

Unsparingly: A Podcast Exploring the Mental Health of Medical Professionals Working
in an Acute Care Setting Before, During and After the COVID-19 Pandemic

by

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DEDICATION

This project is dedicated to those who dedicate their lives to the betterment and health of others. It is a toast and testament to their selflessness and courage, without which a lot of us would not be here.

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A massive thank you is owed to Dr. Ciera Schoonover, my thesis director. Thank you for taking a chance on me and agreeing to supervise my thesis. Working with you has been incredible and I am so grateful for the opportunity.

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Finally, I would like to thank anyone who has read my thesis – thank you for listening to these stories. I hope you have learned something and grown a deeper appreciation for healthcare workers.

ABSTRACT

The topic of mental health has slowly grown to be less taboo, with online therapy services like Better Help thriving and the hashtag #selfcare having over 77 million posts on Instagram. According to the World Health Organization (2022), “for some [the pandemic] sparked or amplified much more serious mental health problems... there have been worrying signs of more widespread suicidal thoughts and behaviors, including among health care workers.” These providers are the backbone of our society, and their mental and physical health should be a priority, especially in times of crisis. This podcast, and the accompanying website, serves to amplify their voices, giving them a platform to share their stories, struggles and needs.

WEBSITE AND PODCAST DIRECT LINKS

Unsparingly Website Link: <https://adrianaramirezbusi.wixsite.com/unsparinglypod>

Unsparingly Show Link [Spotify]:

<https://open.spotify.com/show/5q03wHbcS7KQr5hsWtGmgZ?si=3d74b745f46842e6>

Episode One:

<https://open.spotify.com/episode/7xqFOggBsqW7jLjRn9xy3O?si=ceb6720321724f79>

Episode Two:

<https://open.spotify.com/episode/3rIwM3sUp35IWQhfZCDfy?si=4fd1a5d0e7d04bcf>

Episode Three:

<https://open.spotify.com/episode/0FXrVVN4KR5AtdQ0vYVZp9?si=3381babddce6447f>

Episode Four:

<https://open.spotify.com/episode/2oIVkVkCyaQ4CScjVI8LmW?si=4328f3cca8a4485a>

Episode Five:

<https://open.spotify.com/episode/1h0SOgaeMH7eQ22EN3VLrv?si=8cd4cbeed0a84bb1>

Unsparingly Show Link [Apple Podcasts]:

<https://podcasts.apple.com/us/podcast/unsparingly/id1729510005>

Episode One: <https://podcasts.apple.com/us/podcast/01-katelin-maples-lcsw-on-mental-health-and-coping/id1729510005?i=1000644428815>

Episode Two: <https://podcasts.apple.com/us/podcast/02-steve-pope-ccemtp-on-mental-health-in-ems-and/id1729510005?i=1000644429119>

Episode Three: <https://podcasts.apple.com/us/podcast/03-dr-mary-jane-brown-md-on-harm-reduction-and-mental/id1729510005?i=1000644429120>

Episode Four: <https://podcasts.apple.com/us/podcast/04-scott-brown-aemt-on-being-vulnerable-and-building/id1729510005?i=1000644428982>

Episode Five: <https://podcasts.apple.com/us/podcast/05-michael-blevins-empt-on-compassion-fatigue-and/id1729510005?i=1000644429035>

Unsparingly Show Link [YouTube]:

https://www.youtube.com/channel/UC9z0rZlEgp4Yxsx_UG6b-Kw

Episode One: https://youtu.be/PDc6P_jzIDA?si=w2jR_DrTcEGJkN3l

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List of Abbreviations

AEMT: Advanced Emergency Medical Technician

ALGEE (Assess, Listen, Give, Encourage, Encourage)

AR: Adriana Ramirez Speis

BLS: Basic Life Support

CCEMTP: Critical Care Emergency Medical Technician Paramedic

EM: Emergency Medicine

EMS: Emergency Medical Services

EMT: Emergency Medical Technician

EMTP: Emergency Medical Technician Paramedic

ER: Emergency Room

ICU: Intensive Care Unit

KM: Katelin Maples

LCSW: Licensed Clinical Social Worker

MB: Michael Blevins

MJ: Dr. Mary Jane Brown

MTSU: Middle Tennessee State University

QPR: Question, Persuade, Refer

RSS: Really Simple Syndicate

SB: Scott Brown

SP: Steve Pope

CHAPTER I. Introduction

The topic of mental health has slowly grown to be less taboo, with online therapy services like Better Help thriving and the hashtag #selfcare having over 77 million posts on Instagram. Mental health has always been inextricably tied to physical health and has the potential to have a significant impact on functioning. But now, recent data can no longer be examined without considering the impact of the COVID-19 Pandemic. According to the World Health Organization (2022), “for some [the pandemic] sparked or amplified much more serious mental health problems... there have been worrying signs of more widespread suicidal thoughts and behaviors, including among health care workers.” Those in health care arguably had it the hardest during the pandemic, with one survey showing “45% [of respondents meeting] the threshold for probable clinical significance on at least one of the following measures: severe depression (6%), PTSD (40%), severe anxiety (11%), or problem drinking (7%). Thirteen per cent of respondents reported frequent thoughts of being better off dead, or of hurting themselves in the past week” (Greenberg, 2021, pp. 62-67). How does this compare to the statistics of healthcare workers pre-pandemic?

The increase in mental health burden resulting from pandemic stressors is not unique to healthcare workers in the United States. A study that compiled data from Wuhan and Singapore found the prevalence of mental health disorders in healthcare workers during the COVID-19 pandemic to be “broadly comparable” to the prevalence among citizens not working in healthcare (Pappa, 2020, pp. 901-907). This indicates that everyone, regardless of profession, seemed to be impacted by the isolation, fear, and increased stress the pandemic brought. That said, without also examining data on

prevalence of mental health disorders in healthcare workers pre-pandemic, it is unclear if the mental health issues plaguing workers are simply inherent to the profession, or if there was a dramatic increase in mental illness during and post-pandemic. The Kaiser Family Foundation found that among the general population, suicide rates had been on a downward trend in 2019 before increasing in 2021 (Panchal, 2023). It also found that “alcohol-induced death rates increased by 38% during the pandemic” (Panchal, 2023). Overall, it seems mental health among the general population was negatively impacted by the pandemic. A study of the consequences of the pandemic for nurses and physicians observed that health care professionals also faced a decline in quality of psychological, social, and physical health due to the pandemic, though those who had worked in the field for longer fared better (Alfonsi, 2023). This suggests people who were newer to the healthcare field likely had a harder time adapting to the rapid progression and immense stress of the pandemic. For many, the mental health burden proved to be too significant. An estimated “47% of U.S. healthcare workers plan to leave their current role within the next two to three years” (Goodchild et al., 2022, p. 78).

This podcast explores the mental health of medical professionals working in an acute care setting (i.e., high level of patient needs; Kontio, 2014) and how it has been impacted before, during, and in the months after the COVID-19 Pandemic. An acute care level patient could be one that is in congestive heart failure, has suicidal ideation with a plan, or other serious medical or mental health concern. Although all health care workers were faced with the increased mental and physical health burden of the pandemic, those working in an acute care setting faced it on top of their already critical and stressful jobs.

CHAPTER II. Methodology

Before reaching out to anyone or even developing the interview template, it was important to determine who would be appropriate to be on the show. In developing the guest list, I wanted to represent a variety of medical professionals and their diverse experiences. I reached out to a total of eight people: one licensed clinical social worker (LCSW), one emergency medicine physician, three paramedics, one advanced emergency medical technician (AEMT), one emergency medical services system (EMS), and one psychiatric hospital to see if any nurses or patient technicians would be willing to be interviewed. One of the paramedics and the psychiatric hospital responded initially, but after follow-up neither was able to confirm a meeting time. Ultimately, I interviewed five guests: one LCSW, one AEMT, two paramedics and one emergency medicine physician. Three different career fields were represented in the podcast, with three of the five working in the prehospital/EMS setting.

Prospective guests were contacted via email. I worked with my supervisor to develop an email template that displayed professionalism and shared all necessary details about the project. In the emails, I introduced myself and explained why I was reaching out. I then explained the project and why I would appreciate their participation. I gave a wide range of dates (January 16th to February 16th) for potential interview times, leaving specific days of the week and locations up to the guest's schedule. To incentivize participation, I referenced the honorarium in the initial email. All guests were given a \$30 virtual gift card to the either Target, Amazon or Starbucks based on their preference as a

thanks for their time. I also followed up after every episode was edited and uploaded, to thank them again for their time and share a link to the website and podcast.

Some obstacles I faced in reaching out to people involved responses and my own connections. Most of the people I reached out to I know personally from my work, (EMS). This limited the pool of professions represented. While I could have emailed more broadly, I was afraid and later proven that cold emails do not result in follow-through. Another obstacle I faced was a lack of response following inquiries, or after an initial response a lack of follow-through. I did not reach out to anyone I had not met before, besides the two organizations (EMS system and Psychiatric Hospital). I did have a personal connection to each organization, with the EMS system being the one I did my clinical rotations with, and the psychiatric hospital being one that I transport patients to and worked with during a nonprofit internship. The two people that initially responded were employees of each organization. My goal for the interview was to create questions that could be easily catered to a variety of professions so I could compare their responses (see Appendix C for the podcast interview template). During individual interviews I did ask follow-up questions that may have been specific to the guest's profession, but each guest received the same set of preapproved questions. Questions were omitted if I felt that the question had already been answered/discussed. In the case of Dr. Brown, it was not relevant to ask about burnout during the pandemic because she was on medical leave during the pandemic. My goal was to focus on the impacts of the COVID-19 pandemic, mental health as a general topic, and mental health on a personal level. To open each interview and ease into the more serious topics, I asked basic "get-to-know-you" or rapport building questions. This was to make the guests more comfortable, especially

those who were in person with a microphone. The goal was for each episode to be between 30 to 60 minutes. The average episode length was 32 minutes, with the shortest being 25 minutes and 25 seconds and the longest being 43 minutes and 21 seconds.

Prior to each interview, each guest was asked to complete a virtual consent form (see Appendix B). The consent form was developed based off the MatchMaker.fm podcast guest release form and modified for the purposes of this project (Forster, L. 2022). The podcast form provided space for the guests to express their store preference for their honorarium (choices were Target, Amazon, and Starbucks), location for recording the episode, and for what information they were comfortable sharing. For location, they were given the option to meet via Zoom, in-person at MTSU's Makerspace Podcasting Studio, or in-person at an agreed upon location. Regarding information comfortable sharing on the final product, guests were asked to select an option to share their name only, their name and a professional headshot, or remain completely anonymous. Some guests were confused by the original formatting of the Google Form and selected all options, but the language was clarified after the first two guests.

The podcast's purpose was to shine a light on the experiences of medical professionals working during the pandemic. It was a goal of the podcast for listeners to have the ability to connect to the people behind the voice and the stories they shared. I wanted a place to showcase their stories and photos, if they were willing to share, so I created a website (see Appendix D for photos of the site) using Wix as a website platform. The website has direct links to each episode on both Spotify and Apple Podcasts, a blog post for each episode, an about page and a home page. I began

developing the website before the first episode was recorded but was unable to link the RSS feed until the episodes were edited and published. The episodes were filmed between January 17th and February 6th, with two being recorded via Zoom and three in person.

Apart from Dr. Brown's episode, each interview was recorded with a Samson G-Track Pro. I purchased a micro-SD card in preparation for recording at the MTSU Podcasting Studio. I also already owned a 1 Terabyte hard drive that I used to store extra copies of each raw recording. I used my voice memos app to record each interview and then imported those recordings to Spotify for Podcasters, which used to be known as Anchor.fm, to edit them. Any responses that mentioned a specific place of employment were censored. Spotify for Podcasters automatically distributes the podcast to Spotify. I accessed my RSS (Really Simple Syndicate) feed link to further distribute the show to Apple Podcasts. An RSS feed is a product of RSS America LLC which allows for easy distribution of a podcast among multiple platforms. For even more exposure, I uploaded the first episode to YouTube with information on how to access other episodes in the description. To analyze and compare responses more effectively, I wanted to transcribe each episode. Transcription can be a lengthy process, so I used a platform called Otter.AI to help. It listened to each episode and transcribed to the best of my ability, then I went in to make corrections and added time stamps.

CHAPTER III. Results and Reflection

Demographic details of participants are outlined in Table 1. Three of the five participants are working in the prehospital setting, one in the emergency department and the other was working in a hospital. Four of the five are still working in their field. The average length of experience was seventeen years, with the lowest being five years and the longest being forty-four years. All participants were educated in the United States. Three of the five participants were male and the remaining two identified as female. Interview questions were divided into five categories: (1) Introductory/Demographic, (2) The Impact of the COVID-19 Pandemic, (3) Mental Health in Healthcare Professions, (4) Mental Health on a Personal Level and (5) Conclusion and Advice.

Table 1

Participant Characteristics

	Katelin Maples	Steve Pope	Mary Jane Brown	Scott Brown	Michael Blevins
Credential	LCSW	CCEMTP	MD (EM)	AEMT	EMTP
Years in their field	7	10	44	5	20
Currently working in their field	no	yes	yes	yes	yes
Gender	Female	Male	Female	Male	Male

Note. Demographic information for participants. N=5

Category One: Introductory/Demographic

The first two questions focused on getting to know the guests and learning about their occupational background. The first question was “how long have you been working in the healthcare field?” The answers of the guests are noted above in Table 1, with the

average length of service being 17 years. The second question was “why did you become interested in a career in healthcare?” An article published to the *International Journal of Health Planning and Management* uncovered seven common reasons people pursue a career in healthcare: “personal calling, family connections and role models, status of professionals, economic factors, educational background, proximity to facilities, and chance events and lack of (or worse) alternatives” (Witter, S. et al., 2018, p. 452-456). Interestingly, guest responses were consistent with published data, as every guest identified at least one of the reasons listed in the study in describing reasons for their career path, with an overwhelming majority reporting a desire to help others.

Category Two: The Impact of the COVID-19 Pandemic

Questions three through five focused on the guests’ perceived impact of COVID-19. Question three was “can you describe how you felt when the lockdown first started?” 4/5 guests reported feelings of anxiety, discomfort, and uncertainty at the start of the pandemic. One guest, Steve Pope, stated he was not “as rattled by it as [he should have been]” because he believed he had COVID-19 in December, “before it was cool” (Ramirez Speis, 2024).

Question 4a was “can you describe how your professional life and demands of your position changed due to the pandemic?” Katelin Maples stated that she felt a great impact on her work as a hospital social worker. She reported that social distancing and the loss of in-person contact made it hard for her to do work in a field where human interaction is incredibly meaningful. Steve Pope, Scott Brown, and Michael Blevins

reported that they felt frustration by the new regulations that caused delays in patient care.

Question 4b followed up on Question 4a and was “did you ever feel overwhelmed by the changes?” Katelin Maples, Michael Blevins and Scott Brown all mentioned difficulty adjusting to the constantly changing protocols and signs and symptoms. Steve Pope believed that the EMS system he was “working within became so strained that it made everything more difficult” (Ramirez Speis, 2024).

Question five was “did the pandemic change your mind set about your career?” Steve Pope and Michael Blevins replied that while it did not make them want to leave EMS, it did impact how they viewed their jobs. Pope reported a loss of trust in leadership and Blevins reported a desire to get involved with administration. Katelin Maples shared that she felt very conflicted, having to “ground” herself and remember why she got into the field. Notably, she ultimately did resign from the field of social work following the pandemic.

Category Three: Mental Health in the Healthcare Professions

Questions six through eight of the interviews focused on the guests’ perception of mental health within their field. Question six was “how is mental health viewed among your peers?” Dr. Brown reported that mental health among physicians is viewed negatively, with most doctors isolating themselves rather than seeking help from others (Ramirez Speis, 2024). Katelin Maples said that mental health is viewed positively in the field of social work, but that it can vary depending on the setting (e.g., psychiatric

hospital vs ICU). All guests in the field of EMS reported that while there is not as much of a stigma as there was before, there is still a lot of work to be done. Scott Brown stated that “we’re just kind of starting to scratch the surface [with regard to reducing the stigma of mental health]” (Ramirez Speis, 2024).

