Prioritizing Mental Health in Residency

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RESIDENT **PEARL**

- Although institution-sponsored wellness programs exist to promote the mental health of trainees, rates of anxiety and depression remain high among residents, which was further highlighted during the COVID-19 pandemic. Instead of passively engaging with wellness messages, residents must actively prioritize their own mental health to avoid stress and burnout.

Residency is both physically and mentally taxing. Although some tout these struggles as a rite of passage to practice medicine, rates of physician burnout and suicide unfortunately remain higher than the general population. Limitations on work hours, mandatory reporting of work hour violations, and resident wellness programs have aimed to improve these statistics, but the time constraints and physical demands of residency offer little room for trainees to focus on their mental health. In 2020, the COVID-19 pandemic tested an already strained health care system, bringing to light the prevalence of depression and anxiety among residents. This article explores this prevalence and highlights several modalities available to residents who are seeking to prioritize their mental health.

Cutis. 2022;109:E36-E38.

The World Health Organization declared COVID-19 a pandemic on March 11, 2020, just 4 months before the start of a new residency cycle. Referred to as "COVID interns," PGY-1 residents transitioning out of medical school in 2020 faced an unprecedented challenge of doctoring within a confused and ill-prepared health care system, while senior residents scrambled to adjust to their rapidly changing training programs. Each subsequent week brought more sobering news of increasing hospitalizations, intensive care unit admissions, and deaths; hospitals across the country resorted to the redeployment of residents across all specialties to buffer the growing need within their internal medicine and critical care units.[1] And while the news and social media blurred into a collage of ventilator shortages, politicization of science, and "#healthcareheroes," one study showed 53.7% of medical interns (N=108) were struggling with mild to extremely severe depression, while 63.9% reported mild to severe anxiety.[2]

Many shortcomings of our health care system—ill preparedness, racial disparity, health illiteracy—were highlighted during the COVID-19 pandemic, and providers' mental health was no exception.[3] Classic psychosocial risk factors, such as high demands, lack of control, lack of institutional support, and absence of reward defined the workplace, leading Theorell[4] to call it "a randomized trial for maximal worsening of the work environment." Stress and burnout during residency are not novel concepts. A 2002 survey including 415 medical residency programs with a response from more than 4000 residents found depressive symptoms in 35% of respondents, paired with feelings of increased cynicism and decreased humanism despite major curricular reforms and duty hour limitations.[5] Unfortunately, the statistics in the coming years hardly budged and, in the wake of the pandemic, culminated to more than 50% to 76% of physicians worldwide reporting burnout in 2020.[6-8]

As a COVID intern at Brigham and Women's Hospital (Boston, Massachusetts), I also experienced the demanding workload and witnessed the struggle of my colleagues firsthand. Brigham and Women's Hospital, similar to many of its peer institutions, implemented frequent

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The author reports no conflict of interest.
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doi:10.12788/cutis.0551

mental health check-ins within its curriculum. Known as the Intern Humanistic Curriculum, these check-ins essentially were an echo chamber to unload the psychological burdens of our workdays, and we eagerly shared what made us angry, sad, hopeful, and hopeless. During one such session, I learned about *moral injury*, a term originating in the military defined as the psychological stress resulting from actions—or the lack of actions—that violates one's moral or ethical code.[9] With the onslaught of patient deaths for which most of us felt unprepared, we had all endured varying degrees of moral injury. Greenberg et al[9] described 2 potential outcomes after moral injury: (1) the development of mental health disorders such as depression and posttraumatic stress disorder, or (2) posttraumatic growth, which is the bolstering of psychological resilience. Notably, the outcome is based on the way someone is supported before, during, and after the challenging incident.[9]

With the aim of psychological growth and developing resilience, residents should prioritize mental health throughout their training. To this end, several resources are readily available, many of which I actively use or frequently revisit, which are reviewed here.

