marked that he had previously been diagnosed and treated for a mental illness. The medical board's response to his openness about his mental health was a letter that stated, "The Minnesota Board of Medical Practice began an investigation, demanding a letter from his psychiatrist and full access to the records of his psychotherapy sessions." (Chiaravalloti, 2021). Miles did

not accept this breach of his privacy from the state. He fought for four years to get the boards to lay off him about it. Dr. Miles is just an example of the ways that physicians have their privacy invaded by the medical board. Each and every day when a physician is on the job, they are very careful with their patient's confidentiality. They work so hard to make sure that they keep medical history and information between them and their patients. It's odd though that in return when the physician becomes the patient, medical boards and hospitals breach their privacy.

Physicians who apply for their medical license in Mississippi are forced to waive any confidentiality and HIPPA rights that pertain to them and their medical history. They must consent to a mental exam at the applicant's expense (Wible, August 2019). In order for the physician to be able to practice confidentiality between themselves and the people they care for, they must first have theirs pried open.

Confidentiality is another big issue that doesn't have to be an issue, especially not in the medical field. From day one doctors are taught that trust between them and their patients is most important in their care. Patients can feel safer knowing that their information is being kept confidential, allowing them to be more open to their physicians which also allows for an easier diagnosis. This expectation needs to be in place for physicians who become the patients too. Confidentiality for physicians' medical history needs to be encouraged and practiced in all medical institutions. It is an easy fix because physicians and medical boards do it all the time for their patients, so they already know how to keep information private. And there are some states/hospitals that are following these privacy guidelines, however, there needs to be an overall improvement in confidentiality throughout most of the nation's hospitals. Doctors dedicate their careers to making sure their patients are safe and comfortable, but the only way this is going to happen is if physicians are also being treated this way.

Dr. Steven Miles is not the only physician to deal with these confidentiality issues. Mississippi and 9 other states (Arizona, Colorado, Idaho, North Dakota, Ohio, Oklahoma, Oregon, Texas, and Utah) are still asking if the physician has received any mental health treatment in the past five years. A doctor applying for their license in Texas reported that they were diagnosed with depression in the past few years but have been able to manage well and it does not get in the way of them being able to perform tasks at their job. It didn't matter, the application was still flagged by the board and the doctor was pronounced as 'impaired' (Wible, August 2019). 9 other states (Arkansas, California, Georgia, Kansas, Louisiana, Montana, Nebraska, New Hampshire, and West Virginia) will ask the physician those "have you ever" questions beyond the 5-year mark. A practicing physician in Georgia had noted on their application that they had been in inpatient and psychiatric care for substance abuse. This care had allowed the physician to get back into a healthier mind, and once again, their mental state was not affecting their job. But the Georgia medical board responded with a 5-year consent form that would make the physician send in a urine sample at any given time throughout that 5-year time period (Wible, August 2019).

And then there are what can be called the "Grade F" states. Mississippi and 6 other states (Alabama, Alaska, Delaware, Florida, Rhode Island, and Washington) fall into this "highly

invasive” category. These are the states that not only will ask about unrelated mental health treatments but also make their question confusing and use hostile language within the mental health section of the application. In an interview with a physician in Florida, they told Wible that they had gone through counseling because of a very unexpected death of a patient (by stroke). The condition that their mind was in was stable, they just needed some support after watching and experiencing a patient die in a very tragic way. Their fellow physician reported to the board that they should be monitored. This resulted in the doctor having to stand up in front of the Florida medical board while getting laughed at. And to take it even further, the board had decided to post in the local paper that this physician was under a 5-year monitoring period and had to go to counseling every Wednesday (Wible, August 2019). Imagine not only having to fight for your job because you were taking care of yourself and doing what was best for you but also having some of your most private information posted in your local newspaper for thousands of people to read. What about this is creating a ‘safer’ environment? Questions being asked in states like these 25 are not a solution. They aren’t fixing the general issue of poor mental health among their physicians. It’s producing more stigma on top of more mentally ill doctors.

The Americans with Disabilities Act was put into place in 1990 as a way to protect Americans with mental illnesses and other disabilities. However, there are three main criteria that a person with a mental disorder must reach in order to be protected by this act. The three guidelines include “a physical or mental impairment that prevents them from performing a major life activity, a medical history of suffering from a physical or mental ailment, and the perception that you suffer from a physical or mental impairment” (Chiaravalloti, 2021). This seems like it’s a good solution to help protect those (especially physicians) with mental impairments and illnesses. Of course, the catch is that protection is allowed after the person reports and proves that their mental condition impairs their job and other daily tasks. But what physician is going to do this? Who is going to pin a target on their back for hospitals and medical boards to attack? So, this method of developing protection for a physician with a mental illness is almost like going in circles. Yes, the doctor wants to feel secure even with their mental disorder in their professional lives, but for that to happen, they must basically tell the board that their job is being impacted, which will most likely result in termination. This possible solution feels like a checkmate for the physician.

How can this entire situation go about in a non-toxic way that insures physicians are healthy enough to do their job without completely dismissing their mental health or making them feel small because of it? It would be most appropriate if all state’s medical boards asked questions regarding current mental impairment. Only one or two questions about how the physician’s current mental condition may cloud their judgment, affect their ability to practice medicine, and create a danger to patients and co-workers. This will allow the physician to not feel like they are going to be ripped to shreds by medical boards if they admit to having a therapist. They may feel more willing to get the treatment that they need. In 2018, the AMA (American Medical Association) released a statement that encouraged state medical licensing boards to only ask about the physician’s current impairment

(Haung, 2021). By medical boards asking about present mental illnesses and if there is severe impairment, patients are put into better care and physicians can practice in an environment where the only stress they have to deal with is their actual job, not the extra pressure from their mental illness.

Every day, doctors go into their job knowing that they will most likely see something that may impact them for the rest of their lives. They witness situations that a majority of the population may never experience. Being surrounded by death and illness day by day has a psychological impact that can eventually form poor mental health in many physicians. Add in the amount of stress that is put on their shoulders, being responsible for people's lives, they are supposed to be the superheroes. That is an immense amount of weight to put on a single human being and sometimes that builds up as well. Why is it that in a profession that expects so much from a person should the resources for getting support be so limited? While physicians work so hard and really can be seen as superhuman (I mean look at the COVID-19 pandemic!), they can't do it all, especially not alone. They should not be reprimanded for seeking additional support. The stigma around mental health in this field is so insanely high and creates gigantic barriers for doctors. Physicians are being judged and punished by medical boards for something their institutions strive for – care. It is a problem that people who go through 11-18 years of schooling, work 60-80 hours a week (sometimes more), and show up to take care of people are being told by their superiors that when they become the patient, the care they receive is a “red flag.”

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