Question 7a was “do you believe mental health resources and support are lacking or sufficient in your field?” All guests asked this question expressed the belief that mental health resources, while increasing, are insufficient. As a follow up, question 7b was “can you describe what resources are available?” National resources such as 988, the suicide hotline number, and QPR (Question, Persuade, Refer) were mentioned. QPR is similar to CPR (cardiopulmonary resuscitation), as it is a type of first aid. It is specific to a mental health crisis, much like ALGEE (Assess, Listen, Give, Encourage, Encourage), which is part of the Mental Health First Aid course taught by the National Council for Mental Wellbeing. The following are mental health resources that were described as being specifically for healthcare workers: Employee Assistance Programs, the American Medical Association, the Tennessee Medical Association, the Tennessee Medical Foundation, and State Provider Strike Teams.

Question 8a was “are there any mental health treatment or prevention opportunities available to you to cope with the stressors of your job?” The overall response was yes, there are resources available. However, many guests reported that the problem is not whether the resources exist, but getting people connected to those resources. Katelin Maples recalled that at the beginning of the pandemic, there were many resources made available for healthcare workers. Over time, though, those

resources were eliminated “and now it’s just kind of another day, another day in the hospital” (Ramirez Speis, 2024). Question 8b asked “did those change in response to the pandemic?” Michael Blevins mentioned the sudden surge in Telehealth and how helpful it has been for patients and providers alike. Scott Brown said the pandemic made the lack of resources apparent and that it made people realize “how far behind we are and how we have a long way to go before we even scratched the surface” (Ramirez Speis, 2024).

Cohen Veterans Network and The National Council for Mental Wellbeing worked together to conduct a study surveying U.S. citizens’ accessibility to and perceptions of mental health resources. They found that 56% of Americans are “seeking or wanting to seek mental health services either for themselves or for a loved one” (NCMW, 2022). Many barriers to access care exist, such as finances, psychiatric service shortages and stigma surrounding mental health. These barriers exist for everyday citizens and healthcare professionals. In response to Question 8b, Katelin Maples mentioned the availability of therapists and counselors within the workplace during the beginning of the pandemic. She did not recall anyone ever utilizing those resources and stated that this was perhaps due to the stigma and fear of having people at work know they are seeking mental health care.

Category Four: Mental Health on a Personal Level

Questions 9a through 12b were about the guests’ individual experiences with mental health. Question 9a was “if you’re willing to share, how would you describe your mental health before you began working as a(n) [paramedic, LCSW, doctor, etc.]?” Katelin Maples remembered feeling “wide eyed and bushy tailed and ready to save the

world” (Ramirez Speis, 2024). Steve Pope, Dr. Brown, and Michael Blevins all said they never knew or thought much about mental health. Scott Brown believed he had “pretty positive mental health” (Ramirez Speis, 2024). Question 9b followed up on their response by asking “how has it been impacted?” Steve Pope and Scott Brown did not report any substantial changes. Michael Blevins and Dr. Brown reported challenges with mental health. Although the sample size of healthcare workers for this podcast was small, it seems that a history of mental health concerns is prevalent in this group.

There is very little research available on the topic of mental health and how working in a healthcare profession can impact it. Most of the research surrounding mental health in healthcare workers is focused on the impact of the pandemic; there is not much to be found prior to 2020, suggesting a lack of attention paid to mental health prior to the global pandemic. There was a case study published in 2015 examining the impact of job environment on mental health of employees at a local hospital. The authors surveyed 200 employees, including doctors and nurses, and found that more of them refused or avoided help rather than seeking it (Joinis et al., 2015). The study concluded that the “working conditions of health workers should be improved... [and] a high proportion of the participants would consider leaving their job due to excessive stress.” Question 9c asked “did the pandemic make a difference, if so, how?” Katelin Maples expressed that before COVID, she felt like she knew what coping mechanisms and self-care worked best to manage her stress; the pandemic made her realize that she needed to change how she did things. Dr. Brown described the changes she faced during the pandemic. Early on, she suffered an ischemic stroke, causing her to “focus on the physical and cognitive recovery,” seeking out therapy and beginning to practice meditation (Ramirez Speis,

2024). Scott Brown shared that he felt overwhelmed by the sudden increase in deaths, but that it made him more resilient. Michael Blevins had a mental health crisis during the pandemic related to depression and chemical dependency that led him to develop a better support system. It was clear that the pandemic had impacted all guests to some degree.

In 2022, an article was published in *Nursing Open* examining the prevalence of mental health symptoms like anxiety and depression in surgical nurses during the COVID-19 pandemic. The authors found that among their 3,492 participants, all working as nurses in a surgical department, 867 showed symptoms of anxiety and 783 showed symptoms of depression (Ren et al., 2022). They also found that nurses who had more exposure to patients infected with COVID-19 experienced higher levels of anxiety than nurses who had not.

Question 10 was “did you experience any burnout during the pandemic?” Katelin Maples and Michael Blevins did report feelings of burnout, with Blevins sharing that he would often work over 90-hour weeks. Steve Pope said that while he did not experience burnout, he did have feelings of frustration. Question 11 was “how do you think you fared during the pandemic in regard to your mental health compared to the general public?” The majority (four out of five) respondents believed they fared better than the general public during the pandemic.

Guest responses regarding their mental health compared to the general population were surprising. When I initially wrote the question, I believed the majority would state the pandemic was harder on them. My rationale was that healthcare workers still had to go into work and were surrounded by more sickness or even death than they presumably

were typically exposed to. They did not get a break and it seemed like they were so overwhelmed with cases that they would not have the time to take care of themselves and their families. However, in their responses, most guests cited that their lives, aside from the constant masking, remained very similar to pre-pandemic. They were still able to see their work friends and take care of patients. They had people to vent to or process with that were going through the same thing as them. They were more informed and had first access to vaccinations. Nonessential workers, however, were isolated at home, unable to go into the office and socialize, which changed their experience significantly. People facing different circumstances during the pandemic (nurses, single parents, the elderly, etc.) had differing levels and causes of stress.

Research does indicate that different demographics of people faced different stressors during the pandemic. In one study, children under the age of 19 were surveyed and it was revealed that many of their fears stemmed from the impact COVID-19 would have on their ability to “cope with academic workload and... the impact of COVID-19 on the school year and future plans” (Samji et al, 2022, p. 177). People with preexisting mental health conditions faced increased “fear, worry and stress... loss of employment... medication management difficulties... [and] exacerbation and deterioration of symptoms” (Murphy 2021, p. 388). Parents were faced with financial insecurity with the additional burden of having someone depending on them (Samji et al, 2022). The mental wellbeing of parents was shown to have an impact on the mental wellbeing of their children. The elderly population was highly vulnerable to potential infection and complications, leading to higher mortality rates. Many older people had friends and loved ones dying from COVID-19, were isolated from family members due to fear of infection,

and experienced exacerbation of other health conditions because of their loneliness and “loss of social support” (Ianculescu, M. et al, 2023, p. 2).

Question 12a was “do you feel you have a strong support system outside of work?” All guests responded yes. Question 12b followed up and asked, “how does it impact the stress of your job and overall mental health?” All guests reported that they were grateful to have people around them that they could lean on for support. Michael Blevins stated, “I don’t believe I can do what I do now without it [a support system] and anyone who doesn’t have one should develop one” (Ramirez Speis, 2024).

Category Five: Conclusion and Advice

The final two questions, 13a and 13b, focused on gathering final thoughts and advice. Question 13a was, “if you had to give advice to another healthcare professional who is feeling burnt out and overwhelmed, what would you say?” Katelin Maples suggested reflection and “narrowing down what is making you burned out, what is overwhelming you...” (Ramirez Speis, 2024). Steve Pope said to always remember why you entered the field and if your burn out is beginning to impact patient care, “that’s when it’s time to get out... [and] actively start looking at the change” (Ramirez Speis, 2024). Dr. Brown reiterated the importance of seeking help and not isolating yourself. She shared her belief that “all of us have a responsibility in this day and age to be on the lookout for that friend or family member or professional work colleague who changes their behavior or says things that are not like what we usually converse about...” (Ramirez Speis, 2024). Scott Brown shared assurance that it is not a problem on weakness, that people facing burnout should find “coping mechanism and find the

structural support to get [back up on their] feet when that does happen and be humble enough to admit when it does” (Ramirez Speis, 2024). Michael Blevins stressed the importance of developing a support system.

Question 13b was “how about to someone just starting out?” Katelin Maples said to bring all the ambition and desire to help others, because that is what is needed, and to keep your priorities straight. Steve Pope said to “hold your core values at the forefront” and to remember why you entered the field (Ramirez Speis, 2024). Dr. Brown said to “listen to your heart [and] consider therapy now” as a proactive measure (Ramirez Speis, 2024). Scott Brown wished good luck and said “be honest with yourself, be humble. Learn from everyone around you” (Ramirez Speis, 2024). Michael Blevins emphasized how important the work healthcare providers do is and to remember that.

Conclusion

This project has been extremely meaningful and accomplished my initial goal of creating a platform for guests’ voices to be heard and their stories to be shared. Since the pandemic, there has been a surge in research on mental health, including amongst the healthcare profession. The global COVID-19 pandemic shined a light on the need for this research and for an increase in mental health resource availability, but there is no way to turn back the clock. There was very minimal research of healthcare worker mental health prior to 2020, creating a gap and only allowing us to try and fill it retrospectively. This project has the potential to benefit podcast listeners and healthcare workers and the field of mental health by acknowledging the role of mental health in acute healthcare settings, thus reducing the stigma of mental health. By having open and honest conversations

about mental health in the healthcare field, the taboo will continue to shrink, and more people will feel comfortable asking for help and having difficult conversations about mental health.

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Appendix A

Transcripts of Podcast Episodes

Episode One

Katelin Maples, LCSW on Mental Health and Coping During the COVID-19

Pandemic

Description:

Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below:

Learn more about Licensed Clinical Social

Workers: <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

You can find Katelin's company, Good Boy Biscuit Co.,
at <https://www.goodboybiscuitco.com/>

A note from the host:

Thank you for joining me for the first episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

Episode Transcript:

[music – 00:00]

AR [00:05]: Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individual speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talks of COVID-19, burnout, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful. Let's begin the interview.

[music – 00:36]

AR [00:40]: Okay, we're live. So, uh, I guess just go ahead and introduce yourself, share some fun facts.

KM [00:48]: Yeah, I am Katelin Maples. I am a social worker by trade. However, I work from home right now, I have stepped aside from doing social work for the time being, but I still want to continue doing that in the future if some of those doors open up. But, I have a dog, I bake dog treats for a living right now. It's a great form of self-care, and yeah I'm excited to talk all things social work, and health care and go from there.

AR [01:22]: Okay, awesome! So, how long have you been a social worker?

KM [01:26]: So, I, um, completed grad school in 2017, so a total of six years in the social work and health care field. I did two years initially, right out of grad school, working at a psychiatric hospital and then moved into the medical side of social work.

AR [01:48]: Alright, cool, so when did you become interested in the field of social work?

KM [01:55]: I think I've always been interested in wanting to help people, and when you're in undergrad and college you really have so much different avenues that you can go down, and so I took a gap year in between college and grad school just to figure out exactly what I wanted to do, and I realized even in social work there are so many things you can do. So, going to grad school for that, um, I was still learning exactly what I wanted to do in this field. So I've always kind of had a passion for wanting to help people, and so you can do so much in the social work field.

AR [02:34]: Yeah, you definitely can. You can work in a lot of different environments like a hospital or like um The Family Center or DCS [KM: absolutely] or um all over the place. [KM: yes]. Yeah, that's really cool. Um, so I guess moving into talking about COVID, um can you describe how you felt when the lockdowns first started in 2020?

KM [3:01]: Honestly, I had no idea what to expect and there were so many unknowns. I think when all of the lockdowns started happening, I think the general public thought this is going to be a quick change, just a couple weeks. And then we realized, this is long term. So, there was a lot of anxiety when I saw that this wasn't gonna be a quick fix. It

wasn't gonna be short term, and everything was gonna continue to change and be shut down, and we were gonna have to change our way of living, pretty much.

AR [03:38]: Yeah, yeah, um, so how did your professional life change as a result of the pandemic, like did your roles or responsibilities change, uh, in your work?

KM [03:50] Yeah, I feel like everything kind of shifted a little bit. As a social worker, we, uh, meet our patients and our clients in person, and once we realized we were trying to reduce the amount of in-person contact we were having, my entire job changed from going to see patients face to face to oh, now I have to call them on the phone or call their family on the phone. And you lose that human interaction that is helpful in the social work field or in any field where you need that human interaction, face to face time. So, I feel like everything from my job shifted from in person to on the telephone.

AR [04:37]: Yeah, did you ever feel, like, overwhelmed by that change, or like how did that impact, I guess, your interactions with your patients and the families that you worked with?

KM [04:50]: I was so overwhelmed, to be honest, and I feel like, um, being a social worker you have to be flexible and you have to keep up with all of the changes, but I do feel like we've all kind of lost that sense of what are we doing, how are we helping people, especially when we lose that face to face interaction. And that was something that we had to adjust and explain to our patients and their families, like, hey we are in this together, like, let's work with each other even if we can't see each other face to face. So, there were a lot of learning curves, though, that we had to get used to.

AR [05:30]: Yeah, I can only imagine for families, too, that have never worked with a social worker before, like, going into that [KM: yeah, exactly] just being like what's happening. It must have been like really confusing like not only for them but like for you guys as well, to navigate like a completely different platform of how you do your job.

KM [05:46]: One hundred percent, absolutely.

AR [05:49]: Yeah, um, so with that, did the pandemic change like your mindset about your career, like where you wanna go, how you feel about the work that you're doing, and how you wanna do it?

KM [06:00]: Yeah, I think, um, I feel like a lot of people might be able to relate how the pandemic might have changed the way that we view our job, but I would have to even like sit and remind myself why am I in healthcare, why am I doing, what am I doing. Um, and just kind of ground myself to realize that we are in this job to help people, but sometimes people don't want our help, and that is [AR: mm, yes] something that we had to get used to [AR: oh yeah], um, especially in healthcare. And I feel like there was so much divide within the hospitals and the nation and the country, and in our state there was so much divide, it's like how can we come together just to help people, just to get these patients healthy again. So, there was so much that we were trying to keep up with.

AR [06:53]: Yeah, I completely get that. I work as an EMT right now and [KM: oh my gosh] even just like helping patients who have like overdosed, we give them like three doses of Narcan before they even wake up and then they start crying and they're like I don't wanna go with you or like, uh, and I'm just like I'm just trying to help you, like

[KM: exactly], help you the best that I can, and I'm sorry you don't like it, but I kinda have to take you to the hospital.

KM [07:20]: And it's hard to realize that when people don't want our help [AR: I know], it was a hard pill for me to swallow. It was like I signed up for this job because I wanna help you, yet you don't want it. It was so conflicting at times.

AR [07:35]: Yeah, it, it definitely is. Yeah, uh, so, uh, moving into talking more about mental health, like within healthcare, um, how do you feel that mental health is viewed among your peers, like among other social workers.

KM [07:51]: Yeah. I feel like there was definitely a shift going from working in a psychiatric hospital where that is all we are talking about and the patients that we're working with that is what they're specifically at the hospital for. And then shifting to the health care field, where the medical issues are the predominant issue that our patient is seeking. And so within my peers, with other social workers, I feel like we are very open about talking about struggles in mental health. But it is different when you're in the healthcare setting. And not everyone talks about it, not every doctor or nurse talks about it. So I kind of I've had different little pockets of people who I feel comfortable talking about mental health with and others where we have very clear boundaries, and the rapport necessarily isn't there in order to open that conversation up.

AR [08:47]: Yeah, yeah, definitely. I can see that how that would be different like in a psychiatric hospital like, again, like you said, like it's all mental health. We're obviously very comfortable with that topic, and then moving into right like an emergency room or

even like an ICU where you're seeing like a wide variety of patients there for all kinds of different issues. And yeah it's very different.

KM [09:09]: Yeah, it was definitely big. It's so different. Just going from one field to the next and knowing you're in one hospital setting, but it's only for mental health, and then you go to other hospital setting, it's for medical needs. So it was a big shift for me.

AR [09:26]: Yeah. Do you think that mental health resources were like available to you guys in your field like in the position that you were in?