Mindfulness Meditation App

Calm (https://www.calm.com/) is one of several popular mobile applications (apps) that delivers mindfulness mediation—the practice of attending to experiences, thoughts, and emotions without bias or judgment. With more than 100 million downloads, Calm includes meditation tutorials, breathing exercises, nature scenes and sounds, and audio programs taught by mindfulness experts for $69.99 a year or $14.99 a month. Systemic reviews have demonstrated reduced sleep disturbance, decreased ruminative thoughts and emotional reactivity, and increased awareness and acceptance in those practicing mindfulness meditation. Calm users have reported these benefits, with many able to forego the time- and cost-intensive cognitive behavioral therapy that requires highly trained therapists.[10-12]

Exercise to Relieve Stress

Both aerobic and anaerobic exercises are antidepressive and anxiolytic and also lower one's overall sensitivity to stress. Whether it is governed by neurotransmitters such as the activation of the opioid systems or the release of endogenous endorphins or time spent focusing on a different task at hand, the benefits of exercise against mental stressors have been extensively studied and established.[13] Consider obtaining a new gym membership at the start of residency or joining an intramural team. Both have the added benefit of expanding your social circle.

Socialize With Others

Social isolation and perceived loneliness are key stressors linked to neuroendocrine disturbances that underlie depression, anxiety, and even schizophrenia.[14,15] Throughout residency there will be several social events and opportunities to gather with colleagues—inside or outside of the work environment—and residents should attend as time allows. Even virtual social interactions were found to reduce stress and help in the treatment of social anxiety disorder.[14]

Communicate About Stressors

Open up to your co-residents, friends, and family about any struggles that may be invisible on the outside. Even attendings can empathize with the struggles of residency, and the mentors in place are actively trained to prioritize resident wellness. If verbal communication is not your strength, try journaling. Writing helps to untangle and better define underlying stressors and is itself meditative.[16,17] However, ensure that your journaling is focused on positive emotional responses and aims to determine the positive benefits within any stressful event; those solely expressing negative emotions were found to have higher levels of stress and anxiety afterward than they had before.[17]

Seek a Mental Health Specialist

As with all other human ailments, severe mental health disorders require specialists and proper medication. Unfortunately, substantial stigma accompanying mental health continues to permeate medicine, creating considerable barriers for residents in need of care.[18] A 2016 survey of more than 2000 physicians found that those with mental illnesses did not seek treatment due to limited time, fear of being reported to a medical licensing board, concern over obtaining licensure, and shame or embarrassment at the diagnosis.[19] Besides urging residents to seek care, more effort should be invested in addressing the stigma and ensuring confidentiality. In 2021, the internal medicine and medicine-pediatrics residency at the University of Colorado Anschutz Medical Campus (Aurora, Colorado) developed a confidential opt-out, rather than opt-in, mental health program, and appointments were made for all 80 interns in advance. In doing so, they found increased participation and self-reported wellness at a relatively low cost and simple implementation.[20] For trainees without such access, online or mobile therapy platforms offering electronic mental health treatment or telepsychiatry also have been employed.[21,22] The onus ultimately is still on the individual to seek the care they need. Although only an anecdotal piece of evidence, I have found the prevalence of physicians taking selective serotonin reuptake inhibitors such as escitalopram, sertraline, or fluoxetine to be strikingly common and quite beneficial.

Final Thoughts

Residency remains rife with financial, emotional, and physical stressors; even as the dust settles on the COVID-19 pandemic, the light shed on the importance of trainee mental health must remain illuminated. For the aforementioned resources to have an impact, residents

need to be empowered to openly discuss mental health issues and to seek help if necessary. Finally, in 2018, the *Journal of Graduate Medical Education* published a 10-year prospective cohort study that found that emotional distress during residency persists in professional practice even 10 years after residency and is associated with future burnout.[23] Trainees should consider prioritizing their mental health to not only improve their quality of life in the present but also as an investment for their future.

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