What We Think and Say Matters: How Unconscious Stigma May Worsen Our Mental Health

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Dear boss….

Dear boss….

I broke my leg over the weekend while trying to move my grandmother into a retirement home. I'm going to need to few days to get things organized at home, but hope to be back to work by the end of the week.

Dear boss….

I realized recently that I've been struggling with depression and I'm hoping to take a few days to see my doctor and figure out a treatment plan. I plan to be back at work by the end of the week.

“If my colleagues knew that I was bipolar, I fear that I would never again be taken seriously, that I would be viewed as the ‘impaired physician’ who, at a display of passion or emotion, would be seen as having an ‘episode.’ My hard-earned credibility would be gone. My right to express even normal anger or irritability, happiness or my effervescent sense of humor would be suspected as pathological. I would lose the right to just have a bad day.

If I had lost a breast to cancer or had Parkinson disease, I would have the concern and sympathy of my community. But this illness is perhaps harder to bear because it is yoked with shame and secrecy. I am not missing a body part nor do I have a resting tremor. Yet I still struggle with a chronic and debilitating illness associated with a high morbidity and mortality rate …

If I continue to live pretending to be other than who and what I am, how can I hope the world will evolve and become a better place … It is time to give mental illness a name, a face, a story. Only in doing so will the stigma of this disease lose its power. (Fiala, 2004: 2925–2926)”

Wallace, J.E., 2012. Mental health and stigma in the medical profession. *Health:, 16*(1), pp.3-18.

Today's Questions

- What is stigma?
- What is burnout?
- Is burnout another word for depression (& other mental illnesses)?
- Are we, medical providers and researchers, stigmatizing mental illness?
- Do stigma and terms like burnout limit us from identifying mental illness in ourselves and our peers?
- What can we do?

What is stigma?

Stigma is 'an attribute that is deeply discrediting' that reduces someone 'from a whole and usual person to a tainted, discounted one’. The stigmatized, thus, are perceived as having a 'spoiled identity’ (Erving Goffman, 1963).

Stigma is a stereotype or negative view attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms." Dudley (2000),

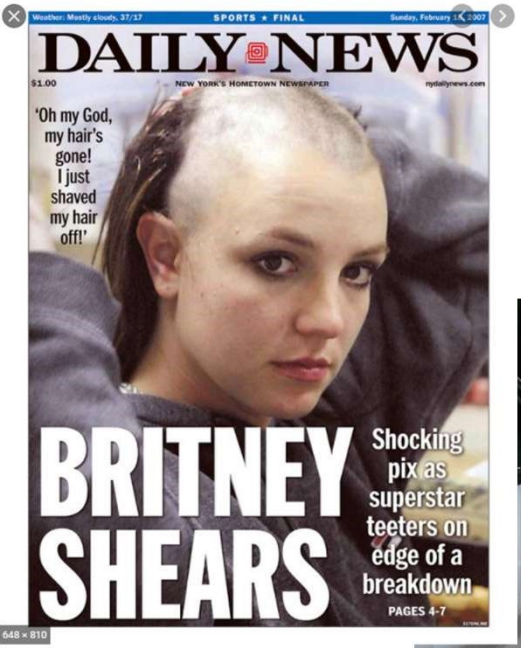
https://www.pdhealth.mil/news/blog/reducing-self-stigma-mental-health-important-physical-health

What is stigma?

Types of Stigma

	Public	Self	Institutional
Stereotypes & Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity

Source: Adapted from Corrigan, et al.



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Prince Harry vows to will keep talking about mental health as genetic pain comments 'raise tensions'

VIEW 2 COMMENTS

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No charges in fatal police shooting of mentally ill Black man, district attorney says

By Dakin Andone and Josh Campbell, CNN
Updated 4:30 AM ET, Sun May 9, 2021

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People EXCLUSIVE

Kanye West Is 'Struggling' with Bipolar Disorder as Rapper Says He Wants to Be President: Source

"Kanye's behavior is very unpredictable," a source tells PEOPLE exclusively. "The episodes usually last for a few weeks and then things go back to normal"

By Maria Pasquini | July 09, 2020 03:15 PM

What is stigma?

Note: There are myriad racial, age, gender, sexuality, and ethnicity stigmas and bias imbedded into this issue that I will not be going into depth with during this presentation.

Why does stigma matter?

- 50% of Americans will meet diagnostic criteria for a mental health disorder in their lifetime
- Only 40% of those will receive treatment for their illness
- Suicide rates have increased by 25% over the last 20 years
- 35-50% of physicians do not seek treatment even if they feel they meet criteria
- Suicide amongst physicians is 1.4-2.3 times higher than general population

Why does stigma matter?

- Mental illness are treatable
- Most people return to premorbid functioning

BUT, due to stigma:

- Individuals do not seek care
- Those that do receive care often do not complete the recommended treatment plan
- Symptoms worsen
- Impacts community around the person struggling with personal illness
- Less political enthusiasm, charitable donations, and less funding for research relative to other conditions

Corrigan, 2004)

Stigma in the workplace

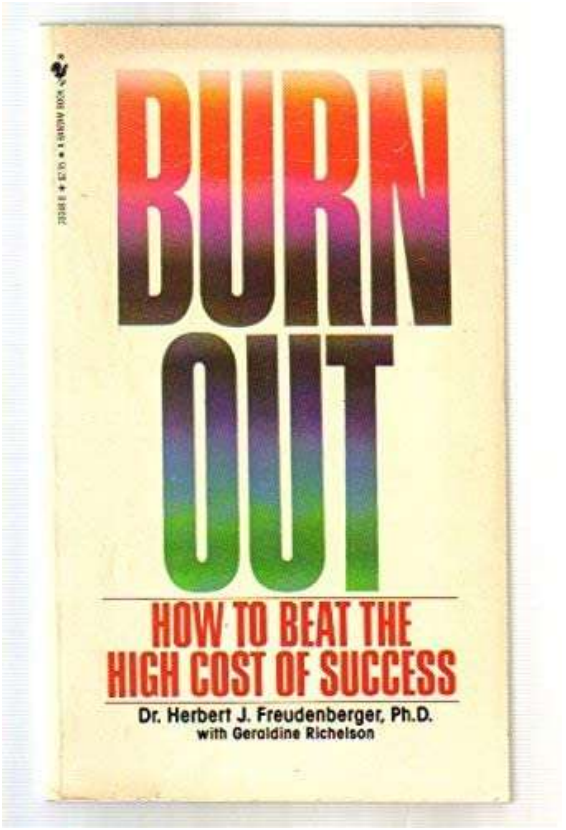
In a 2019 National Poll from the American Psychiatric Association of 2000 adults:

- 35% of workers were concerned about retaliation or being fired if they seek mental health care (greatest in young men)
- 62% were comfortable utilizing mental health with their current employer
- 51% can discuss mental health openly and honestly with supervisors (also coworkers)
- 29% were actively in mental health care

https://www.psychiatry.org/newsroom/apa-public-opinion-poll-annual-meeting-2019

What is “burnout”?