KM [09:36]: I feel like in the beginning, when everything with the pandemic started happening, there were more resources readily available, I think, because we were all trying to figure out how is this affecting health care workers? What assistance do they need? So in the beginning, I feel like there were opportunities. As the years continue to go on, like it's still out there. It's still going on. As the years continue to go on. There's less opportunities I think, because we are more like, I would say like used to it. We kind of know what to expect at this point. And so initially, when there was like a shock of the shutdowns and lockdowns, and all these sick patients coming in, it was like, what do they need? What do the healthcare workers need? And now it's just kind of another day, another day in the hospital. I feel like resources aren't as available as they were in the beginning. I do feel like I was kind of at an advantage coming from the mental health side and so I have tons of resources from my previous field. However, not everyone is going

to have those resources that I have. And so it's kind of all about education and having resources readily available for all employees.

AR [10:59]: Yeah, can you describe like what kind of resources were made available like during the pandemic for you guys like connect groups or how that all worked?

KM [11:10]: Yeah, I so when it first started out, I think they had contract workers, therapists, counselors readily available at the hospital. So if you had time throughout the day, like if you have time in the healthcare setting, you are able to go to say this room set aside if you need to talk to someone, which is different from anything that I've ever experienced. I've never had a therapist or counselor readily like on site. Usually with my background, you have a chance to like, seek someone out, build that relationship with them before you just start like spilling everything that you want to tell a therapist, so I think there's a difference with like the if you're comfortable enough to talk to someone while you're still at work, and then go back to your patients. So that was made more available. And then like I said, it kind of faded out with time.

AR [12:09]: Do you feel like people used those resources?

KM [12:12]: I honestly, I didn't ever talk to anyone who used them. I feel like there can be a lot of shame. I related to like, I, I have seen this. I have heard these stories. And now I'd like to talk to someone about it. But it wasn't anything in the healthcare setting where we were like, hey, I just went downstairs and talk to the therapist on site. I feel like there

can be like a stigma around it like hearing these hard stories and seeing these sick patients. It wasn't something that people were like ready to say like, hey, I'm struggling or hey, like, I'm kind of at my breaking point. So amongst my peers in the hospital setting, like I never saw or heard anyone like going to the room set aside.

AR [12:58]: Yeah, and I imagine especially when it's like I mean, it is readily available. It's like right there at your fingertips, but it's also in your own like place of work and so you think like oh man, are people gonna know if I went in there? Are they gonna know what I'm about? Like, so I can see that very intimidating.

KM [13:19]: It could even be kind of awkward like if someone sees you coming out of an office that you know is set aside for like a therapist and you know what, if you had been crying or upset I mean you have to go right back to work. So you have to kind of prepare yourself or am I ready to talk about these hard things and then go right back to caring for a patient?

AR [13:41]: Yeah. Um, did you use any of those opportunities or resources or like anything outside of your work to help cope with the, I guess, mental toll that it took on you during the pandemic?

KM [13:54]: I personally, I didn't use any of the ones that were offered through work, but I feel like I had to remind myself and ground myself with my support system. Whether it was family or friends, because if you're not talking about this, it can really take a toll on

you mentally. And so I just had to make sure that I was being vocal about hey, I need this like, I'm sad. I've heard these difficult stories today. And so it's kind of using your own resources. You don't necessarily have to go to a therapist or counselor, but I do think it's important to have that support system around you, like a friend group or your family to discuss these things with, someone who's going to want to listen and not shut you down for the things that you're seeing.

AR [14:44]: Yeah, do you feel like that's like kind of similar to like, because I imagine like as a health care worker, like even without a pandemic, like even beforehand, there are stresses that you deal with on the job. So do you feel like you had to change kind of your strategies when the pandemic did happen for how you grounded yourself?

KM [15:04]: Yeah, definitely. Because I thought I had these coping mechanisms and I thought it had what I wanted to do for self-care, but also like, when everything shut down, even gyms weren't letting as many people in so then you're like, well, I have to figure something else out. And then when you're social distancing, it's like, friends don't even want to really be around people. So it was a lot, of it felt isolating at times, but it was also good to have peers and a healthcare setting, not necessarily at my job, but who worked in another setting of it. And so just reminding yourself that there's other people out there who are working in your field are also struggling and it's good to have those peers and not only so that you can talk. But I mean, you do have to shift. You know what you're going to do for self-care and your coping skills in order to get through sometimes.

AR [15:59]: Yeah. So how would you say that your mental health was before you even started your career like whenever you were in college, or even like in high school?

KM [16:10]: Yeah, honestly. So this is a great question. I felt so carefree in college, like I thought I had everything figured out. I thought I knew exactly what I wanted to do. And then I was just there to help people and change the world. And then you get into the field, and it's very eye opening. And you can become jaded and hurt and scarred and you're seeing everything and bad things. And you're like maybe I don't want to help people as much as I thought I did, because like it's hurtful to me as well. And so I feel like going from college and grad school I was just so like, wide eyed and bushy tailed and ready to save the world. And after you like experience life, and you experience hurts, like that can change and that's okay if it changes, but you have to adjust and really evaluate, okay, I'm changing a little bit but why and is it a bad change?

AR [17:09]: Yeah, yeah, that's like the complete opposite me. I've been like so stressed like throughout college, like what am I going to do for the rest of my life? It's very overwhelming, for sure. And like looking at all the different careers. It's like how am I ever gonna pick something?

KM [17:26]: that honestly that you can do so much with any field that you want to go in, and I feel like that's where it feels almost like a disadvantage because there's so much to do and you want to do so many things.

AR [17:37]: Yes, I feel like paralyzed by all the decisions and all the choices there are out there. It's like you walk in to get ice cream and there's like 100 flavors. It's like how am I gonna make a decision? I just need to try them all.

KM [17:50]: 100% and that's okay if you change jobs, and it's okay if you decide you have another passion. There's nothing wrong with that.

AR [17:58]: Yeah, I mean, I'm a political science major working as an EMT, looking into like becoming a physician assistant or a pathologist's assistant or something like that.

KM [18:09]: That's amazing. See, you have so many different avenues that you can go down.

AR [18:12]: And I started as a journalism major. So, lots of changes.

KM [18:17]: You can do all of them, you can do it all.

AR [18:20]: I mean, that's the goal. Ultimately, it just do everything at the same time.

[KM: yes]. So did you experience any burnout during the pandemic?

KM [18:32]: 100% And it's almost like I'm ashamed to say that because I preach self-care and mental health and coping skills. However, then I'm the one that's experiencing the burnout, but I feel like that is due to all the stressors of the pandemic. And not having all

the support that you need in the healthcare setting. Like in the perfect world, we would have all the resources, all the happy families, every single patient having the perfect discharge plan, but it wasn't a perfect world, and you experience a lot of things that most people don't have to go through when they're not in the healthcare setting. So I think that's where the burnout came just not feeling like I was 100% supportive through all the crisis and like helping these patients. I didn't feel like I was getting the help that I needed. So there is a lot of burnout, whether it was in the psychiatric hospital or the medical hospital, there's going to be burnout everywhere. It's just how you shift your mindset to deal with it.

AR [19:44]: Yeah, how do you think mental health like in among other health care workers like among your peers, how do you think it compared like you guys, and then the general population, like someone maybe who works like a nine to five and just shifted to like working at home or someone who works at like, Kohl's or Walmart or something?

KM [20:06]: Yeah, so it's funny because I had a group of three other girls in my same office and I feel like together, we were able to talk about what we were struggling with, what we were frustrated with, and we could kind of feed off of each other and lift each other up. I do think the general public might have been at almost a disadvantage whenever everything shut down, because then they are also having to work from home and be isolated and not have peers to kind of feed off of, but I do think you know, everyone can deal with mental health struggles, but I was so fortunate to have another group of girls in the same office, and we were going through similar experiences in the

hospital, versus someone who is working from home on a nine to five. I just think it's it I think everyone kind of felt isolated. At that point. I don't think it really mattered where you worked. It was all really lonely, what we were experiencing, but I do think if anyone felt isolated, it's kind of going back to square one and reminding yourself Why Why am I in this field, whether you are a realtor or working at Walmart, like why? And then kind of going from there to realize, you know, maybe you have a different passion or maybe wanting to try something else for self-care. And I think that can also shift your mindset a little bit.

AR [21:35]: Yeah, that's really good. I, whenever I had written that question, initially, I was envisioning, like, oh, of course, it was harder on us. We had to like be away from our families or we had to, like, still go into work when other people got to like stay home, of course they were still working, you know, like to stay in their pajamas. But yeah, that's definitely a different perspective how isolating it can be.

KM [22:04]: Yeah, I think also for healthcare workers. Um, you know, in the very beginning, we were like the healthcare heroes, celebrated for going to work yeah. And as time went on, it's like, it's like, did they forget about us? Like, did they forget that we're still caring for these patients, but I think everyone was kind of just just clinging on for dear life just wanting to get through it. So, but it is it just a crazy time to reflect on and see like how far we've come from those beginning like two weeks of lockdown.

AR [22:36]: Yeah, it's yeah, it's definitely crazy. I remember like passing by like signs like hospitals like heroes work here. Like all over the place.

KM [22:44]: Yes! Those signs definitely went away.

AR [22:50]: Oh my goodness, so I guess we kind of already addressed this, but do you still feel like you have a strong support system outside of work and how does that impact like how you deal with the stress of your job?

KM [23:03]: Yeah, I definitely think I have a very strong support system. There are times that when it can, you know, ebb and flow and you feel sometimes you don't have as much support and that is a natural part of life, but you can't let that slip through your fingers. Like if you need more support, you kind of have to look at where do you want to find that support? Is it at the gym? Is it in therapy? Is it at church? You have to look at if it's slipping through your fingers, like what else do we need to turn to in order to have that support system? So it's kind of just a matter of like, where you find comfort and you know, who's going to meet your needs and where they're going to meet them?

AR [23:44]: Yeah. So we have gone through very quickly. We are to our last question. What advice would you give to another healthcare professional or another social worker that's feeling burnt out or overwhelmed?

KM [24:02]: Yeah, I think it's a big thing of reflection and kind of narrowing down what is making you burned out, what is overwhelming you and a lot of the times it is writing it down, saying why you're burned out why you're overwhelmed and kind of like a to do list or a checklist and realizing, can I change it in this moment? Or is it something that I can set aside for this time being, but I think whether you are just starting out in the field, or you've been doing it for years, I think everyone is going to experience being overwhelmed and they're going to be burned out at different times. But it was helpful for me to be able to narrow down what is the stressor and how can I actively address it? Or sometimes you have to wait, it just depends.

AR [24:50]: And what it finally what advice would you give to someone, maybe you're just coming out of college or grad school just like you were like bright eyed, like so ready? What would what advice would you give someone just starting out?

KM [25:04]: I think seeing the ambition and the broad eyes of someone who just finished college or grad school, that is what we need. We want people who are still wanting to help people, whether it's a nurse or an EMT or a social worker, like we need those bright eyes because it's a dark world out there sometimes. If you're all jaded and hurt, you know what's going to get done, what is going to get accomplished if we you know are just looking at the bad side of things. So, I welcome all the ambition and all the bright eyes because I think that's what we need. And those are really the future and the game changers who are going to continue keeping healthcare you know at their priority and wanting to help others

AR [25:47]: Yeah. Well, that was awesome. Thank you so much for talking with me about your experience!

KM [25:51]: Thank you for having me!

AR [25:53]: Yeah, it was nice to talk to you, get to hear your responses to these questions. So yeah, yeah, that was great. Thank you so much again for your time.

KM [26:04]: I hope we didn't go by too quick. You know.

AR [26:07]: No I think it's okay. I mean if there's anything else you want to say like I guess, what advice would you give to someone I think he was like, further on in their career maybe who is getting a little tired, maybe experiencing some of that compassion fatigue?

KM [26:23]: Oh, my gosh, compassion Fatigue is so real. But I also like, I ask people all the time, like if you weren't doing your job that you have now, like, what would you want to do, whether it's a different career or a passion project? I think it's cool to see like, you know, just because you're further along in your career doesn't mean you have to be there forever. And that's kind of what I realized is, you know, although I'm not practicing social work right now, I don't ever want to see that go away. Like I still want to use my

career in the future. Sometimes it's just put on pause. So I think it's always fun to talk to other people though and see like, what their passions are and how that's different from their career.

AR [27:07]: Yeah, but yeah, that's definitely a big point like having hobbies outside of work and stuff and not just wrapped up like in just one spot because like with COVID, you never know when that's gonna go away.

KM [27:20]: Exactly. Exactly.

AR [27:22]: Yeah. Okay. I think that is all but again, thank you so much for talking with me today.

KM [27:27]: Yes, thank you for having me.

AR [27:29]: Yes, well, I hope you enjoy your snow day. I guess, snow week. MTSU is close tomorrow as well. So..

KM [27:37]: Is it really?

AR [27:28]: yes, it is. I got the email about it. and I'm like oh my goodness, and I think it's supposed to snow again tomorrow too.

KM [27:45]: Y'all are gonna be closed on Friday as well.

AR [27:48]: Yeah, I guess. I mean, they should have just started class a week later, but.

KM [27:53]: That is so true, so true. If you ever need any help with other projects or questions free to reach out to me, you have my email.

AR [28:03]: Thank you so much, I really appreciate it.

[music]

AR: [28:12]: Thank you so much for listening to Unsparingly. This project would not be possible without you listeners, the people who came on as guests and shared their stories, the MTSU Honors College, the MTSU Undergraduate Research Center, and Dr. Ciera Schoonover with the MTSU Psychology Department. Thank you for taking the time to listen and enjoy the next episode.

[music]

Episode Two

Steve Pope, CCEMTP on Mental Health in EMS and the Response to COVID-19

Description:

Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below:

Learn more about Critical Care Paramedics:

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm>

<https://www.ibscertifications.org/roles/critical-care-paramedic>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

A note from the host:

Thank you for joining me for the second episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

Episode Transcript:

[music – 00:00]

AR [00:05]: Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individual speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talks of COVID-19, burnout, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful. Let's begin the interview.

[music – 00:36]

AR [0:40]: Okay, so we're recording. Thank you for joining me. How long have you been working in the healthcare field?

SP [00:46]: I've been working in the healthcare field for just over ten years, all prehospital, all on an ambulance. I did a brief stint in the ER. I did not care for it too much.

AR [01:03]: What are you interested in working in EMS?

SP [01:05]: What am I interested in?

AR [01:07]: What got you interested in that career?

SP [01:09]: So, I'll be honest, and it probably sounds cliché, but I had other jobs. I got a late start at EMS. I didn't start until I was about 30. When I got into EMS, I had already had two previous career, career field choices. And both both fulfilling in their own way in their own way. And it just became, it became something where I couldn't fill a void with a job that I could feel with on my way to that job, I'd stop and help someone change a tire or something like that. That made that made me that to me, that was rewarding. You know what I mean? Like, like shaking that person's hand, knowing that you helped them in their time of need and going on and then that kind of that kind of played into me getting into EMS specifically because I think when people get into EMS, they're, they're willing to normally somebody's willing to go fire or police or EMS. And we've done pretty good with fire prevention. And so and the medical side always fascinated me another thing I experienced was, I'm the I'm the person who will get bored with things and you will never master the medical field. It's ever changing, ever evolving.

AR [02:28]: Always something to learn, right?

SP [02:30]: Keeps you interested. It keeps you on your toes. I mean, our continuing, continuing education never really stopped.

AR [02:38]: Yeah. Okay. Um, so can you describe how you felt when the lockdowns first started?

SP [02:44]: So, when it first started, I had a unique perspective to it. Because in December of 19, I never get sick, so I'll start off with that, in December of 19 I came down with the flu. And I'm more or less in my head. I'm like, well, I have the flu. I had a

low-grade fever. It was It wasn't horrible. But I was coughing and felt really lethargic like all the things, so I just went to an urgent care just hey I need a flu test. And they gave me flu and strep test. I was negative for both. Like okay, well you know that that's gotta be a false negative. Whatever. Yeah, I went to the house just like I'll just grin and bear and get through it. About a week later, I still had these symptoms. I started coughing a lot. So I went back to the same clinic, and I feel bad. I feel bad for this now. Say hey, listen, like, I know I had the flu. Like you're getting the flu. And you don't want to be that guy but I'm like this this and this. You know, quacks like a duck. It's a duck. [AR: Yeah]. Like give me another flu test, negative. And I just got frustrated, went home. fluids, did all things self-treat, because we all know how to self-treat. We know just enough not to be dangerous but more or less I have flu like symptoms for about three weeks. But then I had a persistent dry cough, unproductive cough from January mid-January until I think mid-March somewhere in there. [AR: Oh wow. Yeah]. But that was right around the time we started hearing things. So I'm convinced that I'm probably had it before it was cool in December. So I had kind of a unique perspective when it was moving forward because they started describing symptoms and in my head I'm going huh, okay, well, that's weird. But what it did for me was gave me a false sense of security because I'm like, well, I've already had it. So traditionally, with with that, you know, with that being the case, you weren't as at risk or at risk at all with it. And that, that probably did help me in the beginning because I probably didn't take all the precautions in the very beginning when when people you know, you had one extreme or another, you know, believe it or not, but I wasn't really rattled by it. I wasn't as rattled by it as I should be. Or as I should have been in the beginning. But I understood the understood part of the panic because it was

just something new to all of us. So that's kind of that's kind of how I reacted to it in the beginning, and how I was feeling it was just, I was a little more miserable than anything just because I felt like I had already had it.

