
Your **MENTAL**
HEALTH Matters





Amy Souza

If there's a silver lining to the past two years (and don't we all need one?), it might be that Americans are more open to discussing mental health. Having all lived through an intense experience—pandemic, protests, pervasive civil unrest—we have a lot to talk about.

As ophthalmology practices look to the future, administrators are learning from this pandemic experience, especially as it relates to mental health and resilience. They're thinking about how to honor their experiences and talk openly about their struggles while also boosting their spirits and creating a workplace that supports others.

EXISTING ON A CONTINUUM

Mental health exists on a continuum, just like physical health. There are identified mental illnesses that might require treatment, and there are also times when maintaining equilibrium and a healthy mental state is harder than normal.

“If you're in touch with yourself enough to feel balanced, then you have good mental health,” says Sarah Gundle, Psy. D., a New York City-based psychologist. “That doesn't mean you're always in a state of happiness and joy but that you feel all your feelings. In contrast, when people get overwhelmed and overloaded and their immune systems get compromised, they feel out of touch with themselves and don't feel balanced.”

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LOOKING AT STRESS IN THE U.S.

Since 2007, the American Psychological Association has administered a yearly survey looking at stress in America. After the 2020 survey it concluded: “We are facing a national mental health crisis that could yield serious health and social consequences for years to come.”

Humans are not meant to live in states of prolonged heightened stress, but most of us have been. Stress disrupts our body’s balanced state and, in very basic terms, is a normal physiological response that releases hormones, such as adrenaline and cortisol, to deal with a threat. A sudden stressor might turn on our fight-or-flight reaction, causing a pounding heart, cold sweat, or rapid breathing, but in a perfect world that reaction calms down quickly and our body returns to homeostasis. In fact, a little bit of stress is a good thing: Consider those who do better giving a presentation with a few pre-performance jitters. Chronic stress, multiple stressors, or the inability to handle stress, however, can negatively affect mental health.

Early into the pandemic when much of the country was locked down, researchers at Boston University asked 1,441 people about their mental health. The COVID-19 Life Stressors Impact on Mental Health and Well-Being survey had 27.8% of adults reporting depression symptoms, up from 8.5% of adults pre-pandemic.¹ To Candice Shutter, a life coach and producer of The Deeper Pulse podcast, that statistic shows the importance of psychosocial factors in influencing a person’s mental health.

“When I work with clients, I look at all arenas of their life simultaneously,” Shutter says. “It’s important to zoom out and take an integrative look at what’s going on with a person’s physiology, their hormones, what’s happening interpersonally, and psychosocially. That all affects how this person in this moment can or cannot regulate. And there’s no shame in not being able to regulate.”

PROTECTING YOURSELF

Even before 2020, running an ophthalmology practice was stressful. Patricia Morris, MBA, COE, consultant and executive coach, notes that administrators must manage up, down, and sideways, and everyone in an office or clinic looks to the administrator for guidance. She says administrators are generally resilient people who are continually able to make adjustments, but that doesn’t mean those adjustments don’t take a toll. Administrators also often feel like they have to be on all the time. But of course that’s not possible because they are human, so they don’t have all the answers and they sometimes need help.

“It’s important to ask for help when we need it, emotionally or professionally,” Morris says. “Even the strongest leaders need support. If you don’t ask for help, the need for it will be revealed in a negative way or in a way that doesn’t serve you well.”

Donna Vierheller, COT, COE, agrees. As assistant administrator of clinical operations at Johns Hopkins Hospital’s Wilmer Eye Center, she believes building trust with your team and learning to delegate are imperative, as is creating an environment where others feel open to asking for assistance—before a crisis hits. That might mean asking for help with workload or seeking a mentor or expert to help build a skill.

“People have a lot of pride and don’t want to admit they can’t do something,” says Vierheller. “I try to mentor as much as I can and say, it’s OK to not be perfect.”

Rebecca Rivenbark, COE, OCS, CPSS, practice administrator at Carolina Ophthalmology Associates in Chapel Hill, always thought of herself as a resilient person, but the past couple of years have taken their toll. In addition to all the job and life stress caused by the pandemic, she faced the death of her mother this past summer. She turned to meditation using a phone app and says it has helped immensely. She also decided to seek individual counseling to provide her some extra support and recently hired an organizational psychologist to offer guidance to administrators and doctors.

“He helped us learn how to communicate with one another,” Rivenbark says. “So we can have more direct conversations and really hear and understand each other.”

Morris, Vierheller, and Rivenbark all say the ability to create boundaries and protect their emotional energy is crucial. In addition to meditation, Rivenbark takes a

walk every day during lunch and protects that time for herself. Vierheller lives far enough away from work that when she's home, she's home. She has no problem shutting off work so she can enjoy her new puppy and time with her family and grandchildren. While on campus at Johns Hopkins, she also takes a "serenity walk" each day—20 or 30 minutes with her headphones on.

"I'm outside during nice weather or walk the hallways if raining," she says. "I don't answer the phone, and I listen to Broadway tunes. Something that calms me or pumps me up, depending on what mood I'm in that day."

Morris notes that she can just naturally compartmentalize.

"I don't know if everyone has that skill, but I can really keep things in their proper chamber and respond or react based on where those chambers are and where I am," says Morris. "I'm very good at being vigilant about what I receive and when I receive it. For instance, if I'm going through a trying time in my personal life, I might avoid regular news, because the regular news is often more bad news. I turn away from the news network and just focus on self."

Morris also finds meaning in helping others. "Giving back takes the focus off yourself and forces you to look at others," she says. "Think outside of yourself with compassion. What can I do to help this person?"

And though boundaries and compartments are important, connection with other humans is, too. Morris says the key is to be genuine, honest, and present in your interactions. Authentic relating benefits everyone involved.