- A combination of exhaustion, cynicism, and perceived inefficacy resulting from long-term job stress.
- 1974: Clinical psychologist Herbert Freudenberger, volunteering at a free clinic in the East Village and noting the emotional depletion and accompanying psychosomatic symptoms amongst the staff, borrowed the term from drug-addiction slang
- Freudenberger noted that burnout often occurred in contexts requiring large amounts of personal involvement and empathy, primarily among “the dedicated and the committed.”



Freudenberger:

There is a feeling of exhaustion, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath. … The burn-out candidate finds it just too difficult to hold in feelings. He cries too easily; the slightest pressure makes him feel overburdened and he yells and screams. With the ease of anger may come…a kind of suspicion and paranoia. The victim begins to feel that just about everyone is out to screw him. … He becomes the 'house cynic.' Anything that is suggested is bad rapped or bad mouthed. … A sign that is difficult to spot until a closer look is taken is the amount of time a person is now spending in the free clinic. A greater and greater number of physical hours are spent there, but less and less is being accomplished. He just seems to hang around and act as if he has nowhere else to go. Often, sadly, he really does not have anywhere else to go, because in his heavy involvement in the clinic, he has just about lost most of his friends.

What is “burnout”?

- In the 1980s, Christina Maslach built upon this work at UC-Berkeley
- Model of three dimensions:
  - Emotional Exhaustion
  - Depersonalization
  - Diminished sense of personal accomplishment
- Developed the Maslach Burnout Inventory (MBI)
  - Now the research standard for studying burnout
  - Proprietary to use

Item	Mean (SD)	EE	DP	PA	h^2
1. I feel emotionally drained from my work.	3.5 (2.0)	**0.64**	0.23	–0.03	0.47
2. I feel used up at the end of the workday.	4.2 (1.8)	**0.70**	0.10	–0.25	0.56
3. I feel fatigued when I get up in the morning and have to face another day on the job.	4.3 (1.7)	**0.64**	0.13	–0.39	0.58
4. I can easily understand how my recipients feel about things.	4.8 (1.5)	0.39	–0.22	**0.40**	0.36
5. I feel I treat some recipients as if they were impersonal objects.	1.5 (1.8)	0.06	**0.64**	–0.19	0.45
6. Working with people all day is really a strain for me.	4.7 (1.6)	**0.61**	0.08	0.12	0.40
7. I deal very effectively with the problems of my recipients.	4.8 (1.5)	0.42	–0.20	**0.55**	0.52
8. I feel burned out from my work.	3.4 (2.1)	**0.52**	0.52	–0.07	0.54
9. I feel I'm positively influencing other people's lives through my work.	4.6 (1.5)	0.33	–0.18	**0.49**	0.38
10. I've become more callous toward people since I took this job.	2.2 (2.2)	0.08	**0.79**	–0.20	0.67
11. I worry that this job is hardening me emotionally.	2.5 (2.3)	0.15	**0.76**	–0.17	0.63
12. I feel very energetic.	3.8 (2.0)	–0.37	–0.21	**0.57**	0.51
13. I feel frustrated by my job.	2.3 (2.2)	**0.32**	**0.59**	–0.18	0.49
14. I feel I'm working too hard on my job.	4.5 (1.8)	**0.51**	0.01	0.19	0.30
15. I don't really care what happens to some recipients.	1.5 (1.9)	–0.01	**0.72**	–0.13	0.53
16. Working with people directly puts too much stress on me.	3.0 (2.0)	**0.42**	0.42	–0.09	0.37
17. I can easily create a relaxed atmosphere with my recipients.	4.7 (1.5)	0.17	–0.31	**0.64**	0.54
18. I feel exhilarated after working closely with my recipients.	3.8 (2.0)	–0.11	–0.14	**0.68**	0.50
19. I have accomplished many worthwhile things in this job.	3.8 (1.9)	–0.14	–0.03	**0.78**	0.63
20. I feel like I'm at the end of my rope.	3.6 (2.0)	**0.40**	0.37	0.07	0.30
21. In my work, I deal with emotional problems very calmly.	3.7 (2.0)	0.04	–0.03	**0.55**	0.31
22. I feel recipients blame me for some of their problems.	3.3 (2.0)	**0.38**	**0.26**	0.17	0.24

Notes and abbreviations: [1]correlation between each item and rotated principal component. Items belonging to the postulated scales are shown by bold numbers. Factor loadings under 0.4 have been underlined. The percentage of measured variance explained by these three factors is 46.72%: The first component explains 15.92%, second (15.82%), and the third (14.98%); h^2 (communalities): proportion of total variance of each item explained by four extracted components. Strong association ($r > 0.70$); moderate association ($0.30 < r < 0.70$); weak association ($r < 0.30$); EE = Emotional exhaustion; DP = Depersonalization; PA = Personal accomplishment.

Burnout: Prevalence

Physicians:

