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IN BRIEF REPORT

Mental Health During Residency Training: Assessing the Barriers to Seeking Care

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Abstract

Objectives Resident and fellow physicians are at elevated risk for developing depression compared to the general population; however, they are also less likely to utilize mental health services. We sought to identify the barriers to seeking mental health treatment among residents across all specialties at a large academic medical center in Chicago, IL.

Methods Residents and fellows from all programs were asked to complete an anonymous self-report questionnaire.

Results Of the 18% of residents and fellows that completed the survey, 61% felt they would have benefited from psychiatric services. Only 24% of those who felt they needed care actually sought treatment. The most commonly reported barriers to seeking care were lack of time (77%), concerns about confidentiality (67%), concerns about what others would think (58%), cost (56%), and concern for effect on one's ability to obtain licensure (50%).

Conclusions Despite feeling that they require mental health services, few trainees actually sought care. This study identifies an overall need for improved access to mental health providers and psychoeducation for medical housestaff.

Keywords Residency · Mental health services · Barriers · Physicians · Wellness · Stress

Residency and fellowship have long been thought to be exceptionally stressful times in a physician's career [1]. During training, long work hours [2] and financial hardship [3] are coupled with complicated and often emotionally difficult situations with patients as well as colleagues. Stress can lead to burnout—a constellation of symptoms including exhaustion, depersonalization, and decreased sense of personal accomplishment [4], which, previous studies have shown, affects 50–75% of housestaff [3, 5]. Stress can also unearth or exacerbate underlying tendency towards mental illness. A meta-analysis of rates of depression among residents showed a prevalence of 28.8% [6]. The rates of both burnout and depression are significantly higher among residents and fellows than the general population [5, 7]. Suicide is the single most common reason for male physician mortality during training, and the second most common reason for female physician mortality during training [8]. Physicians later in their careers have been shown to have higher completed suicide rates compared to the general population with male doctors at a 40% increased risk and female doctors at a 130% increased risk [9]. In addition to the morbidity and mortality associated with burnout and depression, residents who screened positively for depression have been shown to make more medical errors [10] than their euthymic colleagues, meaning depression does not only put physicians at risk, it puts patients at risk as well.

There is little data on what percentage of physicians seek psychiatric care at any point during their careers; however, studies have shown fewer than 65% regularly see a primary care physician [11] suggesting an overall concerning trend towards not seeking preventative healthcare. One study of medical students at a large California medical center showed that of the students that met criteria for major depression, only 22% actually sought psychiatric care [12]. Given that housestaff generally have even less flexibility in their schedules than medical students and senior doctors, one might hypothesize that their rates of seeking any type of health care are even lower than either of these cohorts.

This study sought to determine what percentage of residents and fellows felt they would benefit from mental health care during training versus what percentage actually sought care. For those who did not seek care, we asked what barriers

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they perceived were affecting their ability to do so. We also asked for residents and fellows to anonymously provide any comments they felt would help us understand what they felt they needed in terms of mental health care. In analyzing this data, we hope to improve access to mental health care among residents at our institution and nationwide.

Methods

All 1100 housestaff employed by the McGaw Medical Center of Northwestern University were emailed a link to an online anonymous self-report questionnaire. One hundred and eighty-one residents completed the survey, or 18% of all Northwestern housestaff.

The questionnaire was formatted on surveymonkey.com. Demographic data and perceived need for care were assessed using multiple choice questions. Questions regarding barriers to care were assessed using a 5-point Likert scale. Housestaff were asked to rate how much each variable affected their decision to seek care. Variables were chosen based on a 2002 self-report study of barriers to care among medical students [12]. Finally, respondents were provided a blank text box to provide any additional commentary they felt would be helpful. All results were de-identified. The study was reviewed and deemed exempt by the Northwestern University human subjects IRB.

Descriptive statistics for the prevalence of various demographics, perceived need for mental health care, percentage of residents and fellows who actually sought care and each Likert scale question were collected. A Likert score of 4 or 5 (4 being agree, 5 being strongly agree) was considered to be an affirmative answer. Statistics were performed in SPSS using Wilcoxon Mann-Whitey tests. Differences were considered statistically significant at $p = 0.05$.

Results

Of the 1100 Northwestern housestaff, 181 completed the survey, or 18% of all housestaff. Sixty five percent of respondents were female, 35% were male. Thirty-eight percent were in their postgraduate year (PGY) 1–2, 44% were in their PGY 3–4 and 18% were PGY 5+. Twenty-four percent of respondents were in surgical specialties, 20% were in internal medicine, 12% were emergency medicine residents, 12% were in obstetrics-gynecology, 11% were in psychiatry, 6% were in anesthesiology, 6% were in neurology, 4% were in pediatrics. Less than 2% were in family medicine, dermatology, physical medicine and rehabilitation, radiology, and pathology.