AR [05:35]: How did like that impact your job at all like what y'all did? Because you know, EMS doesn't get like snow days, for example, like we just had a winter storm. You're still running and operating. So how did that impact I guess like the duties like in your job?

SP [05:55]: So in the very beginning, I feel like I feel like there was a lot of people who tried to try to treat it just like anything else. And and more or less way there are some of us who just have this, this thing in our head that we're invincible when we're not but it pays dividends in the job that we do. So there was a lot of people that that still had that mentality and would forge ahead, no matter what and then you know, you had your other people they had affected, it affected everybody differently. That was a big thing that I learned at the beginning. There was no blanket, you know, like this is how we're gonna this is how we're gonna approach it. With the majority of the service that I was with at the time it was business as usual until the national paranoia began. And then you know, that was, we, that's a whole other debate, but it was mishandled from the top on down and it was just, it made everything difficult. It did. It affected everybody differently to the point where we, you know, we had people who didn't, who no longer wanted to do the job. We had people who were willing to do the job unless it was you know, the suspected COVID and the pitfall with that was everything at the time you know, one week get what we were told, like, hey, unproductive call fever, fatigue, lethargy, then the next week it was

abdominal pain, you know, diarrhea. The next week, it's like, anything and everything became COVID. And it really what really what was really detrimental was if you had a chronically ill patient who didn't have COVID but had of these other things, there was all this. I mean, there would be a delay in care, we would go on scene, and we'd have to completely suit up you know, because somebody complained of diarrhea. They can have a GI bleed and then they in the blood. And we're out there trying to put on all this gear and everything like that. So it was it affected, it affected it pretty pretty profoundly at each stage as a stage because I felt like we reacted to it, you know, as it came down the pipe and it was ever evolving.

AR [08:03]: Yeah. Did you ever feel like overwhelmed by those changes like as they were happening?

SP [08:13]: Personally, personally, no. I feel like the system feel like the system that I was working within became so strained, that it made everything more difficult, I guess. Me personally, I felt like I felt like I compartmentalized it better than most. I guess a lot of that was because of my false sense of security because I felt like yeah, you know, and it's that's not something I advertised them beginning because just you know you didn't I don't really talk about my my personal life or me getting sick or anything like that at work. It's just who I am but I had that in my back pocket. So I felt like I was a little more apt to, you know, to just go with flow and continue trying to do the job. Now I did if they told us you know, we needed a mask up, I masked up. You try to be a part of the team you try to do what you're told to do but wasn't one of the ones that were you know, I watched people who would apply, you know, they would apply gel or whatnot and try to

make sure they had this phenomenal seal, and I didn't delay care for it. I put it on. It affected everybody I guess.

AR [09:34]: Did the pandemic change your mind set about your career like with your goals or like anything like that?

SP [09:41]: It didn't. The only thing that I feel like it did for me personally, as far as to that regard was I don't have the trust that I once had in the system in the leadership of the system, because it was so grossly mishandled on every level. It's its cost, and again, this is one of those where I can we could go a whole way with it, but the cost of us mishandling that on the on the level that we did, has trickled down and we still feel the impact today with you know, there's an increase in anti vaxxers There's there's just an increase in mistrust, you know. And there's, you know, you've got people that still wear masks in their car of others by themselves so that yeah, then you've got the people that judge them for doing so. So it's you still got that divide and it's still, but it's me personally, I felt like I knew what I wanted to do. I knew this was going to be a thing for for a while. But always assumed eventually we'll figure it out and for the most part, for the most part we have is still there's still a lot of distress and things like that, that we're gonna have to overcome. But yeah.

AR [11:11]: And now moving away from COVID and more into mental health. How would you say mental health is viewed among your peers?

SP [11:21]: Today, I think mental health is, is being more prioritized than it ever has been in my 10 plus years doing this. There was a stigma when I first came in, I feel like there's

a huge difference between you know, 10 years ago and today when I first came in, there was very much a stigma with we're just suck it out. There wasn't a lot of debriefing. There wasn't a lot of resources available. If they were they were just on a on a bulletin board somewhere collecting dust. Today there's they're a lot more proactive with making resources available to the people who need them. They're still, there still exist and aspect of I won't say so much a stigma anymore, just people who don't want to admit they need to talk to somebody and everybody, everybody handles that differently. Obviously we see some things that that they can stick with you they can they can kind of upset you and it affects everybody differently. And we try to we try to cater to everybody's everybody's needs, but we make we make most things optional, you know, like, like, for instance where I am now. They're they're very much trying to progress that whole, that whole aspect of our service and having all the resources available, debriefing and whatnot, but it's very much like hey, if you want this here it is if not, we understand everybody deals with it differently. So when they reach out to me, I just prefer to handle things privately. I feel like I feel like if there was a glaring need for me to reach out that I could layer but it's just my personal, my personal preference to kind of handle things.

AR [13:16]: Yeah. Do you think COVID made an impact on that change in attitude or if it was like other cultural influences? Or both?

SP [13:24]: Both. And that's where I feel my personal feelings and this is just my personal feelings, but I feel like that in conjunction with the growing victim mentality, I guess. I feel like there's been I feel like that those two combined, there's been a lot of changes as far as that goes. That's that could be a whole nother discussion.

AR [13:55]: Do you think that those like mental health resources and support like were lacking, like before COVID? Or were like insufficient?

SP [14:07]: I think. I think yeah, that could be that could be a possibility. I think there was less emphasis put on their availability. And I think the demand grew with all that. So I think I think we kind of reacted instead of being proactive with that. So yeah, that you could say they were they were probably subpar prior to that.

AR [14:31]: Can you describe some of the resources that are available?

SP [14:36]: So EAP we have there is a system. I am part of a hospital-based system now. And there are there are some resources available through the hospital, employee assistance programs and whatnot, where they can put you in contact with people who are more qualified to talk things out and things of that nature. Now I I will, I will say, I've had coworkers. I have a unique perspective with with that because I have, I teach EMT classes. I've had people for basic, I've had people for advanced that I now work alongside. So those people, you know, some of those people you come across to because they come to your stuff or at each stage and whatnot. And there's been a couple that I've encouraged to go the EAP route and that they've had, and this is very recent they've had some subpar experiences with that as well. Just and I think more or less what it is is the the resources available are very generalized. And I'm and I'm not saying that EMS has to have its specific, it's specific people to you know, to be able to talk to that know EMS things, but I think there's some value to being familiar with people who are in the field. You know that you're that you're trying to help. And it's they didn't have a lot of, they didn't feel like they were making a lot of progress with their, their issues that they were

having at the time. And that frustrated me because I felt like you know, they came to me and I'm saying like, hey, you know, I'll help you I'll listen, but to a point, you know, someone more qualified needs to be able to help them. That part is a little frustrating and I end up from that point, I just try to see what else I can point them in that direction. But the resources are there, you know, they're not always exactly what you want, and everybody's experience is different with it, but I think we're still I think we're still trying to advance that and still trying to put more emphasis in that direction. And I think it'll get better over time.

AR [16:50]: Can you describe kind of what would happen during like a critical incident stress debriefing?

SP 16:57]: So a lot of that depends on who's running it. I have figured that out over the years. We've had I've been in the briefings where chaplains have had run the run the whole thing and I've been in meetings where just some unqualified unqualified former medics that are now admin run it, where it's just kind of just kind of shake your head and, you know, everybody means well, so yeah. And then they actually have had some counselors come in for especially in mass casualty things. Children and whatnot, where it can be a little bit more, a little bit more helpful and insightful. It's, again, it's a very, very personal way, you know, just the ways that people handle that type of stress and things of that nature. I first personally never walked away from a debriefing thinking, like Oh, I feel better. Yeah. If anything, it's like, I really don't want to rehash this, you know, it's just, it is what it is and if you if you depending on your faith, and where you are with all that I feel like that's a big part of being able to wrap your head around the reality of it and

just wouldn't you know, what you're saying what, what happened and move on from it that way. But it's the debriefings are good for something I feel like some people really, really benefit from it. I have had coworkers that that I made it a point to try to go to things like

AR [18:37]: If you're willing to share, how would you describe your mental health before you started working? in EMS?

SP [18:48]: I don't. I don't feel like there's been a big change for me. To be honest, I don't really think I've ever put any thought into that. I don't I don't feel like I've I've had a big change. I have seen I have seen changes in coworkers. pretty profound changes. I had a partner great, great partner. I was with for three years who left the field altogether, because just some ultimately, I guess it was mental health. It was just we had during a two-year span, I think we had 18 Pedi codes. [AR: Oh, wow]. Yeah, I'm sorry. 18 months when we had six Pedi codes. That would be awful. But six, six was six in an 18-month span was It was bad. And it just it wore on her to the point where she just wanted out. And that's I've seen the impact. I've seen the changes that way and I'm not going to act like I was unfazed by it. But I just approach it in a different way. I just for me, it boils down to Clinical during that time during during that same time span that ended up making her want to leave the field, my approach was more of a I would go to Vandy peds and I spoke to RT and ER doc about you know the situations and just seeking more like hey, what we've done in this situation is more case study type deal, so we're next time you know if there's anything we can do different. That's that's just always key in that way. And I think that kind of helps me deal with all of it. Because as long as as long as I know

that I did everything I can do to help the patient. It's I can make peace with it. If there's something that that I could have done that I didn't, I'd probably struggle. I probably struggle with those a little bit more.

AR [20:54]: Do you think that's been your mindset like since you've started or is that something you've kind of like learned like from other people or just kind of developed yourself?

SP [21:04]: I feel like I came in with the mentality that that's who I want to be like that. When I when I came into the field, I think it was halfway just who I am and and a big part of it was, don't tell him I said this but Randy White? Well, just the sense of responsibility. You can go when you can be a. You can go to work for McDonald's, and quote unquote, go do your best. But if you if you mess up somebody's order, it's not the end of the world. If you go into EMS with that mentality, that that can be the end of someone's life. Yeah, so it's just a thing where what you do it can be can have such a profound impact on not only the lives that are patient, their families and so on, but I find it unacceptable to not try and better yourself. And that's, that's one of the things I love about the job. It's it's pressure but as long as you're okay with putting that pressure on yourself and holding yourself to that standard, then it's a very rewarding job. I really enjoy that part

AR [22:15]: How do you think the pandemic affected your mental health compared to the general public?

SP [22:25]: Oh, goodness. That's a loaded question. Again, I feel like I feel like I kind of compartmentalize on a on a professional scale. Which I don't know ultimately, if that's healthy or not, but it's how I was raised, basically. Yeah. But I feel like I've handled it pretty well. The general public, like I said that the effects that I see from it, it's awful, the distrust in the system. The distrust and you know whether it's health department all the way up to the Attorney General. It just yeah. There's a lot of there's a lot of doubt. There's people who swear everything is political. There's people who just think that that now think that being vaccinated for anything is a huge mistake. I feel like the general public was greatly affected by it for the most part. And rightfully so I feel like it was mishandled to a point where it's gonna take a long time to earn that trust back. I'm not sure what that's going to take or what that's gonna look like. But I know I know the way that we mishandled that whole situation exposed several weaknesses in our in our system whether it be emergency care, urgent care, EMS, altogether, but to the point where we, you know, we over overwhelmed our resources to the point where it cost people. I cost people having to watch their loved ones die on, zoom because you know, we can't go to the hospital and things of that nature. It's, it's amazing, just looking back, and it's not like it was a long time ago. It's amazing looking back and seeing some of the things that we that we forced on people. And in this short time, that we figured out like Oh, my goodness, but that there's several little aspects from from a personal level, like the EMS level. There's, there's things that you can pick out and just kind of shake your head out like wow, you know what were we thinking? But the general public, the general public has their research consists of Google. And it's, you go to the internet and you can you can find any reason for anything and any solution and any explanation for what was done and

the reasons behind it and it's it's all everybody's opinion, and that's, that's that's the scary part at this point is you can have people who feel like they're very, very well informed. Or just reading other people's you know, regurgitation of something they heard yours. Before, but they put their own spin on so

AR [25:28]: Did you feel like you were better informed like it like as a citizen, not even as a health care provider, like being in the career that you were in?

SP [26:37]: Well, I feel like we were I feel like we were better informed. I still feel like what we were told, I feel like we were given the best information available. It just wasn't as good as we expected. I think that I think the steps that our leadership took on a local government level. I think that could have been better, which led to our EMS leadership not having the best things you know the best information to work off of which led us have not ever the best information to work off of. And we we adapted as it went on, but it's still looking back on it, it just feels almost embarrassing. Because when when there's a widespread panic, that too, they looked at you know, they look to the medical professional, I look to the emergency Yeah, and it's just when that fails you of course you're gonna have widespread panic and paranoia and things of that nature. And like I said, we still we still feel the effects of it.

AR [26:46]: Did you feel like you experienced any burnout during the pandemic?

SP [26:51]: Like I experienced burnout on a on a professional level. I feel like there were times where we discussed earlier there's a lot more of a victim mentality these days what some people have with those particular people, you give someone looking to be, you

know that. I hate to I hate to just say that outright that they're trying to be a victim, but you have people who are prone to that mentality. Give them a legitimate, you know, like a global pandemic. And oh my goodness, I mean, we would have people calling 911 open and open, they open the door and just drop, and you know, and literally like come one we were just talking like, this is not how it works, you know, but you can't say that you try to you try to do everything appropriately. But when you have people doing things like that or even not on that scale, just overreacting. It becomes it becomes a bigger strain because that's your 12th Call of the day at noon that's done, you know, that's done that same thing. When you have somebody over you know, when you hear another call going out, that's a stroke that's right down the road you know, it just got that that part kind of I wouldn't call that burnout. I had some frustration and, but it's something that you can't, you know, you can't really voice that. It's just you have to try to handle it as appropriately as possible and move on to the next the next thing.

AR [28:25]: Do you feel like you had a strong support system outside of work?

SP [28:29]: I do. My family. My family supported me. Of course, this was scary for them. And I tried to respect that as much as I could. I realize that not everybody has this mentality and handles things, you know, the way the way that I do and including my own family. My parents are both a little older. So I didn't see them for a while. They were very much you know, they heeded every morning and they're both retired, so they had the advantage that they didn't have to get out, so they just didn't. Yeah. But because I was in the field that I was in, and they took that approach. I didn't want to I didn't feel right stopping by like, hey, you know, when I'm around sick people all day. Yeah. So it I have

a good support structure, but I tried to I tried to not abuse that, you know, they they didn't it's not like it was like Get away from me. Or I can't talk to you, but I tried to respect everybody's everybody's feelings and wishes about it, and they were they were supportive of me and at no point are they at no point were they like, hey, you know, you shouldn't be doing that right now or anything like that. They they know. They know why I'm in it and they respect but I think my support structure and my I think my support structure and my faith helped me through a lot during during that whole that whole time period.

AR [29:59]: And do you feel like even if like, you're not necessarily like utilizing those resources that even just having them there like kind of helps with the stress of your job?

SP [30:09]: I do. I think it's I think it's good to have I think it's good that it's there. I, again, feel like I deal with things in a different way. But being someone that you know, I have several people that confide in me and things of that nature in it and that's, that's fine. I embrace that. But I know, I know my limitations. You know what I mean? Like we can have a conversation, and once it gets to a certain point, or, you know, certain things are said, or I feel like we're not making progress. It's like hey, you know, not on me and then you have to kind of tiptoe around it. I don't mean this insulting, but you know, you might need some someone with some different letters behind their name. Yeah, to go further with this. I like having that I like knowing that you know from that aspect even though I don't you know, I don't utilize it personally. It is good to know that it's there. And it is growing need because this is a different generation. You know, it's my my generation. I'm not that old. But my generation it was it was not a you didn't talk about your feelings a lot. Especially people in this field. It was just very much you do your thing you deal with

it, not to say it, but this is a different generation where they you know, they're encouraged to talk about it, and they're encouraged to seek help and I think it's a good thing for the people who want to pursue things that way and you know, it might be more healthy than than the within the way I handle it or previous but it's it is it's good thing that is there.