"When you ask, 'How are you?' you need to really mean it and listen for the answer," she says. "We all need to be heard. In each person's life, you don't know what they go home to—maybe a pet, maybe a huge family—or if there's anyone actually there to listen to them. It's nice to be nice, treat others as you'd want to be treated."

MITIGATING TRAUMA

Around 25% percent of adults who live through a traumatic event—such as the collective trauma of the pandemic—will go on to develop post-traumatic stress disorder², which can cause mood symptoms, intrusive memories, hypervigilance, sleep difficulties, and more. These symptoms have a negative effect on people's lives and can be long-lasting. (The statistic is flipped for children, with 75% more likely to develop PTSD after a traumatic event.)

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—Patricia Morris, MBA, COE

People often think only significant negative events can cause PTSD, but it's largely accepted that even small "t" traumas can have lingering effects.

"It used to be that eleven specific events were 'criterion A events' that qualified as traumas, all involving fear of death and bodily harm—natural disaster, abuse, domestic violence, robbery, attack, unexpected death," says NYC psychologist Sarah Gundle. "But the field of trauma is recognizing that sometimes it's not the severity of the event but rather the meaning and past vulnerabilities people bring to it. You don't get better at dealing with traumas over time; you get worse. Knowing your own limitations and predisposition to trauma can help you take steps to protect yourself."

Basic self-care is crucial: adequate sleep, alone time, and time spent with loved ones. Equally important, though, is shining a light on what you're experiencing. That might mean talking to friends or family, seeking individual counseling, or participating in a therapy group. Otherwise, unprocessed trauma takes its toll.

"Shame and self-loathing grow in the shadows," says Gundle. "It feels instinctual to go underground with feelings of trauma, but that's the exact opposite of what people need to do. Throwing sunlight on it does change it."

People must learn to tolerate being vulnerable, she adds, and they can do that by finding safe people who listen to them and validate what they're saying. "People have an internal barometer for whether they're being heard."

FINDING PEER SUPPORT

In 2001, a tragic preventable pediatric death occurred at Johns Hopkins Children's Center in Baltimore, Maryland. Shortly following the 18-month-old's death, a 24-year-old died while participating as a medical

research volunteer at Hopkins. The hospital then took a hard look at its practices and culture, with the goal of increasing patient safety and reducing the chances of avoidable deaths. It also looked at the effect such events had on medical personnel.

“So many people resigned after that death,” says Cheryl Connors, D.N.P., R.N., N.E.A.-B.C., patient safety specialist at Johns Hopkins Hospital and director for the Resilience in Stressful Events (RISE) program. “The unit just fell apart. People were sad, scared, and angry.”

Connors works alongside Albert Wu, M.D., a Hopkins professor who coined the term ‘second victim’

to refer to healthcare providers who feel responsible for an adverse event and suffer distress afterwards. The term is not meant to diminish the suffering of medical victims; rather, it’s an open acknowledgment that medical providers are humans who also experience trauma and need support.

And it’s not just adverse events that cause stress, Connors points out. Day-to-day work in the health-care industry can be traumatizing. In 2010, Hopkins established RISE—a peer support program available to everyone within Hopkins, from doctors and nurses to administrators and housekeeping staff. Currently, thirty-six volunteers from within the Hopkins community

HOW TO BOLSTER YOUR EMOTIONAL RESOURCES

- Learn to pay attention to yourself and your signs of overwhelm.
- Know your predisposition to trauma.
- Take care of yourself—most important are adequate sleep, alone time, time with others, and healthy eating.
- Don’t let yourself get isolated.
- Make a list of what relaxes you—taking walks, listening to music, swimming, cooking—then schedule at least one activity into each day.
- Take regular breaks and protect that time—daily physical activity is a great idea.
- Know your limitations and become comfortable asking for help.
- Delegate work to trusted colleagues.
- Learn to turn off work.
- Turn to faith or meditation, if that resonates with you.
- Talk with trusted friends and seek therapy when needed.
- Find a trusted group of peers who understand your daily professional struggles.
- Work from home one day a week if you can.

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provide peer support, which is available 24/7 by phone, in person, or on Zoom. The volunteers are not psychologists and don’t offer counseling.

“We provide a safe, confidential space as colleagues,” Connors says. “We listen and help them process and we empower them to tap into their own resilient strategies.”

RISE volunteers don’t offer advice but rather listen actively and ask questions with curiosity. Connors might ask someone what strategies they have available in the moment or what types of activities fill them up. She recalls asking someone about the best part of their day.

“They responded how much they enjoyed their morning coffee,” Connors says. “And right there, in that moment, they got excited for the next morning when they could sit down, uninterrupted, and just savor that cup of coffee.”

Through partnership with the Maryland Patient Safety Center, RISE has brought peer support programs to 50 other organizations across the United States and offers a two-day organizational training program that covers program implementation as well as peer responder training.

Because the pandemic took such a toll on healthcare workers, RISE has seen its numbers leap. Historically it had served 12 people a month; now, it regularly sees 40 people a week. One group Connors would like to see more of? Medical administrators.

“There’s so much responsibility placed on administrators,” Connors says. “Leading is exhausting. It’s important they know that it’s safe to reach out for support.”

That’s a sentiment echoed by all administrators interviewed for this article. No one can do everything alone; everyone needs support. And there’s nothing shameful

in showing your humanity, and thus your imperfections, or asking for help when you need it. **AE**

NOTES

¹ A separate research study in *The Lancet* reported that globally, depression increased by 28% and anxiety by 26% percent in 2020.

² In fact, a Yale Public School of Health study determined that during the COVID-19 pandemic, nearly 25% of all healthcare workers showed signs of PTSD.

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