Of the 181 of respondents, 61%, or 110 resident and fellow physicians, felt they would have benefitted from psychiatric care at some point during training, and 31% felt they would not have. Female residents and fellows were significantly more likely to have desired mental health care at some point during their training ($p = .004$, $Z = 8.39$). There was no significant effect on likelihood of desiring mental health care by PGY year or specialty.

Of the 110 residents and fellows who felt they would have benefitted from mental health care during training, 70 residents, or 64% never sought care. Only 40 respondents, or 36% did. Female residents and fellows were significantly

Table 1 Percent of residents and fellows who reported being affected by each proposed barrier to care

Concerned about lack of time	77%
Concerned about documentation in EMR	61%
Concerned about confidentiality	60%
Concerned about cost	57%
Concerned about what others think	55%
Need to find a provider outside home institution	55%
Concerned about convenience	53%
Concerned about others' confidence in ability	45%
Concerned about future employability	40%
Concerned about stigma	40%
Concerned about referrals	28%
Don't know where to go	28%
Concerns about fellowship	25%
Concerned this means "I am weak"	19%
Concerned providers will not understand	12%
Do not feel my problems are important	9%
Do not believe mental health care is useful	5%

Table 2 Examples of respondent narrative comments

Lack of time
"There are multiple unacceptable barriers to care. I was appalled by how few psychiatrists and counselors accept insurance and were willing to accommodate my schedule."
"There needs to be someone with evening hours for surgeons."
"I need to take a vacation day or be post call to go to a doctor's appointment."
Stigma
"The reality is that there is a stigma…. I have seen people judged as weak firsthand."
"The stigma associated with depression, suicide and the inability to cope with stress… is very intimidating."
"Depression in surgical residency is real and we need to recognize it as a group and seek to fix it."
Need for care
"Mental health care should be a strong requirement in residency. The issues we face are unlike any other profession in the world. Individuals die under your care."
Concerns about cost:
"Therapy needs to be more affordable."
"I stopped seeing my psychiatrist because I could not afford it."
"I spent $5000 and felt worse off than when I started."

more likely to seek care than male residents ($p = .003$, $Z = 8.98$). There was no effect on seeking care by PGY year or specialty.

The top professional concerns affecting residents' and fellows' decision to seek mental health care were confidentiality, the judgment of peers and licensure concerns (58, 55, and 44%, respectively). The top personal concerns affecting residents' decision to seek mental health care were absence of time, cost, and convenience (77, 57, and 53%, respectively) (Table 1).

Much of the narrative data provided by respondents focused on concerns about cost, lack of providers with availability outside normal business hours and concerns about stigma and confidentiality (Table 2).

Discussion

Of the 181 respondents, 61% felt they would have benefitted from psychiatric care while only 36% of those who felt they needed mental health care actually sought it. There is some possibility for response bias, given some of the major concerns regarding mental health treatment were confidentiality and lack of time, both of which might dissuade an individual from filling out this survey. To our knowledge, there is no other study of physician residents' and fellows' likelihood of utilizing mental health resources or perceived barriers to using them, making these results difficult to generalize. This cohort is at a large academic medical center which may not reflect the experience of a resident or fellow in other types of settings. Moreover, the response rate among residents at our institution was relatively low. It is unclear if this is a true cross section of our housestaff population, or if residents who tend to feel strongly one way or another regarding mental healthcare are more likely to respond.

Unsurprisingly, some of residents' and fellows' primary concerns regarding seeking mental health treatment were lack of time and cost, two factors that are also widely reported to lead to stress and burnout in training [1, 2]. Many residents also reported concerns about confidentiality, peer judgment, and licensure, all of which are interrelated. These factors have also been cited as medical students' concerns with regard to seeking care [12, 13].

Possible options to ensure housestaff mental health needs are being met, based on the results of this study, would be to ensure psychiatrists/psychologists who do not practice at the home institution are available to housestaff at a reduced fee. Ideally these providers would have extended hours and a convenient office location to ensure residents have an opportunity to seek their care in a way that minimally affects other clinical duties. Care should be taken to ensure records are kept outside of the home hospital and residents and fellows should not have to report their utilization of such services to their home institution. Also, the issues of burnout and depression should be frequently discussed with housestaff and the availability of resources should be made apparent to ensure housestaff know what to look for and how to act, should they feel they require mental health resources. Based on the results of this study, our institution hired a mental health provider who is free of charge to trainees, is available at off-hours, and keeps records outside of our home institution. Her services have already been widely used since she began working for Northwestern.

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Compliance with Ethical Standards On behalf of all authors, the corresponding author states there is no conflict of interest.

This study complies with Northwestern University's IRB.

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