What Well-Being in Medicine Means to Me: A Letter From a Future Physician

DEEYA PRAKASH; LAUREN ALLISTER, MD

My childhood best friend Caitlin died by suicide when we were 14 years old. I say it like this to you because this was how it was presented to me: a gut punch. One moment we were picking yellow dandelions and daring each other to eat them. The next moment I was alone, left with a wound that would ache for years to come. My mother sat me down in our sunroom as she told me, unsure where to place her hands or how to say the words. She eventually settled on hands around my shoulders, words soft and quick to not betray her own grief.

It was difficult to move forward, and in a sense, I have yet to do so. Coming to terms with a loss from suicide was new for me; learning what the term even was, and how it came to be was another endeavor entirely. I found myself blundering aimlessly for months afterwards.

Luckily, I was coming of age in a new era. I entered high school, and the internet was burgeoning with mental health awareness and suicide prevention campaigns. I was quick to join this movement, numbed by new words like depression and self-harm, forcing myself to learn, process, understand. It was not hard to find places to go and causes to join. As times were progressing, the new generation was starting to crack away at the pre-existing stigma around mental health. What had previously been taboo was now openly discussed, what had previously been silent was now a designated awareness month. As the culture was changing, the youth shouted from the rooftops, and I found my place among them.

Then in 2020, my sophomore year of high school, the world shut down. I found myself confined to my 8-by-10 room in the suburbs of Cincinnati, Ohio. My family and I watched the death tolls rise, terrified for the future and paralyzed by the uncertainty.

As an aspiring physician, every bone in my body ached to help the cause. For those of us who were interested in a medical career, immersing ourselves in hospital culture (either via observing, volunteering, or research) was usually the first step. In 2020, the only people allowed in hospitals were practicing physicians, decked head to toe in PPE, braving the storm. Hospitals were superspreaders, warzones. No teenager with doe eyes and a dream was getting anywhere near one.

As healthcare teams focused on addressing the direst emergency, there was another pandemic wreaking havoc: the suicide crisis. Social isolation, mass unemployment, and an overall sense of hopelessness were only a few of COVID-19's ripple effects, plummeting the mental health of the world and contributing to an alarming escalation in suicide rates. I realized then that my work in suicide prevention had not only become increasingly important – it was now my way of contributing to the cause.

I formed an online community, and together we encouraged people to donate, raised awareness for the growing suicide rate, and provided helpful resources and information. Most importantly, we practiced our own self-care, realizing firsthand what it meant to protect our own mental health. We also realized another shared goal: many of us were also aspiring physicians.

While the pandemic continued well into our high school years, my cohort was not deterred but rather emboldened by this new cause. The internet was at our fingertips and the surge of online activism, the social media movement for suicide prevention, and mental health awareness became the alternative to the pre-pandemic era of hospital volunteerism and in-person opportunities. We found ourselves fulfilled, helping in our own unique way.

As the pandemic waned and the hospitals opened, our focus on mental health never diminished. The COVID pre-medical generation had been acculturated to hold mental health advocacy in high regard, emphasizing wellness in our own lives and to the people around us. With adolescents already at such a high risk for suicide, the subsiding of the pandemic did nothing to quell the rising rates, and we continued to fight to bring awareness and action to mental health and well-being. We were motivated by personal narratives and touched by our pandemic unity.

Now most of the pandemic pre-medical students have finally stepped into hospitals. We are learning the excitement and privilege that comes with tending to the needs of a patient and prioritizing their care. Our COVID experience, and our work in the well-being and mental health spaces, has also given us a unique perspective: we believe that prioritizing patient well-being does not have to mean sacrificing our own. We understand the priority that personal well-being needs to have in our workplace and have the tools and experience to advocate for it. For these reasons, we as the new generation of physicians not only place emphasis on mental well-being but find it central to our vision of the future of medicine.



Looking back, we recall our campaigns and fundraising, our long-standing self-care practices, and especially our friends and loved ones. The breaking down of the stigma around mental health care, the relentless activism, and the prioritization of well-being resources are steps in the right direction for the culture of medicine. I think often of what a difference these cultural values might have made for Caitlin.

Mental health and suicide prevention may have been our foot in the door of medicine, but it is now what we have come to expect when we walk through that door as the next generation of physicians.

Suicide Prevention Resources

If you or a loved one is experiencing thoughts of suicide, caring and confidential support is available 24/7 through the **988 Suicide & Crisis Lifeline**.

In Rhode Island, you can find comprehensive suicide prevention resources at preventsuicideri.org.

Physicians seeking confidential behavioral health support can access the **Rhode Island Physician Health Program** through rimedicalsociety.org.

Healthcare workers can join the advocacy efforts of the **Dr. Lorna Breen Heroes' Foundation** at <u>drlornabreen.org</u>. The foundation reduces burnout and improves well-being by advising healthcare organizations on evidence-based initiatives, reducing mental health stigma, and funding research and programs that support healthcare professionals.

Authors

Deeya Prakash, Brown University, Providence, RI.

Lauren Allister, MD, Associate Professor of Emergency Medicine
and Pediatrics, Division of Pediatric Emergency Medicine,
Alpert Medical School of Brown University, Providence, RI.

Disclosures

None.

Correspondence

Lauren Allister, MD lauren_allister@brown.edu Deeya Prakash Deeya_Prakash@brown.edu