AR [31:49]: If you had to give any advice to someone who is in EMS or any other health care profession who's feeling burnt out or overwhelmed, what advice would you give them?

SP [32:04]: You got to remember why you get into it. That's the short answer. Anytime anytime I ever had to think in my head like am I getting, am I getting burned out or am I am I feeling yet? Do I feel like this because I'm fed up with with this or that? It's okay to have those feelings. It's okay. And I don't, I'm just being very candid here, if you're on your way to a call, and you know it's your 18th call on a 24-hour shift and it's three in the morning and you're going because somebody's pinky toe hurts. It's okay. If it's you and your partner in the truck on the way it's okay to be frustrated. It's okay to be like I can't meet as long as the minute you put that truck and park and all that is left and your it's not the patient fault. The minute you start talking about patients and affects your your patient care. That's when it's time to get out. It's time to and there are other options. You know, there's options for paramedics there's there's options for EMTs there are options for nurses in, you know, in, in the healthcare field where you don't have to, you don't have to bring that to your other patients and that's, that's my biggest pet peeve is if you're if you're burnout, if you're truly burnout, then you need to actively start looking at the change.

Because what, however bad of a day you're having, I promise your patient is having a worse day.

AR [33:39]: And what advice would you give to someone who's just starting out in this field, like us in this class?

SP [33:48]: So, and I've given you guys a little bit of this, when we get into the clinical aspect of it, you will get out there and you'll work with people who love this job who are brought up bushy tailed ready to save the world and then you'll every once a while you'll find one that's a little jaded, a little maybe a little burned out. You've got to hold your core values at the forefront of how you approach this field. And if your head's in the right place in your hearts in the right place, you won't have a problem. But keeping it there over a long period of time becomes the challenge and it can be a challenge but like I said, every every every shift, as long as you remember why you got into it. You'll be you'll be just fine. You got into it to help people and you're the one they call in their time of need. As long as you can keep that in perspective, like anybody who can think about that and still react poorly or negative way to a patient or whatnot or treat family, treat family any kind of poor. It's just it's time to make a change but as long as you can keep your your values and remember why you got into it; you'll be just fine.

AR [35:01]: Alright. Is there anything else you would like to share? Anything at all?

SP [35:08]: I can. I can talk I can answer as many questions as you asked, but I will spare you. I will spare you any further.

AR [35:17]: Alright. Well, thank you. I really appreciate it.

SP [35:19]: Yeah, no problem.

[music – 35:20]

AR [35:26]: Thank you so much for listening to Unsparingly. This project would not be possible without you listeners, the people who came on as guests and shared their stories, the MTSU Honors College, the MTSU Undergraduate Research Center, and Dr. Ciera Schoonover with the MTSU Psychology Department. Thank you for taking the time to listen and enjoy the next episode.

[music – 35:47]

Episode Three

Dr. Mary Jane Brown, MD on Harm Reduction and Mental Health Among Physicians

Description:

Unsparringly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below:

Learn more about Emergency Medicine Physicians:

<https://www.bls.gov/oes/current/oes291214.htm>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

Episode Specific Resources -

Rutherford County Substance Abuse Prevention Coalition: <https://pc4s.org/>

We C.A.R.E. Rutherford County Opioid Crisis Alliance: <https://wecarerutherford.org/>

American College of Emergency Physicians: <https://www.acep.org/life-as-a-physician/wellness/wellness/wellness-week-articles/physician-suicide>

One Tennessee: <https://www.onetnhealth.org/what-we-do>

Tennessee Medical Association: <https://www.tnmed.org/>

The Healing Trust: <https://www.healingtrust.org/>

Headspace: <https://www.headspace.com/>

A note from the host:

Thank you for joining me for the third episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

Episode Transcript:

[music – 00:00]

AR [00:05]: *Unsparingly* is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individual speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talks of COVID-19, burnout, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful. Let's begin the interview.

[music – 00:36]

AR [00:40]: So, if you wouldn't mind introducing yourself...

MJ [00:43]: Good morning, I'm Mary Jane Brown. I am an emergency physician practicing for 35 years at hospital and actually now practicing as a community emergency physician supporting projects like opioid use disorder treatments and managing pain in alternative ways to opiates.

AR [01:13]: Alright, and you've been working in health care for over 35 years

MJ [01:19]: In Rutherford County. I actually graduated from medical school in 1980.

AR [01:24]: Oh okay, so definitely a lot longer. What got you interested in a career in health care?

MJ [01:30]: My interest in medicine really evolved through my high school years through both my family exposure. My mother was a nurse. She actually was a nurse during World War Two and then as a VA nursing supervisor, and my uncle who was a general practitioner, and then I had interest in science and math through high school. Sadly, I did not meet any women physicians until I was actually in medical school. And I should note that out of my class of 110, there were 10 of us female physicians or female medical students. I also had a desire to help others. And I think that is what attracts many of us to the healthcare professions, nursing, even Healthcare Administration, EMT, physician's assistants, but I'm not sure that I could define from my 18-year-old self what the helping was to be, and I'm actually 45 years later, I'm not sure that I am much better at that. However, I at least have now studied some of that.

AR [02:57]: Yeah. So how did you become interested in the field of harm reduction?

MJ [03:04]: That too, is an interest that also evolved through my participation in the emergency care of those with substance use disorders, participation in Rutherford County's We C.A.R.E. program that Dr. Sarah Murfree and Dr. Jason Parker have championed for going on eight years, seven or eight years, and also working with the Prevention Coalition and meeting those with lived experience, who are now leading productive and successful lives in recovery. I have to attribute, though, my interest in harm reduction with the challenge from my colleague, Will Taylor, to develop and really foster a safe syringe program for our county. Truthfully, I had no idea what that might mean. And and if I had I might have said Will, you are crazy. But it has led to the larger overarching need for harm reduction. And harm reduction is more than just passing out clean needles. It's it's meeting people where they are and offering them the tools to reduce the burdens of of harm that exist. That definition of harm reduction comes from the CDC that I just sent you. And in parentheses, I'm realizing that harm reduction goes way beyond this small area.

AR [05:00]: So moving into talking about COVID, can you describe how you felt when the lockdowns first started?

MJ [05:06]: So I had uncertainty and discomfort about the controversy and to need to protect healthcare resources and personnel in this early part, and the impact that it might have on our limited resources. I had profound sadness at the messaging that was swirling about in the public media and even on some of our closed hall meetings as doctors and in the doctors' lounge. I had profound regard for the people at the national level like Dr.

Anthony Fauci of the NIH, and Dr. Deborah Birx, who had years of experience with issues like vaccinations, HIV, managing that epidemic.

AR [06:07]: And can you describe how the field of Emergency Medicine has changed in response to the pandemic?

MJ [06:16]: That is probably a question we could spend the rest of the day speaking about. As emergency physicians, we are called to protect and provide evidence-based care. That protection I would break down to include self-protection, protection of coworkers and then the patients who come to seek our care. And recognizing that there were plenty of challenges that are still being discussed, based on what we have experienced in emergency medicine over the last four years on on the frontlines. Truly of this war that we waged with COVID.

AR [07:09]: How would you say that mental health is viewed among your fellow physicians?

MJ [07:17]: The brief answer to how physicians see mental health is in very personal and then moving out into the community. In the personal silo isolated way, most of the time in my career has been very limited. There has not been support. There has not even been comfort, talking in the medical or the doctors lounge or the coffee time that we would have with the profession. Death by suicide is estimated at 400 Plus physicians a year and these figures date back almost a decade I think, and it may be under reported. Sadly, mental health is not often seen in the same way that physical health. I have had colleagues with cancer, with serious infections, with injuries, their care and their support

is much different for the colleague who may be facing depression or grief or be under the duress of a malpractice situation. I think we are finally coming to realize that the need for mental health and I call that self-care as individuals goes beyond individuals to hospitals, systems, professional organizations, and even the wider community health. And this is as an aside also, but there is a lot of work being done in I believe it's North Carolina and Duke with a Dr. Brian Sexton who has studied burnout and studied tools to improve health care in hospitals, health, and mental health care. And he has shown that my mental health a year from now will be influenced by the team members that I work with on a daily basis.

AR [09:47]: Going off of that, would you say that mental health resources are sufficient in your field or if they're lacking a little bit?

MJ [10:00]: I think I'm sort of neutral on that. In the past, it certainly was lacking. I got no training in medical school about mental health. I got no training about suicide prevention. I got no training through residency and even in the early years of my career. However, in 2024, I think it is going in the right direction, but it is still not sufficient. We still, I have colleagues that will tend to silo and isolate during challenging mental times either personally or professionally. I do think there are more resources from organizations like the AMA, the American Medical Association, the Tennessee Medical Association, and my professional organizations in emergency medicine, AAEM and ACEP. In Tennessee we have one of the premier substance use behavioral health programs for the impaired physician. The Tennessee Medical Foundation was actually started by a Murfreesboro physician, Dr. David Dodd, almost 50 years ago now. And so we have had

that offered but even though that existed, I'm not even sure that I would have said 10 or 15 years ago that I was aware of that resource. Today we have employment assistant programs and the national number 988, like 911, we have 988 for mental health. We have programs like QPR that are just as valuable for our physician and health care professionals to know about as it is for the public. QPR being question persuade and refer. It's a program for mental health, like CPR, cardiopulmonary resuscitation, was for heart health and recognition of cardiac arrest.

AR [12:20]: Can you describe what other resources are available? Like what would, how would the hospital respond to help you all if there were to be like a mass casualty trauma or something that really hit the staff hard?

MJ [12:40]: That's, that's a great question, Adriana, and I'm not sure that we are actually at the point that that is widely known. And I explained that I was not as actively in the clinical realm. That might be a question that our current chief of the department Dr. Mark Pierce, might be able to answer. I know that St. Thomas Rutherford is part of the Ascension system, and I would think that as a national system, they would have response teams that they would activate. The sad part of that kind of issue is it's it's planning for something you hope never happens. And there's so much other planning going on that that takes a backseat, often times.

AR [13:43]: Whenever you were working in the emergency department, were there any mental health treatment or prevention opportunities that were made available to you?

MJ [13:55]: Sadly, the answer to that is no. About 20 years ago, I started to seek out on my own through the Tennessee Medical Foundation, some some resources for anger management. The mid-career physician is often confronted with lots of things coming at you, all of which you have no control, and it can be very anger provoking and disruptive response. In addition, a few years after that, I began to get involved with a program that physicians had started in Nashville at one of our sister hospitals called Courage to Heal, and that was a way to bring interest in physicians into a program that offered some CME but also a way to connect to discuss in a protected way the impact that issues like malpractice, or traumatic care of patients were having. That program lasted for about 15 years and out of that developed program that still exists called the Healing Trust. At this time, my understanding of the Healing Trust is they mostly work with more community not so much with local physicians and their their needs.

AR [15:31]: So if you're willing to share how would you describe your mental health before you started working in medicine?

MJ [15:39]: I would be willing to share if I remembered! That was a challenging question and brings me back to the first time I can remember even thinking about going into medicine was around my grand, my uncle's breakfast table, and I don't think I knew much about mental health. And I certainly didn't know what he really did as a doctor outside of what he would share at the dinner table, the breakfast table. So I'm not sure I could answer that. But it is a question that has made me ponder. I think it is very challenging these days for our adolescents, as it is for all of us, the mental health challenges from the last four years with COVID and polarization issues are difficult because we want to tend

to isolate and get in a silo and forget that we are communal and and we're called to call and talk and, you know, work through those issues and help each other.

AR [16:55]: So how would you say that your mental health has been impacted? While you've been working as a physician?

MJ [17:09]: I think it has suffered. I think it has been a challenge to deal with the moral distress. What I now recognize as post-traumatic stress it's it's impacted not only my mental health, but also my physical health. When when I was younger, I would run half and full marathons to deal with stress, but when you're over 50, that's not real good on your knees. But training runs were a way to focus from the neck down and get out of my head. And I thought that was mental health care, getting out of my head. I would now talk to young people and even mid-career doctors and say getting out of our head is not a way of dealing, it's just putting off the inevitable. Eventually those thoughts and memories will want to be dealt with.

AR [18:27]: How would you say the pandemic made an impact on your mental well-being?

MJ [18:34]: The pandemic has hit a very different challenge and change for me. Early in the pandemic I had an ischemic stroke, and my brain went offline, and I had to focus on the physical and cognitive recovery. Through that, I sought out therapy on a regular basis for the first time and I begin an active practice of daily meditation. And this is one of those parentheses I'm not advocating for anyone but the app that I used was headspace.

AR [19:22]: Oh, yeah, I've heard of that.

MJ [19:27]: It is something that the AMA has provided or began providing to members with the beginning of COVID.

AR [19:36]: Very interesting. How would you say that you fared during the pandemic in regard to your mental health maybe in comparison to the general public, maybe someone outside of a medical career?

MJ [19:53]: I think that's also a great question and fortunately, I think I probably fared better than the general public. One, had belief and trust in science and facts. I have reliable sources. And I still rely on those sources. It's a program called CIDRAP. It's run by Dr. Michael Osterholm who, also like Dr. Birx, had early career interest in HIV and how to deal with that. He understood vaccines and and how the current research could put vaccines into our arms within a very rapid period. I had developed healthy practices, much more healthy practices because of my stroke and I also had developed and began to decrease and avoid social media.

AR [20:55]: Oh, Yeah, that's a big one.

MJ [20:59]: In early in, in the I think maybe it wasn't early in 2020, but at some point in 2020, I did some examination of my signature strengths. I think for those of us in healthcare, we have an underlying love of learning. And, and that, surprisingly, or maybe not surprisingly, was one of my signature strengths. We have to study all the time. We have to maintain our license through continuing education. And learning that and making sure that I had time to do that over these last couple of years has been important. I have

other signature strengths, like, you might not be surprised, helping others fairness and justice and as well as spirituality.

AR [21:52]: So do you feel like you have a strong support system outside of work that kind of helps you cope with any stress you may be dealing with?

MJ [22:01]: Yes, yes, I do. Family and friends, neighbors, professional groups. I'm part of the Stones River Academy of Medicine. While I live in Williamson County, my practice has been in Rutherford, so I really enjoy meeting and advocating with our local senators and representatives to our state house. Last night I met with neighbors for a neighborly bridge game. I think these are neighbors that we might not share political views, but it's an opportunity to just meet and one of my physician friends said that we cannot begin to have connections unless we have communications. And fortunately the bridge game was a lot easier to discuss. The cards were right in front of us so that it was pretty easy to say well, no, that's what I should have done. Or that's what I shouldn't have done. I do have other things like book clubs, I'm in a couple of book clubs and I think there's one other professional in one of those. I've also participated in a couple of zoom book clubs. So it's important not to be isolated, not to be in a silo. And I think that is much more important in this 2024

AR [23:55]: Yeah. So coming to a conclusion here, if you had to give any advice to a health care professional, who's feeling burnt out and overwhelmed what would you say to them?

MJ [24:10]: Seek help. Seek help, don't isolate. You are not alone. The feelings that you are having are not unique to you. And I would say all of us have a responsibility in this day and age to be on the lookout for that friend or family member or professional work colleague who changes their behavior or says things that are not like what we usually converse about. And we all need to be part of the mental health network like we are part of the emergency network to identify and and activate 911. We all need to be ready to activate 988

AR [25:09]: And what advice would you give to someone who's just starting out in their career?

MJ [25:15]: Whether that's medicine or nursing or my big plus and I've met several of you that are involved in getting public health degrees. I think go for it. Listen to your heart. Consider therapy now. Start to work on the family of origin issues, or deal with the anxiety. It is not in any way shape or form, a sign of weakness. What's on our necks is important. But it will do things to the rest of our body that are not necessarily healthy. And we're listening to something because it's on top. There's not necessarily make it right. We should equally listen to our hearts and our stomachs. So go for it.

AR [26:11]: Wonderful advice. Thank you so much for your time. And just talking about your experiences with mental health and in at working as an emergency medicine physician.

