

Opening Up

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It's a bright spring day in 2017, and I can't leave the apartment. Huddled against the bedroom wall, I stare at my phone for what must be hours debating if I should make the call, what I'll say, and if it's really that bad.

When I finally hit the green dial button, my residency advisor picks up on the second ring. She listens as I describe the difficulty concentrating, the irritability, and the sense of feeling "low" that's left me unable to leave my home. I rush through years of mental health history and finish with the ask: 1 day off, maybe 2. Tears obscure my phone's touchscreen display as she expresses sympathy in a steady, unphased tone, allowing a few moments of silence to pass between us.

"Are you sure?" I ask. With a resolute "Yes," my advisor reiterates that I should start not with one day out of the hospital, but with an entire week. She elaborates that recovery will take time and that rushing back to work won't do anyone any good. And now I listen as she describes how she'll connect me with the psychiatrist affiliated with our employee assistance program. After we decide on a time to speak again tomorrow, I say "Thank you" for the twentieth time and end the call. Picking myself up from the wall, I move to my bed and sleep soundly for the first time in weeks.

Ten days later, I wrestle with what it means for me to be ready to return to work. I joke with my partner about adapting the return-to-work policy for absences due to infectious conditions: "Have I been depression free for 24 hours?" I talk with my residency advisor about the "what-ifs" that keep circling, and she reminds me to trust in the support network, the therapeutic plan, and the steps I've already taken.

When I return to the wards for the first time, my unease turns to pleasant surprise as I realize that I can still dose furosemide. Passing by tall apartment buildings on my walk to the hospital, I notice that I'm looking forward to seeing my patients again each morning. My co-residents and supervisors treat me the same as they had all year; I wonder if they don't know or if they're just not asking about my absence. Although I've practiced my explanation—my justification—many times over, it's a relief that no one's brought it up.

And yet, my recovery from uncontrolled depression and anxiety feels like a secret that I don't want to hide. Having rediscovered that I can eat and sleep and socialize normally again, I feel compelled to tell others who may be suffering, who may be agonizing about making that phone call. But I don't know where to tell this story, or how to share the most vulnerable details of my life publicly with my peers, supervisors, and future employers.

"What about a noon conference?" It's 2019, almost 2 years after that cold spring day, and my stomach turns over as I listen to my assistant program director's pitch: 2 other trainees and I would share our mental health backgrounds in the same space where the faculty teach blood gas interpretation and give lectures on the latest sepsis guidelines. As we hash out the details, my trepidation is joined by excitement as I begin hastily jotting down notes on a lined index card, assembling a lesson plan of sorts.

In the days leading up to the panel, I mull over the possible personal and professional consequences: Would my friends think that I'm less competent? Would my self-declaration derail my fellowship application? If my patients learned about this, would they decline care from the depressed doctor? I talk through these concerns with my program director. He rests his hand on his chin and concludes, "There is a stigma, but that stigma is long overdue for a challenge." We strategize on how to frame the story for my peers.

As the noon conference gets started, I can feel the sweat from my palms soaking into the edges of the index card, which I hold like a talisman in my lap. As my fellow panelists describe their stories, I count the minutes until my turn. I briefly glance up at the crowd—almost 100 of our peers staring back at us—before reverting to the index card, rehearsing its words internally again and again. When it's my turn, I place the card down and begin to speak.

"My name is Emmett. I carry diagnoses of anxiety and depression. I've seen a therapist for over a decade, and I take anti-depressants. I'd like to share what it's been like to be depressed during residency."

My voice catching intermittently, I talk about the depressive episode during my intern year. I review the support I received from the residency program before moving through the frustration of obtaining insurance coverage for therapy. I take a chance with a joke—"Most people spend more time looking for

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a pair of shoes than they do searching for a therapist”—and the crowd laughs. My voice settles, and I review what a standard therapy session is like, how I fit therapy into the residency schedule, and how finding the right therapist can be a difficult, time-intensive, but ultimately worthwhile ordeal. I acknowledge that each person’s process will be different, reflecting on how my anxiety and depression are chronic illnesses that fluctuate in severity over time. I express how it’s taken years to understand my symptoms and to identify triggers for when I should ask for additional help. I end by telling the audience that seeking out help saved my life.

As the noon conference concludes, the sweat-smudged index card is no longer legible, but I’m too busy receiving a flurry of hugs to notice. In the hours and days after the conference, my email inbox fills up with messages of gratitude, personal stories, and questions. In the ensuing weeks, the conversations continue as co-residents share their experiences with me over cafeteria coffee on overnight call.

It’s now 2023, and the mental health panel is in its fifth generation. Prior members of the audience serve as panel members, and attendance is so large that auxiliary space for remote viewing is needed each year. After beginning as a one-off noon conference, the resident mental health panel is a key piece

of a year-long curriculum focused on trainee mental health, coordinated by residency leadership and told through near-peer experiences. The assistant program director calls me to let me know that another residency program at our hospital just held their first mental health panel, and my phone’s touchscreen is obscured by tears yet again.

Later this year, I’ll become an attending. The transition has come with its own set of what-ifs. But I still have the index card, as well as a growing list of advisors who I can call for help. As I envision how I’ll support my future trainees, I recall the experience of opening up—the immense effort required just to start the dialogue. I also know the value of reaching out despite those challenges, and I look forward to continuing the conversation.



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