

Healthcare Workers in Crisis

Mental health issues are breaking the healthcare system. Here's how to fix it.

White Paper

Executive Summary

Among the many unprecedented negative impacts of the COVID-19 pandemic has been the toll on mental health. This has been particularly acute for healthcare workers. A 2020 Mental Health America survey¹ of more than 1,100 physicians, nurses, and support staff found that 93% of them reported experiencing stress, 86% reported experiencing anxiety, and 76% reported exhaustion and burnout. Unaddressed burnout, it should be noted, has been shown to increase the likelihood of mental health issues like anxiety and depression².

Many of the reasons for all this are obvious—long, late, and irregular hours; exposure to illness; high-pressure jobs—and all have been exacerbated during the pandemic. But there is a less obvious contributor to mental health issues in healthcare workers—one that also creates a barrier to care: Stigma.

Fears of personal or professional reprisals scare many healthcare workers from seeking care or even admitting they could use some support. Nearly 40% of physicians³ say they'd be reluctant to get mental health care out of concern over receiving or renewing their license, and there is ample anecdotal evidence of healthcare workers paying out of pocket for therapy to ensure their health plans or employers don't find out.

There is a clear and urgent need for mental health care models that fit into the intense and unpredictable schedules of healthcare workers while also guaranteeing privacy. Such models exist. But in order for them to reach the millions of healthcare workers suffering from untreated depression, anxiety, and stress, healthcare organizations will have to make a concerted effort to destigmatize mental health issues and promote treatment options.

The COVID pandemic has had a profoundly negative effect on the mental health of people across the world, and that is widely acknowledged:

in a new study released by the Kaiser Foundation⁴, 90% of all Americans agree mental health care is a crisis. In the first year of the COVID-19 pandemic alone, global prevalence of anxiety and depression increased by a

massive 25%⁵, according to the World Health Organization (WHO). While we're just starting to unpack the ways these mental health issues are manifesting, it's becoming clear that one group, in particular, has suffered more than most: healthcare workers.

The headlines about healthcare heroes that dominated news and social media in the early days of the pandemic have faded. But these workers are still overburdened, underserved, and tasked with maintaining healthcare systems that are stretched beyond capacity. In that scenario, something had to give—and too often it has been the mental health of the caregivers.

Already, stress and burnout are sending physicians to the hospital⁶, prompting millions of healthcare workers to change jobs or careers⁷, and further burdening therapists who already have waitlists stretching to 90 days or more.

"COVID aside, there is one physician death by suicide every day in the U.S., according to the American Psychiatric Association," says Priyanka Wali, Medical Director at digital mental health service Meru Health. "Speaking personally, when I was training in medical school, I experienced severe depression to the point of suicidality." (Read more about Dr. Wali's [experience here](#).)

By the Numbers

Mental health struggles in healthcare settings

93% of workers reported experiencing stress¹

86% reported experiencing anxiety¹

77% reported frustration¹

76% reported exhaustion and burnout¹

75% said they were overwhelmed¹

82% reported emotional exhaustion¹

70% reported trouble with sleep¹

68% reported physical exhaustion¹

30% felt satisfied with their work-life balance, compared with 43 percent five years earlier⁸

Implications for the Healthcare System

Examining healthcare workers' settings during the pandemic reveals an environment that's ripe for anxiety and emotional stress⁹. Besides the aspects of managing care for people who are suffering, there are also the stresses of dealing with the care worker's family and loved ones as well as coordinating with colleagues.

The long, late, and irregular hours have been another significant issue. Working extra and double shifts contributes to exhaustion, while the unpredictable schedules disrupt circadian rhythms, harming both sleep quality and mental health. (The two are closely related.)

While it's obvious that mental health care is absolutely critical for healthcare workers, there are some challenges when it comes to getting it, besides accessibility to fast, effective care. The first and perhaps most obvious is related to the nature of a caregiver's profession: prioritizing others' well being over one's own. Another is the longtime stigma attached to healthcare workers seeking mental health care. Because of the nature of their work, they're widely expected to be "strong enough" to take the weight of the world on their shoulders, leading many to avoid pursuing treatment.

A survey by The Physicians Foundation notes that despite the significant spike in physicians reporting feeling anxious and burned out, only 13% of providers¹⁰ have sought treatment to address pandemic-related mental health concerns. This isn't a surprise, given firsthand reports¹¹ of physicians being advised by their medical mentors to pay out-of-pocket for mental health treatment.

There's another major barrier to treatment: Nearly 40% of physicians³ say they'd be reluctant to get mental health care due to concerns about receiving or renewing their licenses. (And not without reason. Numerous state licensing boards ask wide-ranging questions about mental health and whether providers have conditions that would impair professional decision-making. This stigma predates COVID (the Mayo Clinic paper is from 2017), but the increase in those needing treatment because of the pandemic makes it only more severe.

This all leads to extreme frustration in finding care, as Dr. Wali details [in this recent Instagram clip](#). So, how to tackle this challenge?



Dr. Priyanka Wali, MD

Solving With a New Model of Care

As the pandemic moves into more of a maintenance phase, healthcare organizations have an opportunity and obligation not only to get frontline workers the care they need, but also to find effective, scalable methods for decreasing workplace burnout. And, to be effective, the care models have to account for the particular needs, pain points, and challenges of this group. This means:

24/7, on-demand access

Taking two hours off in the middle of a shift to drive to an appointment isn't an option for most healthcare workers. And that's before even looking at the peculiarities of night shifts.

Digital delivery

This means more than telehealth/virtual visits. Anything built around scheduled, hour-long sessions is going to rule out a huge portion of this group. Even if someone can take an hour break at work, finding a place for a private, hour-long call will be beyond most people. Care has to be delivered digitally and packaged so that it can fit within and around any schedule.

Short-term Intervention

Most care workers are too busy for traditional open-ended models. They need to achieve results fast. An intervention that can deliver clinical outcomes in weeks, rather than months (or more), is more suitable for this population.

One such model is Meru Health, a mental health care program that puts therapist-led care in a 12-week, app-based program. Therapist support is unlimited but is also asynchronous and delivered via in-app chat, meaning support happens when a person has time, and without the need for privacy or scheduling.

In addition to the evidence base and published clinical studies, this convenience is a big part of the appeal for healthcare professionals: "I have taken mindfulness-based stress reduction courses in the past and found Meru to be superior to the in-person classes," says Susan Connolly, MD, a physician at the Palo Alto Medical Foundation, "in part because I was able to do it at my own pace and at whatever time of day suited me."

Conclusion

The problem is clear: Due to the pandemic, medical professionals are more depressed, anxious and burnt out – and, consequently, more in need of help – than ever.

And the system is failing them. The solution is a new, stigma-breaking model that is empathetic to their busy schedules and their emotional needs, and goes well beyond the tufted-couch therapy norms of yesteryear. Visit meruhealth.com to learn how our reimaged care model can help.

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