[music – 26:26]

AR [26:31]: Thank you so much for listening to Unsparingly. This project would not be possible without you listeners, the people who came on as guests and shared their stories, the MTSU Honors College, the MTSU Undergraduate Research Center, and Dr. Ciera Schoonover with the MTSU Psychology Department. Thank you for taking the time to listen and enjoy the next episode.

[music – 26:52]

Episode Four

Scott Brown, AEMT on Being Vulnerable and Building a Support System

Description:

Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below:

Learn more about Advanced Emergency Medical Technicians:

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm>

<https://www.nremt.org/AEMT/Certification>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

You can find out more about the resources mentioned in this episode through the links below:

<https://firstresponsemh.com/peerconnect/>

A note from the host:

Thank you for joining me for the fourth episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

Episode Transcript:

[music – 00:00]

AR [00:05]: Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individual speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talks of COVID-19, burnout, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful. Let's begin the interview.

[music – 00:37]

AR [00:40]: Okay, if you just want to introduce yourself real quick,

SB [00:44]: name and title or just name?

AR [00:46]: uh, just whatever

SB [00:48]: I'm Scott Brown and I am currently an AEMT

AR [00:51]: Alright and how long have you been working in EMS for?

SB [00:55]: I started my EMS journey in 2019.

AR [00:58]: Okay, and what got you interested in that?

SB [01:01]: Um, I always knew I wanted to help people and be service oriented. I've worked a lot of different jobs and I was very good at a lot of those jobs but a lot of those jobs I was working in previously were more about money, about power, success, things like that. And that was never really me. I was good at those things. I enjoyed those things, but definitely I wanted to do something where I was giving back to the community and felt good at the end of the day about what I had done during the day. I wanted to be proud of my job I guess I should say.

AR [01:40]: So, moving into talking about COVID, can you describe how you felt when the lockdowns first started?

SB [01:47]: I think everyone at first was a little scared just cause it was unknown. Um, so I would say I was probably in that boat a little but at first of like, okay, this is different. This is this is new. This is something we haven't had to deal with, at least in my generation, really. So that unknown's little little scary. But I'm also kind of a firm believer of everything happens for a reason. Whether I understand that reason or not is not up to me. But I definitely thought that you know, hey, it's an interesting time to be in the field that I'm in now. Just kind of started and bam, this all kind of hit and it's like alright I get to jump in this, you know, feet first. So that was pretty interesting, but I would say scared, and I wouldn't say excited will be the right word more interested in how it's all going to play out.

AR [02:43]: Can you describe how like, if at all the roles and responsibilities of your job changed in that time?

SB [02:51]: So when COVID first started, I was working with a private service. We did dialysis transports, hospital to hospital discharge, hospitals to home discharges, things like that. So I wasn't on the 911 side of things. But I would say the interesting part of it was everything kind of changed every week, because everyone was still kind of trying to figure out how to how to tackle everything. What will we do? What are our, you know, standard operating procedures are gonna be. So it was always different. It was a hey one week we're saying this, the next week you're saying that. So I would definitely say that everything definitely changed but it was changing constantly. It was kind of the crazy part. But everything from how we interacted with patients and PPE and how serious it took things, especially when it came to things like dialysis. Because I mean if you've been in EMS long enough, you know, dialysis patients are some of the sickest patients you're ever going to transport. And now you're having to worry about oh, hey, you know, getting around anyone's got COVID Or you have COVID You know, you're gonna know it's pretty, pretty bad damage to this one clinic or your patients or what have you.

AR [04:01]: Did you ever feel like overwhelmed by those changes?

SB [04:06]: I would say on the side of protocols and being more careful, PPE, than actual treatment. I was never overwhelmed by that. I think the most overwhelming thing is probably the really not knowing what was the right move or not. You're hearing something different every day. You're hearing one thing from the government and from the news. You're hearing different things from your service provider. And you're hearing

a different thing from the hospital, every facility might have different protocols on how they wanted to look at it. And it was just people people just didn't know and they're trying to do the best they could. But with that, I think the weird part we kind of saw with EMS, is that you've got to be exposed to how many different ways everyone was doing it. And we kind of, I hate to say, kind of went our own way, but we all kind of saw that hey you know, hey, here's this one facility over here doing everything to the extreme, you know, everyone's wearing N95 respirators, whatever, and they're still having COVID outbreaks. And here's this facility over here that some of them are wearing surgical masks some of them aren't and they got no outbreaks. So we kind of got to see that like you know, hey, like, it's one thing to be cautious and to be careful, but sometimes, sometimes you can do everything and be careful, and still, you could have an outbreak. That was very interesting to see. I think that gave EMS kind of an interesting outlook on it, though. We still took it very seriously, but we also knew you know, hey, at the end of the day, if you know people are getting airborne so easily, there's only so much I can do to not get it.

AR [05:53]: So moving into discussing mental health, how would you say that mental health is viewed among your peers in EMS?

SB [06:02]: I would say um mental health in EMS for the longest time has been tough it out. Keep it in, don't talk about it. It's been that way for years. I'd say since I'm very new to this field and just kind of come on board, it's definitely grown in the, you know, see five years now that I've been involved where it's kind of gone from no one's gonna talk about it. Just tough it up and handle your shift at home. Now we're definitely starting to talk about it more. But I'm gonna say definitely here, what I do my current job we

definitely kind of specialized in as we talk about mental health a lot more. And I teach Mental Health First Aid amongst other things. So I would say I kind of have a more unique probably outlook on the most because I'm exposed to it more. But I would say as a whole for EMS, it's still very poor. It's still very, you know, you got a lot of the old guard people in the industry still where it's you know, hey, you do your calls. You see horrible things. You just stuff it down deep in your soul, and you just keep on moving to deal with it later. So I'm glad to see that we're starting to change that and we're starting to take it more seriously and actually have those tough conversations with people you know, hey, this is a problem. Let's talk about it, let's not just sweep under the rug. So I think that's great, but we still have a long way to go. We're just kind of starting to scratch the surface, I think, of getting better.

AR [07:41]: Yeah. So kind of going off of that. Would you say that mental health resources and support are lacking or sufficient in your field?

SB [07:51]: I think mental health resources are lacking everywhere, country wide, so let alone in my field. I think they're getting better. I think like say we're having those awkward conversations now where we're going, you know, hey, you know, it's okay to not be okay. And we can actually talk about these things and let's be open about it. But yeah, I would say we are far from it being in a good place. It's definitely not a good place nationwide when we're trying to treat patients so let alone now trying to treat first responders and EMS and PD and all that. So we're, we've got a long way to go there.

AR [08:30]: Can you describe like what kind of resources are available?

SB [08:35]: There's a lot of different things. Now with my company, we offer peer connect, which is great. It's kind of like a little social media platform where people can reach out that are in our industry that we're not talking to some stranger on suicide hotline, or you know some therapist that's not gonna understand. You're reaching out to me or reaching out to my coworkers or reaching out to my boss and going hey, I got this problem and I want to talk about it. That's something that's been great. I wish more people would do that. A lot of companies now what services are doing cold and hot washes, where when people do have bad calls, they're, hey, we're gonna do a hot wash briefing right now. We're gonna talk about this. We're gonna see where it plays out. And then we're gonna re address this later on to do cold wash. So that's a great resource. There's a couple different, everyone kind of does a little bit differently right now in Tennessee, but Tennessee does have good resources for it. Depending on where you're at, though, it's kind of who you're gonna have to look to there. But I would say the biggest thing that people in EMS need to rely on more than ever is their coworkers and partners. You're with your partner more than you're with your family, your coworkers more than with your family. And if we can't talk about it amongst ourselves, then we can't talk about it to anybody. And historically, it's always been, hey, we're going to have that dark sense of humor. We're going to have that gallows humor. We're going to joke about it because it's either cry about it or joke about it. So we'd rather joke about it so we can get on to the next call. But that doesn't mean we can't, it doesn't mean we should stop joking about it. You know, that might be rough for some people to hear. But, you know, during normal 24-hour shift or 12-hour shift, sometimes we don't have time to sit and cry about it and really talk about it. We gotta joke about it to get on the next one and then maybe later on

we can stop and actually talk about this. But I definitely think we need to rely kind of ourselves more before anybody else. Because no one knows me better than my partners and my coworkers do. No one knows my employees better than I do. So for someone on the outside to help them out once in a while, that's great, but it really needs to start with us, I think. Watch out for another.

AR [10:44]: Alright, so I guess we already kind of talked about this mental health treatment and prevention opportunities available to kind of cope with the stressors of your job, but did you see kind of a change in those resources like along with the pandemic starting?

SB [11:03]: I think the pandemic definitely put a spotlight on it, where it was like Hey, everyone's home. Everyone's alone with their thoughts now and oh my gosh, how terrifying is that? Yeah. So everyone definitely became more serious about it, I would say. which was great. If there's, you know, some good things that came out of the pandemic I would definitely say, that's one of them. But it also did make us realize how far behind we are and how we have a long way to go before we even scratched the surface, there of getting better with a lot of these issues. So I will say you know, definitely the pandemic changed that. I'd say that also made it a lot harder in some ways just because of the amount of things we were seeing and the amount of stuff we were dealing with. The added stress making our job's harder. And on top of that, we got people dying. We already had people dying every day and now we got even more dying every day. And even for me, on my side of things were when you're working private, for a lot of private organizations, private services are very, very tough. I think about the service I

was at where we had probably 20 to 30 transport, dialysis transports for patients that we transported every week. And we did other things as well, but our core group of dialysis patients was roughly 20 to 30. And I think by the end of the year and a half, we probably only had six or seven of those that were still original. We had new ones, of course, but definitely when oh hey, you know I've been transporting these people for a year, two years. My partner has been transporting them for four or five, sometimes longer. And now it's oh hey every patient that you transported, besides these six, are pretty much gone now. That was very difficult. That was almost more difficult than, you know, bad 911 calls where, hey, here's this person. Here's this bad situation, but I didn't have a lot of connection to that. Yeah, versus Oh, hey, this is someone I've seen four days a week for two years now. And we've had a conversation every day and we hang out and go in their house and I help them you know, hang up a painting or something like that, because you know, hey, they need help with that. And now it's Oh, well that person's gone, we're on the next one. So that was very difficult I want to say on dealing with private services. That was something that was more rare, I guess, I would say but to have it all happened at once, where you know, hey, dialysis patients are gonna pass away, of course, and patients period are gonna pass away, but to have that many in such a quick span, it's very difficult it was like almost every other day you come in and you're just waiting for that person to go oh my gosh, you hear about such and such passed away and you're like oh my gosh another one like really? It's like so that was that was difficult, but I think that was, if there was any good that came out of that it was definitely putting a spotlight on mental health in the private services I was working at there. Because it was every day you're kind of hitting that reality of like, oh my gosh, such and such passed away. And we talked

about it a lot more which is good. So I would say that was probably probably good for some people to kind of be, to face that and be more open about it. That spurred them to talk about it a little bit more and that led into some more things which is good. But yeah, we have a long way to come still with mental health and EMS. COVID definitely has put a spotlight on like I said before.

AR [14:33]: Did COVID at all change your mindset like about your career and what you wanted to focus on or what the future will kind of look like?

SB [14:44]: Yes, it did, and I didn't realize it at first, I would say. So I got the EMS to work 911 and rural counties was always my plan. I live in the middle of nowhere out by Fall Creek falls are very limited on EMTs and paramedics and everything out there so my goal is always to work out there. But during the pandemic when EMTs weren't hiring high demand everyone you know, every service still needs EMTs, still needs paramedics. you know more metropolitan areas; were just we're just paying better. So that kind of led me into you know, staying in the city and not really working in my community which kind of you know, bummed me out at first but after a while, I got to see all the changes that we are trying to make in EMS and since we did have a lot of struggles during COVID and we recognized those struggles and we said hey, we need to build off that, improve on that. EMS is kind of turning a corner right now with what we're doing. When it comes to our business model, how we're treating patients, how we're getting to patients, community paramedicine lots of different things. So EMS is really really cool right now where it's always kind of been in that you know, the medical field and doctors and hospitals. I kind of always view them as adults in their career. EMS is still kind of new or

that you know teenager, new kid on the block trying to you know, find their way. And I think we'll kind of turn that corner now where we're really kind of starting to find our own and go okay, this is what EMS needs to be. But it's still so young and still so new, that not all places know how to turn that corner yet. And I'm lucky enough to work for a company where I think we're kind of spearheading that that transition in a lot of ways. But with that, me seeing that or working for a company who is trying to grow in that direction. Like how to have that realization of you know, hey, I could be on the truck. Stay on the truck, enjoy that I miss being on the truck a bunch because now I'm obviously in a more of an admin role. But I like being a part of that change for people. I like being able to have a bigger effect on my industry in a positive way. And I hate to say it but it's one of those ones where you have so many people who are used to the old way of EMS and are maybe hesitant to change those ways. And it's difficult for them to accept that change but at the same time they kind of know that it does have to change. So having someone more like me who has a maybe a different mindset or a different outlook or a little bit of a fresher take on it. I've definitely seen where that's been positive in some ways. And I kind of look at it as okay maybe this isn't the job I always wanted, you know being in an administrative role for EMS, but it's definitely what, partly what our community and our industry needs. I'm not trying to talk myself up there but some of those ones where I kind of fell in that role and was good at it and people were looking up to me going like hey point us in the right direction and I was like oh crap I guess this is me now. so I love that part of it. I love that I've been able to step into that role and grow this industry, but it is daunting. And I am very happy to be a part of it. I do like I said

miss be on the truck. I wish I could be on the truck every day and not be stuck in an office. But I get way more done in that office than I probably would ever on the truck

AR [18:13]: right so if you're willing to share how would you describe your mental health before you started working in EMS?

SB [18:25]: I think I've always had pretty positive mental health. I've always been pretty resilient with my career, with my personal life, with everything. I mean I think everyone's got their own story and tragedies and traumas and I think I've been very blessed and lucky that mine have been pretty minor. But I also know a lot of that is the way I've always looked at those. Cause I think I've always been pretty emotionally and mentally resilient, but definitely being in this industry likes to test that in ways sometimes we don't always think it's gonna test us. I always tell people where most of my bad calls are ones where we always think of bad wrecks and fatalities and DOAs, horrible traumas, things like that. All my bad calls were dealing with other people's traumas. It's the emotional aspect of it. I won't get into too much of those because I'll get upset.

AR [19:27]: yeah, ones that have stuck out to me are like a miscarriage or domestic violence or an overdose.

SB [19:35]: I think one of my ones where it really kind of, but my first one ever where I was like, Oh, that's the difference. Is it, and it wasn't even my call, it was someone's child had passed away in a car accident. And we were in the hospital picking up a different patient and it was when that mother was first walking into that ER, to find their child in the wail that she had. It was just earth shattering and it was one of those ones where it's

like, those are the hardest moments for me. Not seeing what happened to someone or the effects of the trauma or the blood and guts but you know, things of that nature. But that I can compartmentalize a lot better than most I think, but that emotional aspect of you know, a mother wailing over her passed away you know, child that's that's different. A lot of the calls I've had with us doing a lot of psychiatric stuff. A lot of kids that we transport a lot of my moms and dads are transporting and what's going on in their lives those become very, very difficult. And for me one thing I always kind of wanted to say trying to get better at because I'm not great at speaking about my emotions. I was always kind of raised that you know, and we don't talk about those things, you're a man you're supposed to be tough, kind of just, you know, keep it all down inside of you and just just, you know keep soldiering on. But now being in role I'm in, teaching a lot of mental health classes, teaching you know, good mental health coping skills to my crews, my employees, I have to talk about those things because I want them to talk about it. So if I'm gonna have them talk about it, I gotta be the one to go like, hey, well, I look at me an example. I'm gonna go ahead and talk about something I don't want to talk about. So I think it's kind of funny where I'm very shut off and personal when it comes to things like that. And once a month now I'm teaching the Mental Health First Aid class where I'm spilling my soul to people and hey here's this horrible call I had, here's this horrible call I had. And if I'm up here talking about it in a room of 30 people, and I don't like public speaking, and definitely don't like talking about my emotions, then you should be able to come to me and talk to me about it if I'm willing to do it. So I'm glad that I'm able to be that for people. But it's definitely still struggle sometimes because I don't want to talk about and always, so I'm kind of trying to be less of a hypocrite that way. Get more in

like, hey, like, come on, talk the talk. I need to walk the walk too with this, and I'm definitely getting better at that but it's definitely definitely difficult. It's not easy. I will definitely say that my mental health has only gotten more resilient as I've been in this job. But it's also because it's been tested way more where it's, you know, I think I had pretty good mental health going in And, and it was hey, you know, once a week, once a month, once a year, whatever it might be, you're gonna get tested really really hard on this really see where you fall and that's but I would say the where I definitely have the benefit of over maybe maybe others is I have a pretty good support structure around me to kind of help with those things. So that's definitely a huge help as well.