- >50% experience burnout, nearly double peers
- IM, EM, FM, OBGYN

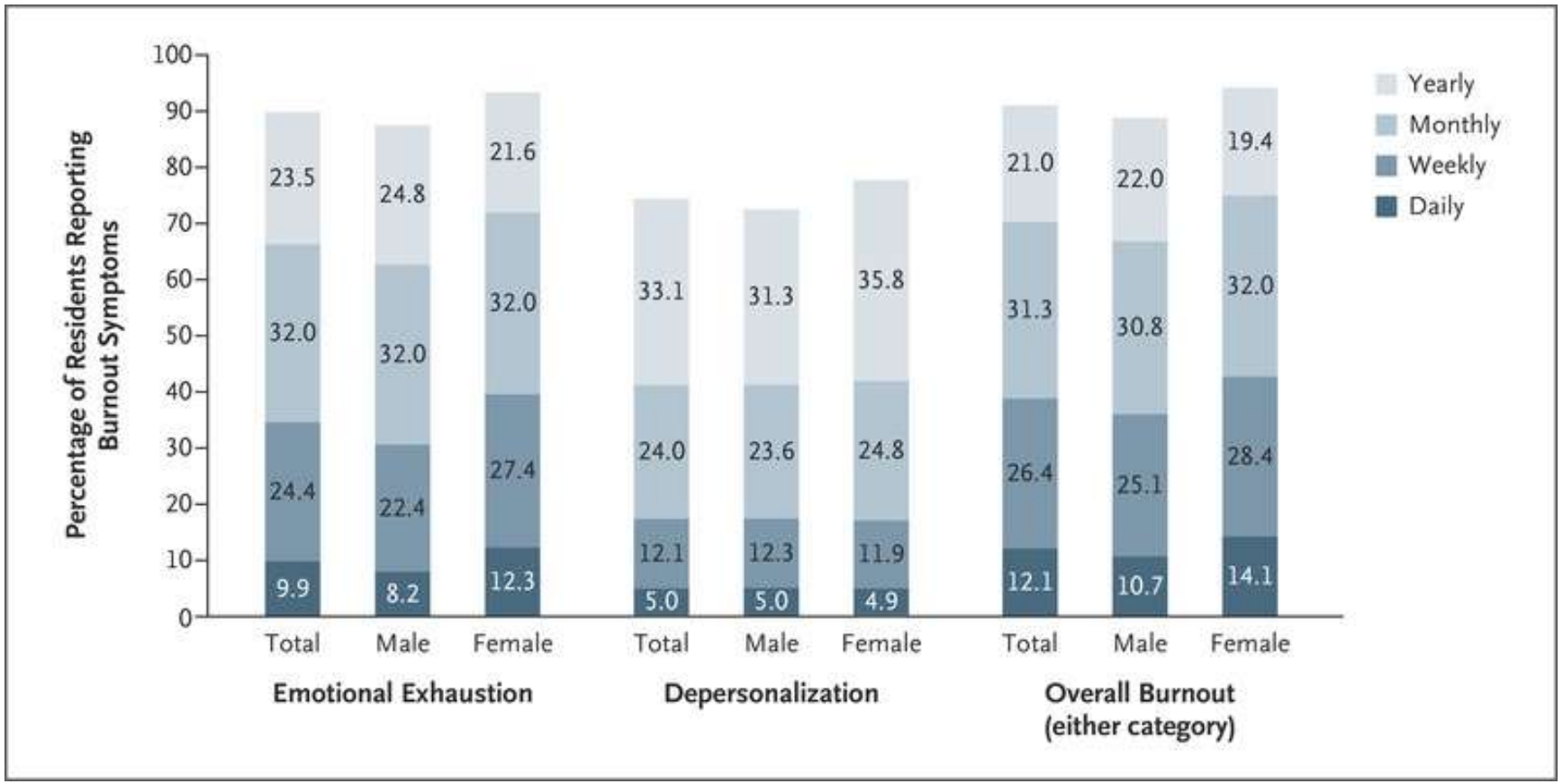
Nurses/PA

- 37% in nursing home RNs, 33% in hospital RNs (2011)
- Less studied in Pas, but assumed to be similar

Residents/Medical Students

- 78% in surgical residents, 66% in non-surgical residency (2016)
- 44% of medical students (2013)
- a study of 4,287 students across seven medical schools, the burnout rate was estimated to be 49.6%, with only 26.5% having recovered at 1 year

Burnout in 262 Surgical Residency Programs



Hu et al, 2019, *New England Journal of Medicine*

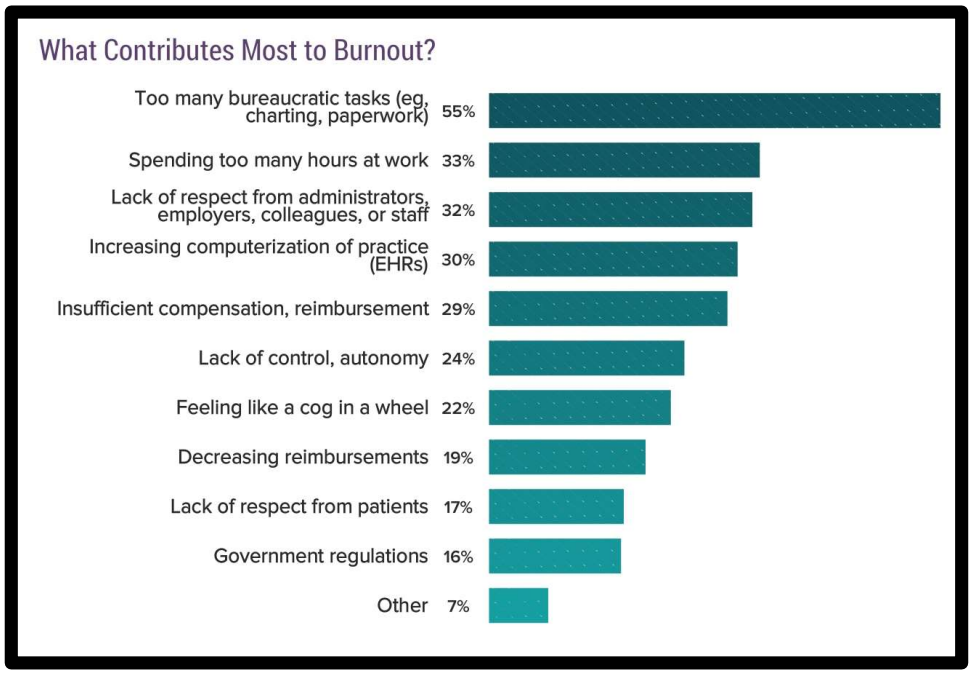
Why does burnout matter?

Some smaller studies propose* an association between burnout and:

- Risk to individual (medical and mental health conditions)
- Major medical errors (MDs)
- Malpractice suits (MDs)
- Patient mortality (RNs)
- Hospital transmitted infections (RNs)
- Dishonest behavior (medical students)
- Decreased sense of altruism (medical students)
- Lower patient satisfaction ratings
- Greater job turnover
- Loss of productivity

*these outcomes remain up for debate due to methodology of study and definition of burnout

What causes burnout?



- Lack of control (autonomy)
- Unclear job expectations
- Dysfunctional workplace dynamic
- Lack of social support
- Work-life balance
- Per physicians: paperwork, bureaucratic tasks, hours, EMRs,
- 51 hours/week average, 25% working 60+ hours

Is burnout really a distinct phenomena?

- Symptoms of burnout heavily overlap with symptoms of depression
- In one study, over 90% of participants assessed as “burned out” also met diagnostic criteria for depression
- In another study, depressed and “burned out” participants displayed similar attentional and behavioral alterations as those with depression.

Reith 2018

Depression in health care

- 18% in Medical Student
- 21% of residents had at least moderate depressive symptoms
- 12-month prevalence of major depression in the general population for people aged 18 to 29 is 13% and decreases with age
- Of particular concern with the advent of the COVID-19 pandemic is early evidence suggesting that the rate of depression in physicians across age groups is **25%**

Kirk, May 2021, Academic Medicine

Is burnout really a distinct disorder?

