Mental health stigma in the medical profession with Scott Pasichow, MD, MPH

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Scott Pasichow, MD, MPH, assistant professor of emergency medicine at Southern Illinois University in Springfield, Illinois, who shares his personal story and discusses the importance of removing the stigma for physicians addressing mental health issues.

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Speaker

- Scott Pasichow, MD, MPH, assistant professor, emergency medicine, Southern Illinois University

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. Today, we're joined by Dr. Scott Pasichow, assistant professor of emergency medicine at Southern Illinois University in Springfield, Illinois, about getting rid of the stigma associated with physician mental health. I'm Todd Unger, AMA's chief experience officer in Chicago. Thanks so much for joining us, Dr. Pasichow. May was mental health awareness month and while physicians' mental health has been
talked about certainly more and more during the past two and a half years, and good reason with everything we've seen from the pandemic, also, we're seeing greater levels of physician burnout, depression and suicide. And you've got a very personal story to tell in this regard, which we're going to talk about over the next few minutes. Why don't we just start by talking a little bit about that story? And I think there's just kind of one moment that you can pinpoint when you realized that you yourself needed help.

**Dr. Pasichow:** Yeah. It's great to be here and I really appreciate the opportunity to share this story. So this was my second year of residency. I did my EM residency at Brown University in Providence, Rhode Island, and had what I thought was a really good shift, came in the next day and got, I think, the question that every physician dreads. "Hey, you remember that patient from last night?" And it turns out we had looked up the individual. I thought we admitted them essentially for placement, assistance with physical therapy and finding a safe care plan for them. And they had actually died overnight on the floor and it was just a huge blow to me. It really impacted the rest of my day. I couldn't kind of shake that thought.

And at the time, anger was a lot of the way I was expressing emotion. And so I left at the end of the day and, driving home, found a road cone and took out some of my frustration on that. The good thing is the car wasn't damaged. Nobody got hurt. I wasn't hurt and the hospital was ... didn't care too much about the cone itself. They were more interested in what it indicated and making sure that I got the help that I needed.

**Unger:** Why do you think that this particular incident affected you so much?

**Dr. Pasichow:** I have no idea still. I think the reality is this idea that I was never going to be a good doctor. That was the story in my head, had been building for a while. Second-year, especially in emergency medicine, it's a three- to four-year training program and so this is the time that you're really taking care of patients independently more and getting a little bit more leeway to kind of make your own decisions in patient care. You're not getting the supervision you had in intern year. And so as I was starting to do that, I was doing what every ER doc and every physician is doing, which is learning the practice, the art of medicine. We had learned the science for five or six years and now we're learning the art of how to actually deliver patient care. And that goes well sometimes and doesn't go as well other times. And I think a number of months of that pressure building kind of culminated in this event, in this cone incident.

**Unger:** Do you feel like maybe in retrospect that you had been kind of ignoring the signs of what you probably classify in the realization as burnout over that course of time?

**Dr. Pasichow:** Yeah. Yeah, a hundred percent. Looking back at it now, it's so much clearer and I have a better understanding of little things, the silliness, leaving who I am at home, which I think the people I work with will be surprised to hear me say silliness is a part of my personality but at home, it is.
always have sarcasm and when it's funny sarcasm, I think I'm in a good mental space. When it becomes more angry sarcasm, that's when I'm in not as good a mental space. And looking back, that had been building for a while.

And some of the people around me had noticed it. There was an interpreter who we work with side by side and they're very tuned into language. And so he had picked up on this well before even I was aware of it. And that—

**Unger:** I guess we could call that cynicism. I guess maybe that's the word that I've heard that a lot of—

**Dr. Pasichow:** Yeah, yeah, yeah, no, yeah, the cynicism definitely creeps in a lot more. And I think some of that's normal. There's always going to be rough days. It's when the rough days start to outnumber the good days. When the funny sarcasm starts to get outweighed by the cynicism and that just keeps building. And eventually, it was not playing hockey and not going camping and doing the things I enjoyed. And it felt like it was go to work, come home, sleep for a little bit, go back to work. And that cycle just kind of built and built, and there was no outlet for it until I took it out on a road cone and then was able to kind of reset and recheck.

**Unger:** I think what I've heard from a lot of physicians and folks that are working in the burnout and wellness space is doctors are famously bad about asking for help, and sometimes there are incentives built into the structure to prevent them from doing that. What made you decide that it was time to change that for yourself?

**Dr. Pasichow:** I just kind of challenged that idea in my head. So I had gotten to the point where my anger was sort of out of my control and that was the big red flag for me. I had a wife that was really supportive that had noticed these changes at home and was encouraging me to get help and so that made it easy. And then when I finally took that step of saying, "Okay, I need help," I did something that wasn't up to the level of behavior that I would expect for myself. My program's response was, "What can we do to help?" They really made sure to allow me the autonomy to find the solutions for myself. And there were check-ins and making sure that things were progressing well and if things didn't go as well, kind of reevaluating, "Is that plan really working for you?" But they really left it in my court to take care of my mental health the way I needed to take care of it. And my wife was incredibly supportive too.