AR [22:27]: How would you say that the pandemic specifically impacted your mental health, if it did?

SB [22:58]: I think if anything it definitely, it was everything all at once. Where before it was, you know, have a bad call once in a blue moon, and say, Hey, here's this issue. Let's deal with it. And now it was, and kinda like I said before, where every day we're gonna have someone dying on us. Whether it be dialysis patients or taking people home to hospice, whatever, and everything's traveled and pandemic, but it was that hey, instead of hey having a bad call once in a blue moon, once a month, once every couple months, whatever it might be, now you're gonna have a bad call probably once a week, and just that fatigue, getting hit over the head with it over and over and over. Again and almost didn't give you a chance to even cope with that one you had on Monday because guess what, now I got one on Thursday and I'm still gonna deal with that too. So that definitely, I'd say in the long run did make me more resilient definitely made me also more shut off

for a while because you have to compartmentalize even more. But I will say after the pandemic has slowed down everything and I was able to kind of take it all in and really kind of like think back on it. I think that made me stronger at the end of the day. But definitely it was tough there for a little bit. I am happy to see that we've gotten past that. But that's where I think once again thing, kind of a good thing that came out of this was the whole nation got to see you know, spotlight put on mental health, but definitely EMS and first responders got to see that, hey, it's also not just bad calls it's that fatigue it's that EMT burnout it's that, you know, hey, it might not be this one bad call right here that's really, really bad and tragic. It might be six calls in a row that were just kind of eh they're not as bad as that one, but [AR: they pile up] Put all six of them together. And they pile up and now we're really looking at something difficult. And then it also makes it harder where you can't really put your finger on that one thing that's bothering you because it's not that one thing that's bothering you. It's a million things that are bothering you. So yeah, I'm still dealing with some of those things, but I think we're getting better as an industry with it, but we have to definitely talk about it.

AR [25:14]: So how do you think that you fared during the pandemic kind of in regard to your mental health compared to the general public, like people outside of EMS and healthcare?

SB [25:27]: Oh I think at first one the nice things was, and we always kind of joke about this amongst some of my colleagues, is those the first couple of days when everything shut down it was you know, hey, two weeks to stop the spread and all that. We all kind of joked about it and loved it because it was less calls at first because you know, it really

hadn't hit the population yet. It was hey, the roads are clear. We're getting from Murfreesboro to Nashville in 15 minutes, this is sweet, there's no traffic. So I think it was it was kind of interesting there at first, but I want to say it was a.... sorry I got sidetrack about something else. I lost my train of thought on your question.... Umm Yeah, but I think for for ours, it was definitely at first it did, we kind of didn't really know what was happening. We were kind of just kind of trying to enjoy and be in that moment, I guess was like, oh, hey, this is easy, kind of right now. But then it kind of started to hit us and it was, you know, hard on us, obviously. But I'll say I think in a lot of ways it maybe even easier on us because we were in the community still. We still got to go out and be outside and you know, run calls and be on the truck and everything while everyone else was kind of hunkered down and sheltered, we were still able to be out there and do things. So I'll say for that, that was great because they were just in my own family kind of watching my wife who was stuck in the house all the time and she was just dying to get out and do things. You know, I didn't really get it because it was like What do you mean it's not so bad like you're here at home you get to relax you watch TV play video games for a while it's fine. You know, I'm actually out here you know, you know running around you know, you don't want to be doing that but it was that you know, hey, well, it's one thing to enjoy a little vacation at home when you have the option but when you don't and you're just stuck day in and day out just not been able to do anything. It's very, very difficult. I'd say at least for us here in Tennessee was pretty lax. It wasn't as bad as some other states and places. But I think a lot of people were were so scared and were, I hate to say, kind of brainwashed into thinking that they can only do that, but you know, a lot of them did think that. I think that was very difficult on people. I think I didn't really hit the EMS

community in the same way. Just because we felt that you know, like, hey, we could go out, we could go do things. And because we're kind of out and about and seeing it and seeing how you know how you can wear that n95 all day and still get COVID It kind of meant less to us where we weren't as scared with it. I wasn't you know, scared of getting COVID off a gas pump because I knew there's probably COVID on this gas pump, but I'm going to I wash my hands and that's fine. It can't be any worse than that guy who was coughing on me five minutes ago. So I think that kind of a little bit freeing for us where we looked at it differently where we're like, hey, this is a big deal. This is important. But we can't just shut down and stop everything we do because we might get sick. But I think the general population really didn't view it that way. of you know, you saw the people desanitizing their groceries when they're getting them on DoorDash and things like that. And it's like listen, if you if you're gonna get COVID from your groceries from DoorDash, you're gonna get somewhere else too. Like it just is what it is. I think that was kind of what was interesting too is that you know, the amount of times I was exposed to COVID and never got it, versus people who I knew that lived up on the mountain, you know, in a town of, you know, 10,000 people who weren't going outside weren't exposed to anyone and somehow they got it. And it's like, how did you get it, and you know, as somebody that was doing CPR the other day, you know, you know, that definitely had COVID and we're spreading his you know, COVID everywhere. You know how do I not get it from him, but you got it up on the mountain in the middle of nowhere? Something that was one of the big ones is we definitely had a different outlook on how we treated and responded to COVID or a lot of other people were really terrified and scared and I don't want to say they made it into a bigger issue than what it was, but we were more at

home with realizing you know, hey, if I'm gonna get it, I'm gonna get it. It is what it is. It's kind of not left up to me at this point. I'll do everything I can to be precautious, I'm not gonna let it rule my life and definitely ruled some people's lives and it still rules some people's lives. I still see some people run around now with, you know, surgical masks or and N95 and I'm like, guys, like you don't... like if that makes you feel better that's cool. That's awesome. But you know, hey, did you wash your hands today? Because if you didn't wash your hands today you're probably still gonna get it. You're gonna touch your eye later on, man. You gotta but yeah, so I'll say to get back to that question, I'd want to say that'd be the biggest kind of difference I saw between us and them as we definitely had a healthy respect for COVID, but we weren't paralyzed by it. And the EMS community, I would say definitely the general population, majority of them, kind of became paralyzed by it.

AR [30:30]: We kind of touched on this earlier but how would you say having a strong support system outside of work has helped you with the stress of your job and your overall mental health?

SB [30:42]: Oh, it's been. I mean, it's been great. I'm lucky enough to have a good family who supports me, a good group of friends. Biggest thing me and my wife... My wife is very, very understanding of what I do every day. She's very understanding of the stress, late days and missing that dinner. And hey, we are having dinner and I gotta step away, make phone call. She's very understanding about that. I'd say one of the best things that she's really good at and sees is she struggled with her own mental health in certain ways, too. So she's able to a lot of times to recognize things that she's gone through and said,

hey, you know you got this going on right now. And I go oh no no that's not me. It all in realizing that... and for the longest time I never understood people with anxiety. Never got that and I'd never really been anxious until about a year or two ago I had something going on, feeling like oh I'm so nervous, I've been feeling this way it's so weird, and my wife is like yeah it's because you're anxious. No, no, it can't be that and she's telling me like oh, do you feel this way? Do you feel that way? I'm going Yeah, that's exactly right. I'm like dang she's right. So she's always been really good at kind of like calling me out on those things that maybe I don't want to see or can't see because I'm too close to it. Which is great. But I'd say one of the biggest things she's always been great at, and this is a problem I see employees have and a lot of friends have and a lot of times when we are dealing with stress or problem or tragedy or trauma, we need time to deal with it. You need time to rationalize it in your own brain before you're even able to express it to other people. I think as human beings we have that innate emotion and a feeling that we always have to fix some problems that we see. You can't fix all the problems. One thing I've always loved about my wife, she's very good about hey if I come home and have had a bad day and I don't want to talk about it, she's not going to press the issue. And hey, it's not because I don't want to talk about with you. It's not because we've never talked about it. We're absolutely gonna talk about it. We just can't talk about it right now. We can't talk about it now because I'm still trying to find my own ways to cope with it. I'm still trying to rationalize maybe what even happened, how I feel about that situation. So you pressuring me to talk about it before I'm ready isn't going to help me at all. I'm not even going to be able to probably describe it to you in a way where you understand because I don't 100% understand it yet. So she's always been great in that sense where have I come

home, there's some days where she, and. Don't even have to say anything and hey something's wrong, clearly, hey do you want to talk about it? Nope, okay cool. She's gonna help me along in that while I'm trying to you know cope with it trying to figure out how to talk about it or how I'm going to address it. She's always been great for that, whether it's taking care of little things at home, so I don't have to worry about them. Maybe baby me a little bit and taking care of me a little bit on the side even though I don't want to ask for it. And then later on being, hey do you want to talk about it? And if so let's talk about it. so she's always been great about that. But I think a lot of people fall into that pitfall of people always want to pressure someone when they know something's wrong with them. Hey, look, talk to me about it right now, but I don't want to talk about right now. Yeah, you're gonna you might make it worse talking about it right now. So she's always been great about that. But she definitely gives me my own time, like hey let me Think about this. Let me get my mind wrapped around it. And now let me go ahead and bounce these ideas off of you and let you know what happened so we can move forward. So she's always been great.

AR [34:19]: So kind of moving into our final thoughts and conclusion. If you had to give any advice to a health care professional who's feeling burnt out or overwhelmed, what would you say to them?

SB [34:35]: First thing I'll say to people is don't feel like it's... it's not your fault. It's not because you're not strong enough to do this job. It's not because you're weak in anyway. It's because if you do this job and don't get upset or stressed out or burnt out about things, you're not human, you're just not. It's impossible, so don't do it that way. That's how we

looked at it in the EMS field forever. It's just how Hey, push it down and get over it. And that's not healthy. There's a reason why suicides and mental health issues are so prevalent in our community. And it's because we've done that historically for so long, just pushed it down and not talked about it. You think you're gonna come in and be this amazing EMT or paramedic, nothing's gonna shake you to your core and everything's perfectly fine. You're gonna run your calls every day and you're gonna be the perfect medic or perfect EMT on that truck and everything's gonna be fine. You're gonna be the hero story. It's not always true. It's rarely true. And usually this industry is gonna knock you down in more ways than one, but the biggest thing is you got to find the skills, find the coping mechanisms, and find the structural support to get you back up on your feet when that does happen. And be humble enough to admit when it does. Don't just go oh, hey, you know, I got knocked down and this is the enemy now, I'm gonna do this. You know, I can't do this because I don't have the right mindset. I don't think any of us 100% have the right mindset to do this job. So you're really really need to be able to be honest with yourself and honest with your peers, reach out when those moments do happen and not be afraid to talk about them. Which, like I said, it's very difficult for myself. I know for some people it comes a little easier, but that is a very brave and amazing quality in someone when they're bold enough to admit it when something's wrong. And they're bold enough to go hey, I have this issue. I have this problem and I talked about it, and I need help. That's one thing I'm always kind of amazed with. Some of the most mentally healthy and resilient people I've ever met have been people that are suffering from very, very dark, and troubling things. But they were humble enough and open enough to admit they have that problem and needed to get that help. And that's always been kind of

amazing when people are going through some things, worse things in their life and people are able to go hey I need this held, I need this handout, and I wish we could do that more. Because I definitely think that people are getting into this profession and are already in this profession and they haven't got that skill yet, then you start working. You need to be able to go to someone to say hey, I had a bad day, and can I talk about it? hey, I'm not okay. Can I talk about it with you? That's huge. And it's an awkward conversation, it's not a fun conversation. One thing I always kind of tell people is always, we're always afraid of having those awkward conversations but they don't stay awkward very long. You know, it's awkward for about 30 seconds, and then you get down to what's really going on. You actually talk about that person and they're being open. And then that forces you to be open because hey, they're being open with me, so I'm gonna be open as well. People are always afraid of that first 30 seconds being awkward and there's not need to be because it's not gonna be awkward much longer, at east if you're taking to the right person I should say. But yeah I would say the best advice would just be, be humble and when this job knocks you off your feet, be man or woman enough to go hey, I got knocked down, I need a hand. Who's here to help pick me back up again? That'll go a long way if you can be humble enough for that.

AR [38:33]: And what would you say to someone who's like just starting out in this field?

SB [38:39]: Good luck, for one. Know that it's not for everybody, and that's okay. I always kind of make the joke that if you're in EMS, you're probably a little bit broken to start with, and I don't say that to make fun of or make light of anyone. It's just one of those things where broken people find the need to fix broken things and I love that about

EMS. I love that, you know, I have all these imperfect people around me that are trying to take broken situations and make them better. There's some kind of weird beauty in that, I don't know what it is, and it makes a lot more interesting and fun to have people to be around that way. But I would say know, that it's okay if you get into this industry and it's not for you. I see a lot of people that come into this industry, they think, hey, this is for me. This is perfect. I'm gonna love this, and they're into it for like a year or and year and half and they go maybe this isn't for me, but they feel like oh, because I've got this license, because I've started this career I have to stay here. It's like no, you don't have to stay here. An average career span of the EMT right now I think is four years, and that's not surprising to me, it's really not. It's not for everybody. if it was easy, everybody would do it, right. If it was easy, we wouldn't have all these mental health issues in the industry. So know that it's going to be hard it's gonna be a challenge and that's okay. You're not less than if you can't do it. Because I don't think there's a person in this building that works with me doesn't think at least once or twice a day, oh hey do I still want to keep doing this? is this right for me right now? Is this just gonna be a chapter in my life or the whole story? And I think if you're not thinking about that, you're just lying to yourself, cause it's a difficult job. So don't feel like feel bad if it's not working out and it's not for you, but if it is, and this has been deciding what to do and you want to stick with it, use the people around you that are already there. A lot of people kind of come into this field and they think that we need to act as a way or be a certain way off the jump. They need to act like that you know paramedic that has been doing it for forty years and it looks like nothing fazes them, well news flash, everything fazes him. You know the reason he's still there is because you know, yeah, that's a bad call and it looks

like he's handling it right now, like you're a team. He's got someone to talk to about it or he's got some vice that he's using to cope with it whether it be healthy or unhealthy, who knows, but he's not superman. He's not superman. So come in, be humble. Learn from everyone around you and try to kind of forge your own path. Don't try to follow the other people that you think are handling it well because a lot of times they're not. but if you're open and honest enough to ask those hard questions and to admit when something's bothering you, and then to learn from that and become more resilient from that, you're going to have a much healthier and longer career in this field. But that starts with being humble, learning from the people around you. And really just kind of trying to take everything in stride and just be honest with themselves. To try to turn this into something it's not or trying to make yourself into something that you're not, it's not gonna work. You're gonna be that statistic, hey, you're gonna be in here for a couple years and you're gonna be gone. So, be honest with yourself, be humble. Learn from everyone around you and find out what works for you, because that's what really matters.

AR [42:40]: Alright, thank you for taking the time [SB: yeah Absolutely] to talk with me. Had some great responses. Yeah, thank you so much.

SB [42:50] Absolutely, thank you.

[music – 42:51]

AR [42:57]: Thank you so much for listening to Unsparingly. This project would not be possible without you listeners, the people who came on as guests and shared their stories, the MTSU Honors College, the MTSU Undergraduate Research Center, and Dr. Ciera

Schoonover with the MTSU Psychology Department. Thank you for taking the time to listen and enjoy the next episode.

[music – 43:18]

Episode Five

Michael Blevins, EMTP on Compassion Fatigue and Mental Health in EMS

Description:

Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below:

Learn more about Paramedics:

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm>

<https://www.nremt.org/Paramedic/Certification>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

You can find out more about the resources mentioned in this episode through the links below:

<https://firstresponsemh.com/peerconnect/>

<https://www.tffc.org/crisis-response-strike-team.html#:~:text=The%20Strike%20Team%20is%20a,emergency%20responders%20following%20major%20disasters.>

A note from the host:

Thank you for joining me for the fifth episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

Episode Transcript:

[music – 00:00]

AR [00:05]: *Unsparingly* is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individual speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talks of COVID-19, burnout, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful. Let's begin the interview.

[music – 00:36]

AR [00:40]: Alright, so if you wouldn't mind just introducing yourself real quick, share a little about yourself.