Alternate view:

- Burnout and MDD are categorically different, reasoning that burnout was described because “established perspectives of clinical psychology for explaining personal distress [were] not suited to explaining these largely interpersonal and organizational constructs.”
- Burnout is a response to work stress and systemic issues

Comparing Prevalence

	Burnout	Depression
Physicians	>50%	25%
Residents	70%	21%
Medical Students	40%	18-25%
RNs	35%	?

Table

Features of burnout vs a major depressive episode

	Burnout	Major depressive episode
Core features	Extreme emotional and physical exhaustion, depersonalization, and decreased sense of accomplishment Job performance may be impaired	Persistently depressed mood and/or loss of interest/pleasure in daily activities Fatigue Functional impairment
Common features	Extreme exhaustion Feeling unhappy Reduced performance	Extreme exhaustion Feeling unhappy Reduced performance
Context	Job-related and situational	General (context-free)
Affect	Variable; may feature positive emotions and use of humor	Sad, blunted, restricted
Thought content	Preoccupation with work Self-esteem generally preserved	Feelings of hopelessness[a] Suicidality[a] Mood-congruent delusions[a] Self-esteem generally low[a]
Course	Correlates with workload May resolve with changes in job environment, workplace, or other occupational factors	Persistent and not tied to specific thoughts or preoccupations

[a]Symptoms are specific to depression

Source: References 4,5

Burnout is a concept, not currently a recognized diagnosis

- Systematic review reveals there are 142+ definitions
- Substantial variability in prevalence estimates of burnout among practicing physicians and marked variation in burnout definitions, assessment methods, and study quality.
- Because of these issues, conclusions cannot be drawn on the prevalence of burnout
- Standardized definitions and measures need to be agreed upon

Rotenstein et al, JAMA. 2018

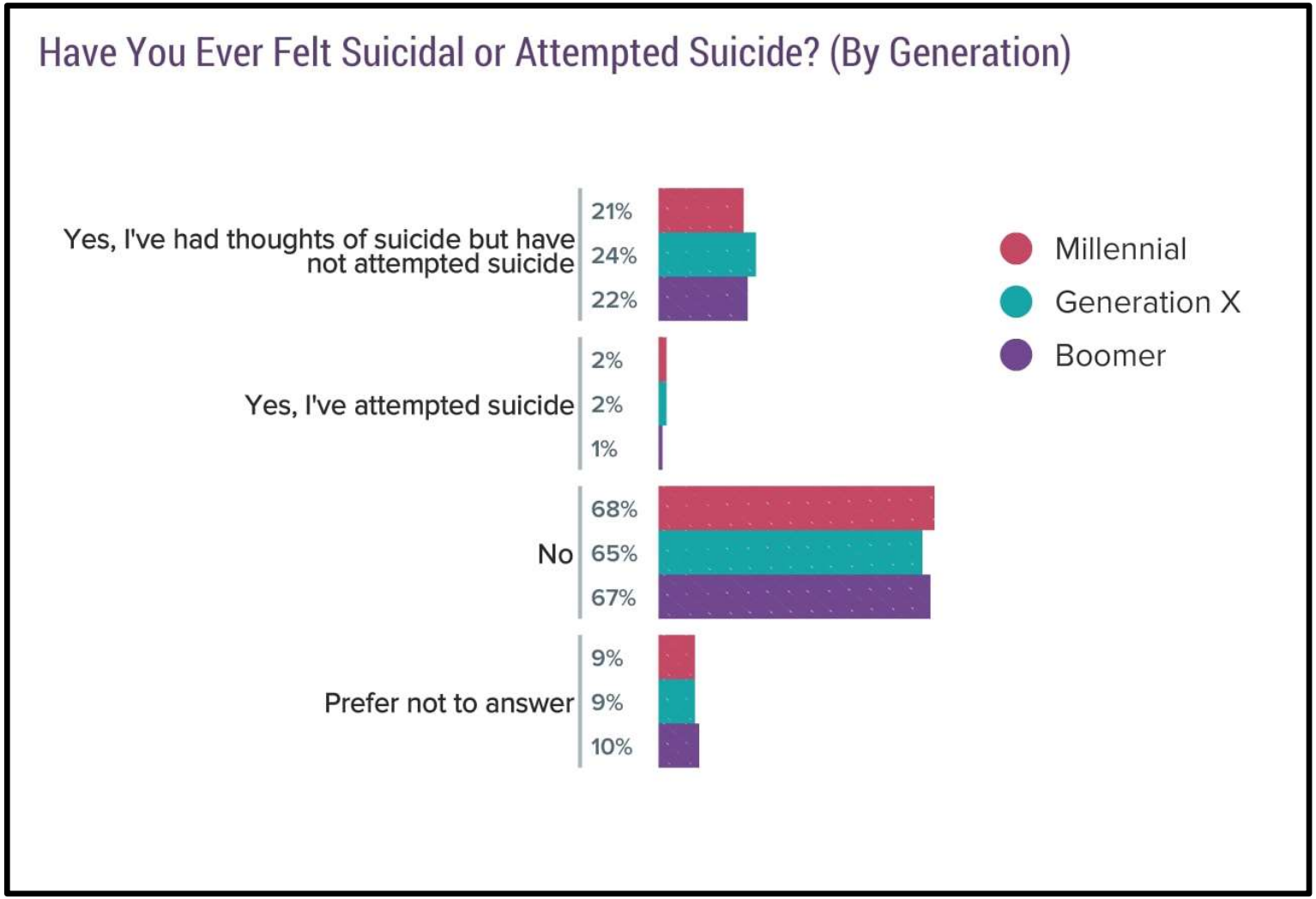
Stigma and Us

- In an anonymous survey of 1,048 academic physicians:
  - 12% endorsed moderate to severe depressive symptoms
  - fewer than half reported that they were likely to seek treatment for a mental health concern.
  - Stigma and access to treatment were major concerns related to seeking treatment. More than half of the physicians surveyed endorsed survey items pertaining to stigma
  - 70% of physicians with moderate to severe depression reported "getting an appointment that fits my schedule" as a major concern.
- In a 2011 survery, suicidal ideation in American surgeons was 1.5-3 times more common than general population
  - Only 26% sought psychiatric help