**Unger:** Dr. Pasichow, I think one of the reasons that people don't want to bring these up it's because they're afraid they're not going to get the reception that you did from your residency program and so that's fantastic news that that's how they responded. I'm curious. Other than the ways that you kind of just outlined, was there anything that kind of stood out in the way that they responded to you that was really meaningful?
Dr. Pasichow: Yeah, so it really is just not approaching it with stigma and just being supportive of me as an individual in what I needed to go through. There's a lot of stigma attached to this and I think that's rooted in an older way of thinking about mental health in a more traditional way. And that has changed a lot with the work that AMA has done, a lot of other national specialty organizations and even individual hospitals and health systems have done to kind of break down those barriers. Most of us are practicing in an environment where the mental health care that we seek, the depression treatments, the medications we might be taking are not going to impact our ability to practice as much as I feared they would when I was in second year and starting this process. And I think a lot of doctors fear that they will.

And that doesn't mean we don't have work to do. I'm not trying to say our advocacy mission is done but I don't want people to get lost in the advocacy work and forget that there's a lot of progress that's already been made. And that it is now different than it was 5 or 10 years ago if you're going through this as a resident.

Unger: So I follow you on social media and I've seen your communications about this journey. And I couldn't help but think because of different folks that I've talked to over the course of time that that must have been really hard to share. And I'm also curious about the reactions that you received from your circle. Were they surprised about your honesty and your frankness about this journey? And what kind of feedback could you get from them?

Dr. Pasichow: My wife and my therapist weren't. They were a part of the plan from the beginning because I wanted to make sure I had ... This is a part of my healing process, the sharing the story, so I had a couple people who kind of knew and helped me craft it the entire time. Everyone that I've shared it with has had some varying level of surprise but the biggest overlying emotion that I get from people is identifying with it and talking about how helpful it is. There's a lot of doctors that are going through a similar situation that I went through and some of the details are different but this is a story so many of us experience.

And so, seeing somebody share that in a public space, somebody who's been involved in national leadership and is going to continue to be involved in national leadership and in advocacy work throughout the rest of my career, I think seeing that person has some struggles and challenges that they work through and that they were able to finish residency, that they're able to get a job as a core faculty at a residency program, they're an EMS medical director, that none of this stopped their career from happening is really empowering to a lot of people. I've had a few people reach out and say, seeing the article was enough to get them to start going to therapy. I've had a number of people who said it prevented them from needing therapy because as they started to show the signs, they were able to recognize that this is a part of the process and they could lean on their friends or their family. And so just that normalization for so many has been so powerful, and I'm glad that I could share it and be a part of that.
Unger: That's a lot of impact. And I was thinking to earlier in your discussion when you said that you just had to kind of question the assumption that it wasn't okay to come forward. And how great to be able to see not only how it benefited you, of course, in getting through that part but others who are in similar circumstance. I think a lot of people think that starting therapy was going to be the hardest part but you said that that wasn't the case for you. What did you find to be the hardest part and how did you deal with it?

Dr. Pasichow: And it's actually something I remembered from my med school psychiatric training was the first six weeks to eight weeks on SSRIs ... and I think maybe the time frame's a little different but with therapy, it's true as well. Things can get worse before they start to actually get better. And so that was the case for me. I had no suicidal thoughts when I first started therapy. As we kind of dug into why I was angry and what was going on, that's when those thoughts started to show up and that's when a supportive wife, a therapist who understood my situation, and good safety planning was really important so that those thoughts didn't turn into actions, as impulsive as it can be sometimes. But it definitely got worse for a month or two once I first started.

And I think I had a similar ... It took me three months to start medication. I had a similar experience when I first started the medication as well. And so that's normal. It's a big hurdle to get over to start the process and I think it's important to realize that it can make things a little worse for a short period of time. But six months, a year later ... Now I'm five years. Every year, it surprises me how long it's been since I started that process. But now that I'm almost five years removed from it, I absolutely would not be where I am without it. I'm so glad that I took the step to do it.

Unger: What do you think needs to change in order for more physicians to recognize that they need help and not be afraid to ask for it?

Dr. Pasichow: I think more people having the experience that I had and sharing that experience is going to be great. Getting the other 25% of states that are still asking questions about mental health in a different way than they address physical health issues, getting those four questions in line with the Federation of State Medical Board recommendation is key. And then having that filter down to the credentialing process. There are some hospitals where there are internal questions, once you've gotten the state license and you have the board certification, are still too focused on, "Have you ever had a mental health issue?" and not, "Has your mental health impacted your ability to practice?" which is what they ask about physical health.

And so removing those barriers will communicate to doctors that this is okay for you to reach out for help. It makes you a stronger and a better physician and a provider of high-quality health care and makes you more empathetic with your patients, and that there is support from all sides to make sure that this help is out there and that people can feel comfortable getting it. I think getting rid of those barriers would be really key.
Unger: Well, your story is really powerful and especially the combination of the courage that it takes to talk about this openly and to help your colleagues through your own experience and also the work that you're doing on the advocacy side to really address what is a root problem here in physicians getting the help they need. Dr. Pasichow, this has been an amazing discussion. Thank you so much for being here today. That's it for our segment. If you or anyone that you know needs help, the National Suicide Prevention Lifeline is a hotline for people in crisis and for those looking to help someone else. Call 800-273-8255.

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