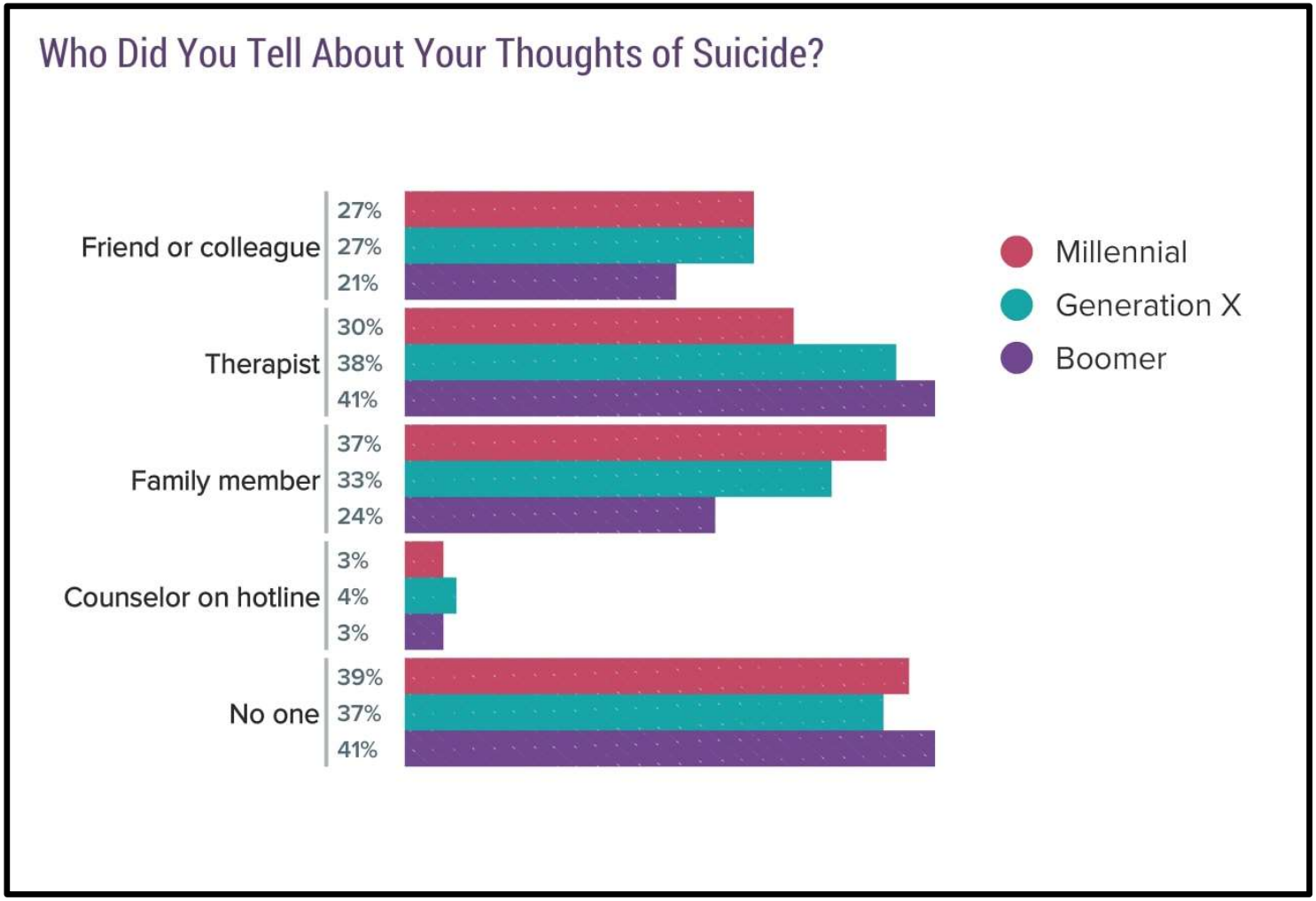
Brower, May 2021

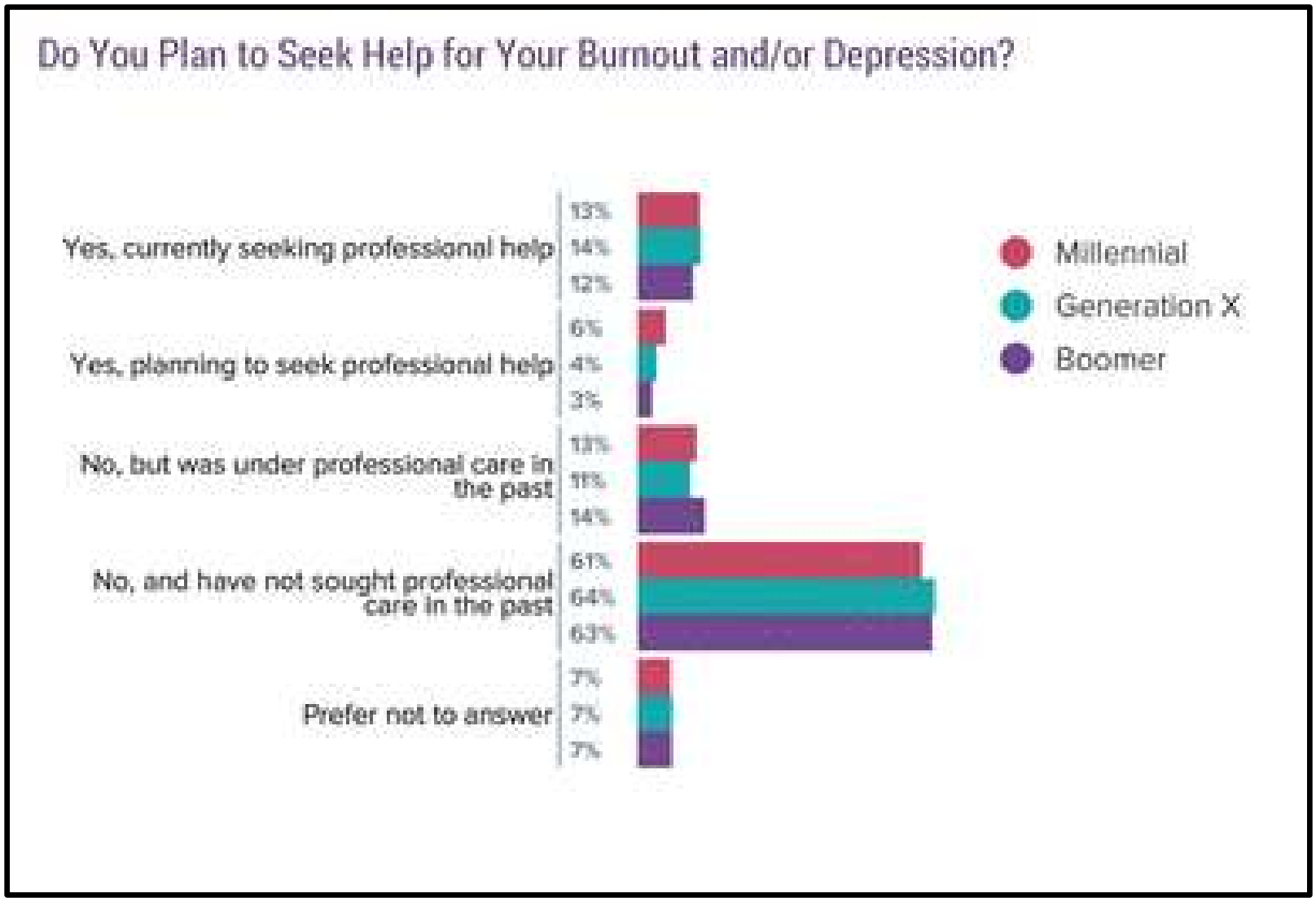
Stigma and Us

- In medical students, those with moderate/severe depression were significantly more likely to endorse statements about stigma than those with minimal or mild symptoms.
- 62% medical students agreed they would hide treatment from other people.
- 50% agreed that if a residency director, then the director would pass over that student.
- When asked about seeking care, 57% and 52% interns reported concerns about confidentiality and what others would think, respectively.
- Of those who screened positive for depression, fewer than a quarter reported starting treatment during their internship.

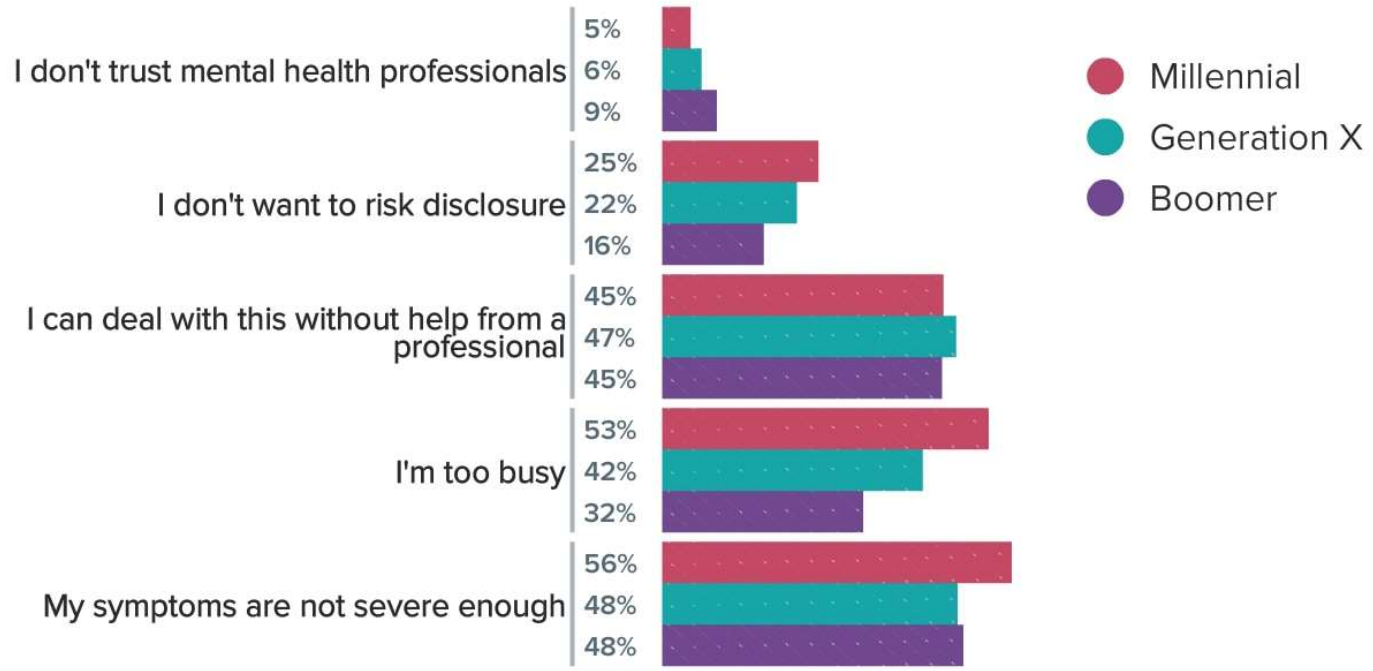


https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460


Who Did You Tell About Your Thoughts of Suicide?
Friend or colleague
27%
27%
21%
Therapist
30%
38%
41%
Family member
37%
33%
24%
Counselor on hotline
3%
4%
3%
No one
39%
37%
41%
Millennial
Generation X
Boomer


Do You Plan to Seek Help for Your Burnout and/or Depression?
Yes, currently seeking professional help
13%
14%
12%
Yes, planning to seek professional help
6%
4%
3%
No, but was under professional care in the past
13%
11%
14%
No, and have not sought professional care in the past
61%
64%
63%
Prefer not to answer
7%
7%
7%
Millennial
Generation X
Boomer

Why Have You Not Sought Help for Your Burnout and/or Depression?



Are we, health care workers and researchers, stigmatizing mental illness?

- The term *burnout*, which indicates a human reaction to something outside oneself, is less stigmatized, allowing it to become a catchall term for emotional distress.
- However: Erroneously labeling a physician's distress as burnout *may* prevent or delay appropriate treatment of MDD, a serious and sometimes life-threatening mental disorder.

So what can we do about it?

Proposed solutions	Current culture	Suggested actions to create a new culture
Transform the narrative	News stories, popular media, and other communications reinforce fears of mental illness as a moral weakness, associated with violence, loss of control and autonomy, and punishment	Use news stories, professional communications, and role models to share personal stories of help seeking, recovery and healing, courage, and hope as with any other medical concerns.
Address regulatory screening questions	Inappropriate questions about history of mental disorders on licensing and privileging applications	Advocate with state governing bodies, medical boards, and hospital credentialing committees to adopt consensus question about health recommended by the FSMB,[35] and endorsed by the AMA[36] and the APA,[37] for licensing and privileging via state and local advocacy.
Expand perspective of mental health disorders	Unidimensional models (e.g., weakness, moral failing, brain disorder)	Conceptualize mental health disorders as complex disorders with biological, psychological, behavioral, and sociocultural factors.
Implement evidence-based practices	Mostly focused on general population or target groups other than health care professionals in the workplace; workplace interventions often focused on individuals with depression (e.g., directing them to employee assistance programs) vs systemic interventions for stigma	• Address cognitive (beliefs and stereotypes), affective (attitudes and prejudice), and behavioral (e.g., discrimination vs support) aspects of stigma among colleagues and leaders. • Have respected colleagues with a history of depression give presentations. • Train leaders and colleagues to (1) recognize depression and (2) use supportive skills.
Use nonjudgmental language	Common use of terms and phrases that stigmatize depression, substance use disorders, and emotional health	• Maintain awareness of commonly used terms, phrases, and labels that have judgmental connotations. • Replace *commit suicide* with *die by suicide*. • Replace *addict, alcoholic,* and *substance abuser* with *a person who has a substance use disorder.*
Create a culture of caring for each other (professional courtesy)	Free or discounted medical care provided by physician colleagues	• Show respect to each other as members of the medical profession. • Provide peer support and care for each other in sickness and in health. • Discuss professional or personal challenges and stressors without judgment.
Learn to be a patient	Self-diagnosis and treatment outside of a physician–patient relationship	• Establish routine medical care with a trusted primary care physician before an urgent need occurs. • Develop acceptance as a physician–patient.
Address training curriculum	Hidden curriculum for medical students and residents—not explicit in the written curriculum—about values, norms, and attitudes in the learning environment that stigmatize mental disorders and discourage help seeking	Create visible structures and processes for normalizing help seeking and encouraging easy access to care (e.g., opt-out health checks and affordable, schedule-friendly services).

Abbreviations: FSMB, Federation of State Medical Boards; AMA, American Medical Association; APA, American Psychiatric Association.

Transform the narrative

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Use nonjudgmental language

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Create a culture of caring for each other (professional courtesy)

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Learn to be a patient

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Address training curriculum

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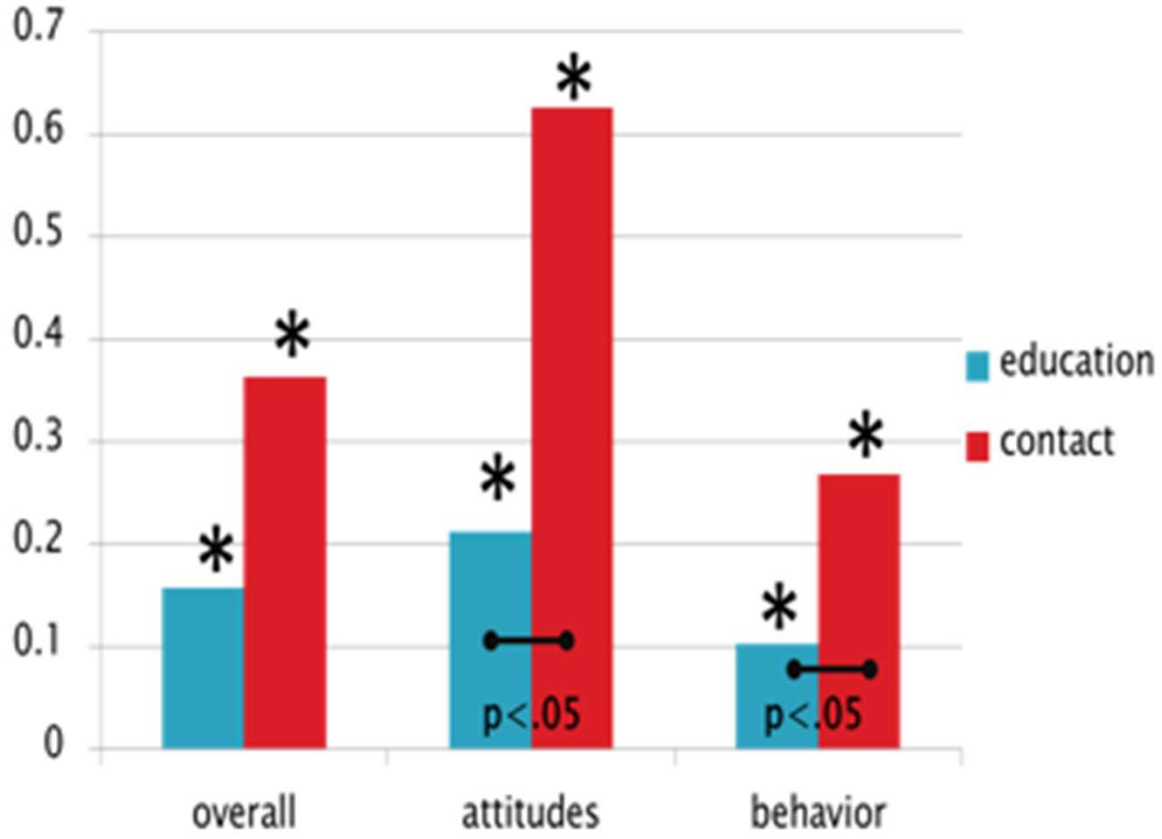
Hidden curriculum for medical students and residents—not explicit in the written curriculum— about values, norms, and attitudes in the learning environment that stigmatize mental disorders and discourage help seeking	Create visible structures and processes for normalizing help seeking and encouraging easy access to care (e.g., opt-out health checks and affordable, schedule-friendly services).

Education vs. Face-to-Face Contact



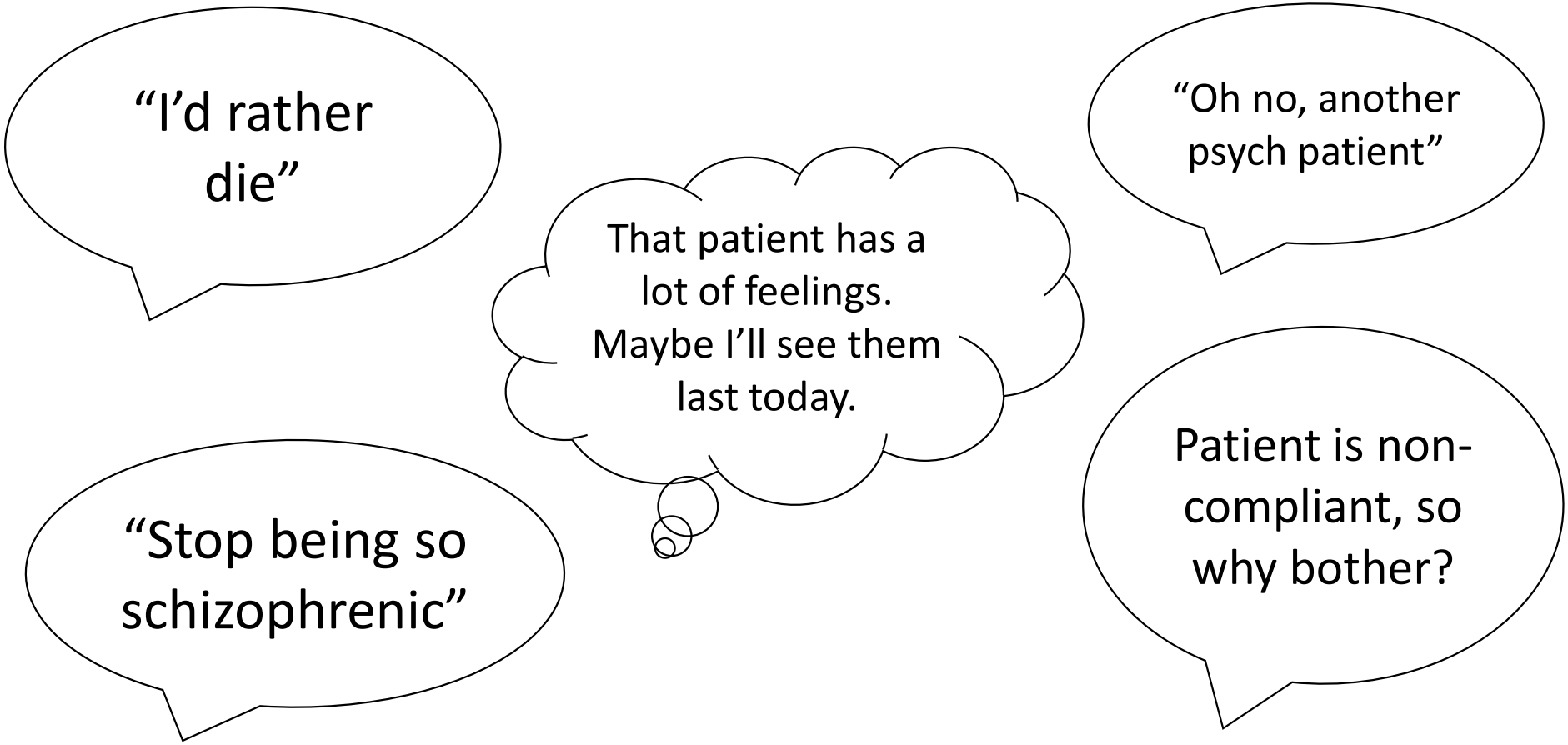
Corrigan et al 2012. *Psychiatric services*,

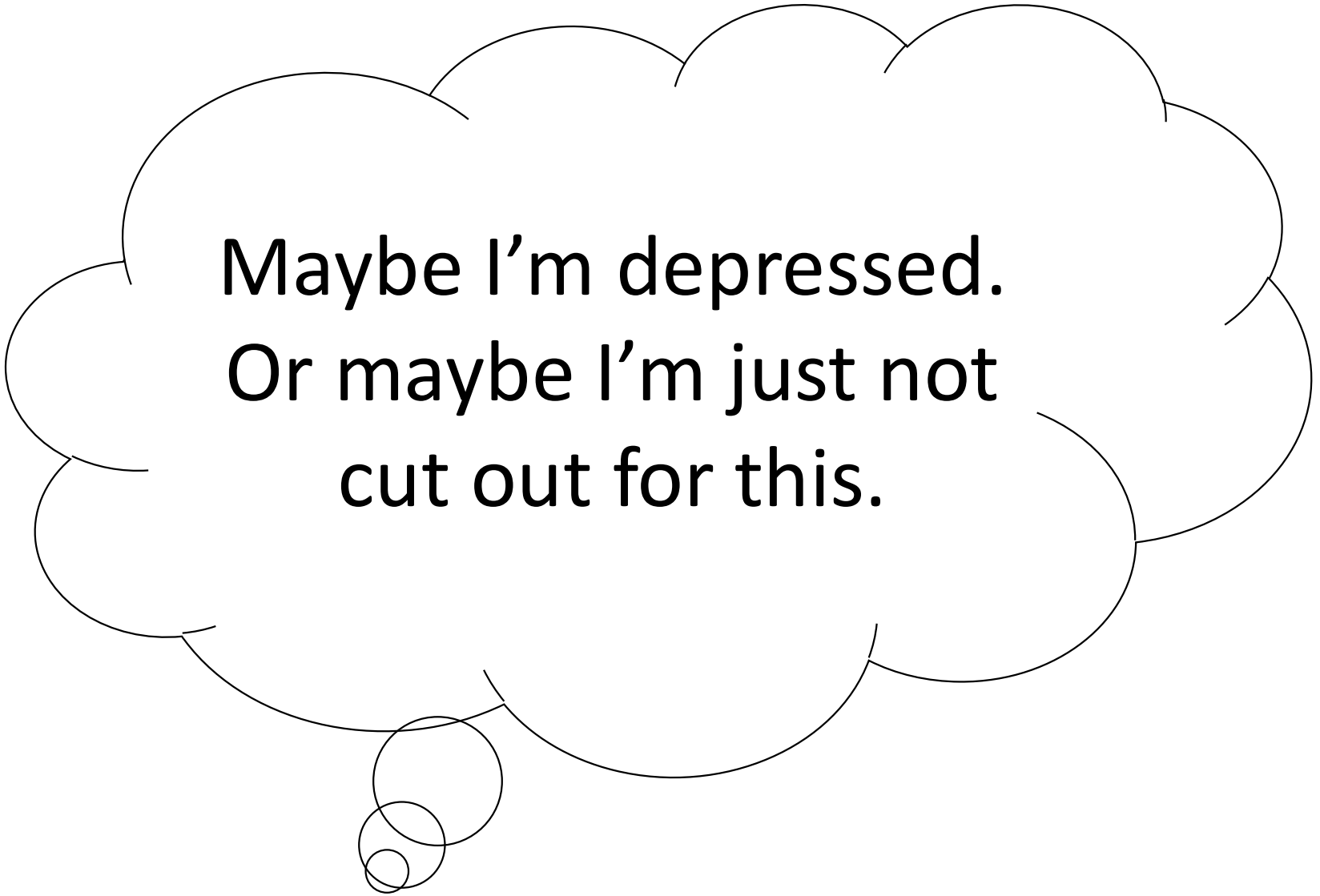
Take away messages

- Stigma is real and remains pervasive
- Depression rates are high in the medical community
- Depression and other mental illnesses are treatable (!)
- Burnout, as a concept/syndrome, is also high, but more rigorous research is needed
- When considering burnout, make sure to consider depression and anxiety too
- Though concepts like “burnout” have helped to identify issues in the workplace, they may contribute to stigma by unintendedly ignoring real mental illness and treatment
- We, on an individual level, can do a lot to combat stigma simply by being open and working hard to be non-judgmental

Assignment: Challenge Stigma in your own life

Assignment: Challenge Stigma in your own life




Maybe I’m depressed.
Or maybe I’m just not
cut out for this.

Thank you!

Resources

- Your PCP!
- NAMI
- Psychology Today (for therapists and psychiatrists)
- RISE Team at JHH: https://intranet.insidehopkinsmedicine.org/rise
- MySupport, 24/7, 443-997-7000
- University Mental Health Services (students, trainees)

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