MB [00:51]: My name is Michael Blevins. I've been a paramedic working in EMS for coming up on 20 years. I've worked 911 and private services and worked a whole lot during the pandemic.

AR [01:04]: So what got you interested in a career in EMS?

MB [01:09]: I kind of stumbled into it. I was actually going to the University of Lagrange and be an engineer and my girlfriend at the time wound up pregnant. She's my wife now so I can call her my girlfriend. The same year my grandmother got diagnosed with cancer. So I came home, was gonna take the summer off. It expanded into about a year off. And I needed to maintain a student and a GPA to keep my scholarship. So I found a local community college that was putting on an EMT program. At the time I had no previous exposure to EMS, so I thought hey, first aid would be good to have with a baby and a sick grandmother. So I attended my first clinical and looking back, it was a pretty minor MVC, but for the layperson, the first time, it was exciting, and I absolutely loved it, and I dove into it, and I will be involved in ambulances until somebody tells me I can't.

AR [02:09]: Alright, um so can you describe how you felt when the lockdowns first started?

MB [02:17]: Initially, it was not a huge deal. I've been a critical care provider for a bit, so I'd already been through of all the training, things like that, it wasn't super bad. The real, real stressful stressor became not being able to do any of the activities outside of work. Work wasn't that big of a deal. It was when I came home, we didn't do anything else.

With two small children, my wife was a stay-at-home mom and my girls couldn't go to school, so they had to transition to homeschooling. And it was it was pretty rough never being able to switch off.

AR [03:03]: Yeah. So can you describe how your professional life and the demands your position changed in response to the pandemic?

MB [03:13]: The standard of patient care I practiced never changed. I've always prided myself on taking really good care of people when they're in their worst spot. The hoops and things you had to jump through for decon and sterilization in between calls became pretty rough. And then the exposure to chemicals and other substances became pretty rough. I found out that my skin does not like the aeroclaves, so I learned pretty quick that once we use those to decon our critical care trucks, I had to give that plenty of time to air out. And the nature of patients changed dramatically. We started transporting the significantly more sick more often than not, and that was pretty tough.

AR [04:15]: Yeah. Did you ever feel overwhelmed by any of those changes?

MB [04:19]: Yeah. I ran 911 in a pretty high-volume rural service. And then as most people in EMS do, I worked two jobs and then I worked my second job as an inter facility transport for a hospital system based out of Chattanooga. And usually that was the slower of the two. But once we started quarantining and using specific wings of our main hospital as the COVID unit, did a lot of transfers for COVID, and our volume picked up a whole lot. so between the downtime that we would only get you on the way in and when we were on calls, we were in face shields, gowns, two pairs of gloves and an

N95. So sweating and breathing were tough, but it was pretty demanding. So it was very easy to feel overwhelmed because you couldn't do reports while you're in the back with the patient because you couldn't risk contamination in the laptop. So it took quite a bit to get used to the new routine.

AR [05:29]: Did the pandemic change your mind set about your career at all?

MB [05:35]: Yes and no. So it did not make me in any way regret my choice. I know that's a... We lost a lot of really good providers post pandemic because they didn't risk that again. I remember coming home and I had a little square kind of taped off my garage that my kids didn't go to and there was a laundry basket that was just for me, and my uniforms and I was stripped down in the garage to avoid transporting anything inside the house and sterile wipes to make sure I didn't bring anything on my skin in the house. Because like I said I had some small children. But what it really made me want to do is be more involved in the administrative side of how we do things because there were plenty of procedures that were necessary but not necessarily done the best way. So it really kind of spurred me to advance a little bit to be more helpful.

AR [06:38]: So moving into talking more about mental health, how would you say that mental health is viewed among your peers in EMS?

MB [06:46]: It's a lot better than it was 20 years ago when I started. I started in the fire department like most of us did and it was very much a suck it up kind of culture. There were plenty of times where we ran really bad calls, and it was hey there's more work clean up each truck and get back in service. And that takes a toll over a career. PTSD can

be a singular event, or a culmination of events and I think for a vast majority of first responders in general that cumulative PTSD is a real problem. Now, post pandemic, I feel like it's actually viewed better than it was before. The company we currently work for really champions that in our local area but also used post pandemic legislation to be able to help more mental health folks in the community is really what we do.

AR [07:51]: So do you believe that in general that mental health resources and support are lacking or sufficient in your field?

MB [08:00]: It's a tough question. I think some companies are better than others. But all in all I do think they are lacking. Mental health in general, as far as resources go is a struggle across the country, but for first responders it's even worse because we're bred to have a mindset of we're running into a problem when everyone else is running out, so it's hard to reach out yourself to get help and you're supposed to be helping others. So I think step one to improving that is changing the mindset about getting help, but step two would be getting those resources we do have available more available and more well known.

AR [08:50]: can you describe kind of what resources are available?

MB [08:52]: So, we have here in Tennessee some very, very great resources. We have a state provider strike team, which only responds to critical incidents and requests for help for responders. And you'll learn pretty quick that it's very easy to relate to someone who's kind of been in the same mud you have than it is a therapist who although well trained, can't relate to the things you see. Here at AmeriMed, we offer free counseling sessions with certified personnel as well as a peer connect program that helps you relate with other

folks at your provider level in other other states to kind of help spread that out. So there's a lot of good resources available. It's just finding them and making sure people are aware of them.

AR [09:44]: Yeah, so are there any mental health treatment or prevention opportunities available to you to cope with the stressors of your job that kind of changed or weren't available before the pandemic?

MB [10:00]: Yeah. One good thing that came out of COVID, and it's hard to say that, but we all learned how to use Teams really well. So telemedicine has really championed and become a mainstay of health in general. But now it's readily available for crisis support and the peer connect that we talked about a minute ago as well as my personal therapist. I do my sessions via teams zoom because it's one less hurdle, you know. I'm not having to drive across town to get to help, it makes it easier for me to get to help that I need. I think that definitely changed post pandemic

AR [10:55]: So now moving into talking about mental health on a more personal level. If you're willing to share, how would you describe your mental health before you began working in EMS?

MB [11:06]: I would describe it as blissful ignorance, really. I grew up in a I don't want to say super religious household but definitely went to church on the important holidays, but we grew up hard on a farm so a lot of hard work. a lot of struggles. But mental health was kind of one of the things that we just didn't talk about. Nobody wanted to be the crazy one. But after coming in the field, the exposure to the folks who were struggling,

I'll be honest I was not the best to support that. When I was young and at the fire department responding to calls, I would be getting up at 3am to come pick up somebody for a suicidal ideation and I would be angry. Why are you wasting my resources because you're sad? so it was was a weird feeling initially being more exposed to it. Because you really don't even realize how much of a problem it is until you get into the emergency field. And then I would say probably 1 in 10 calls are mental health related.

AR [12:28]: So how would you say your mental health has been impacted in your time like throughout your career?

MB [12:36]: Um, so I mean I mentioned earlier I have a therapist now. As a first responder once you've been in it for any length of time, really, you're gonna have skeletons in your closet. I personally struggled with depression pretty hard, and it wasn't until it was 7 am and I was in the shower taking a shower and I was on my second shower beer that I realized I may also have a chemical dependence problem. Because when you come off of a 24-hour shift, when you've seen humanity at its worst, it's hard to get rid of that. Like I said before coming up in the fire department, it was suck it up, so I didn't bring that home. I didn't speak to my wife. I didn't really develop a support system within my family. I just sucked it up and we bottle it and cram it down into a little hole. You don't realize how big of an issue it becomes until it spills out.

AR [13:39]: so would you say that the pandemic made a difference at all on your mental health?

MB [13:46]: yes, definitely and I think hopefully for most people but definitely for me in a positive way. I had my crisis, I guess, with my depression and because of it there was nowhere to go. I only had one outlet and that was developing a support system within my family. And once I opened up and started talking and we started connecting with resources that were available virtually I was able to repair that and get myself into a much much better place. And because of that it gave me an absolutely different understanding and respect for the folks that I will serve who are having these same problems. Like I said, the use of teams and virtual interaction software develop a dialogue with people to be able to talk to them about problems, and how you're not defined by a problem. It's just a part of you and then you move forward.

AR [15:04]: Did you experience any burnout during the pandemic?

MB [15:07]: Definitely. I feel like the chronic fatigue that everyone had probably had got the majority of providers with some level of burnout and whether they'll admit it or not that's up to them. But I was still working two jobs. 24-hour shifts on one coming off from working 12 to 18-hour shifts on the other one, and because there were so many patients that needed transported, and such limited resources, I was picking up extra. There were would be weeks where I would say work Monday on the fire department for 24, get off, work Tuesday, Wednesday at the hospital, including the nights, got off of there and went back to the fire department and worked again, got off and picked up two more shifts. There were plenty of times I worked 96 hours straight because being a vent certified paramedic, there weren't a lot of people that could do the ICU transfers for folks that were really bad off from COVID. And I would a lot of out of town and stuff a lot because

I'm comfortable with a vent, I'm comfortable with an ICU level patient, so those resources just weren't there and as a provider you develop, whether it's right or wrong, develop sense of duty so if I can just get caffeinated and push through it again, I can help this next person. There's no reason for them to wait because I needed a nap and that really stacked up over time. I'll be honest with the two years we were hot heavy with with COVID are really a blur. I don't remember a lot of because I was so fatigued, and my brain just didn't worry about it or it all blends together to a weird mass of face shields and blue gowns.

AR [17:14]: Yeah. How do you think that you fared during the pandemic in regard to your mental health compared to the general public like people outside of EMS and healthcare?

MB [17:29]: These are good questions. I would think that the burnout was was pretty damaging. And you saw a a large group of really dedicated, really bought in folks who worked themselves until they just couldn't do it anymore. I think personally, largely my mental health initially took a nosedive, just cause of the fatigue and the depression that was already there. And once I reached crisis, I almost walked away from the field but through kind of a reconfirmation of my faith. And then the development of that support system. I realized that I had a calling that I was good at. And was able to kind of re up for what we were doing. And the second half of the pandemic really, I think, saw an upswing in my personal mental health, because I was buying into more and I was trying to make a balance for work life balance, really so I can spend some time with my family and decompress when I needed to decompress

AR [18:51]: so going off of that kind of how would you say that you have a strong support system outside of work?

MB [18:58]: I do now. 100%. I used to think I was protecting other people by not bringing the things I saw home, because my wife is not good in a crisis. I love her to death, but she's not. Which is funny because she's a social worker. But I think through good communication and dialogue, I was able to develop very strong family support system as well as a better peer support system. Because the folks that made it through, we have that bond, and that's different.

AR [19:36]: Yeah, and that definitely helps with like the stress of your job and overall mental health, having that strong support system?

MB [19:47]: 100% I don't believe I can do what I do now without it and anyone who doesn't have one should develop one.

AR [19:58]: So, if you had to give any advice to a health care professional who's feeling burnt out or overwhelmed, what would you say to them?

MB [20:08]: Pretty much what you said before. Definitely develop a support system. Find people you can talk to whether within your agency or outside of your agency or in your home or outside your home. Someone to talk to because we're all tough, we're all good at it, but we cannot do it alone. It nearly cost me everything to learn that lesson. So I try especially for all the folks that work around or with me to be that for them, to be available for that, so anytime anyone is predicament, that hardest step is that firstly,

reaching out, but they will be surprised how much support you'll get from those around you.

AR [20:59]: And what would you have to say to someone maybe who just signed up for EMT school or is looking to get their first job in EMS or fire?

MB [21:09]: It is the best worst job I've ever had. It's what I tell everyone we do our orientation. There will be days where you regret or question everything you do because they're hard. But there are also days that you you can't get anywhere else. I'm a big storyteller if that's ok [AR: Yeah, go for it]. so I'm gonna share one that that really resonates with me, and I'm actually getting a little choked up right now. I like to tell this during our orientations. so me and my wife and my oldest daughter at the time were walking through our local Walmart, doing some shopping and I had this lady that kept looking at me from the other end of an aisle. And I'm like this is weird. because one of the things you do learn as an EMS provider is because people you'll, you'll see patients in the world and outside of EMS, and was it a good interaction, was it not a good interaction? But she followed us down a couple of aisles just kind of stared at me. And I was, she's at the far end of the aisle. It was it was a little weird and I was like, what's going on? And then we turn another corner and she just started walking toward us quickly. So I kind of got out in front of a wife and daughter, like as a dad does, gotta protect everybody. And she just ran straight up to me and hugged me and started crying, and I looked at my wife and I was like, I don't know what this is about, please don't divorce me. And she was absolutely teared up and then her husband and her dog came around the corner with their buggy and when I saw her child I knew. About a year and a

half prior to this interaction, her child had had an allergic reaction to a bee sting and her throat had closed and she was getting pretty far down the rabbit hole when EMS arrived, when we got there. And fire had done their best prior to our arrival to try and keep her oxygenated and try and keep her safe but they were a volunteer unit, so they didn't have any BLS medications. We showed up, started with some epi, and did not get any good response so I ended up having to needle cricke her which was a pretty terrifying thing for a parent to watch someone stick a needle in their child's throat. But by the time we got her to the hospital, she was off the needle cricke, she was breathing on her own. We got a couple more medications in her and she was really really turning around. And I saw so many patients that I forgot. I forget these things. One of the things I was blessed with I think was a short memory. But that interaction, probably 45 minutes, maybe an hour from the time I showed up on scene to the time she was dropped off at her er made enough of an impression with the mother that a year and a half later and one beard later, because at the fire department I didn't have a beard, but this time I had one because I had moved to a private service, she remembered me and that made an absolute difference. It really cemented that what we do is important as providers. I don't think you can get that in any other industry

AR [24:48]: Alright. Well, those are all the questions I had for you. Thank you for your time.

MB [24:52]: Cool cool, hey no worries. y'all be good!

[music – 24:55]

AR [25:01]: Thank you so much for listening to Unsparingly. This project would not be possible without you listeners, the people who came on as guests and shared their stories, the MTSU Honors College, the MTSU Undergraduate Research Center, and Dr. Ciera Schoonover with the MTSU Psychology Department. Thank you for taking the time to listen and enjoy the next episode.

[music – 25:22]

Appendix B

Podcast Guest Consent Form

Podcast Guest Consent Form

“PODCAST GUEST CONSENT FORM

Guest name: _____ (herein referred to as “Guest”)

Email Address: _____

Episode Title: _____

Date of Recording: _____

The named Guest above hereby agrees to the recording and distribution of the Guest’s voice and performance as part of the podcast entitled ‘Unsparingly’ and any accompanying promotional material.

The Guest also hereby acknowledges that Adriana Ramirez Speis (herein referred to as the ‘Podcaster’) has the right to use, publish and distribute the podcast in audio format on all platforms, as she sees fit.

The Guest understands that they have been given various forms of anonymity to choose from for their appearance on ‘Unsparingly.’ Their choice of anonymity will apply both to the audio podcast and accompanying website.

Please initial next to which best fits the Guest’s preference:

_____ The Guest understands the terms and agrees to share their name.

_____ The Guest understands the terms and agrees to share a professional headshot.

_____ The Guest understands the terms and prefers to remain anonymous with a pseudonym in the edited version of the podcast.

The Guest understands that they will be compensated \$30 in the form of a digital gift card to Amazon, Starbucks or Target.

Please initial next to which establishment the Guest prefers:

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Please initial next to which location the Guest chose:

_____ Middle Tennessee State University
_____ Zoom
_____ Other: _____

The Guest understands that nothing stated in this contract implies that the Podcaster has the right to exploit any of the rights granted to the Podcaster.

The Guest acknowledges that they were given a copy of the questions ahead of time and is free to abstain from answering any of those questions or any that may arise during the time of recording.

The Guest hereby releases and discharges the Podcaster from any and all liability arising from or in connection to the making, producing, reproducing, distributing, publishing and promotion by any means or otherwise using 'Unsparingly's' production.

Guest's Signature: _____

Date: _____

Podcaster's Signature: _____

Date: _____

Consent Form – Katelin Maples

Virtual Podcast Consent Form

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Name *

Katelin Maples

Email Address *

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MTSU Walker Library

Zoom

Other:

Guest's Signature (full name written) *

Katelin Maples

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Consent Form – Steve Pope

Virtual Podcast Consent Form

2/6/24, 2:29 PM

Virtual Podcast Consent Form

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Name *

Steven Pope

Email Address *

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Zoom

Other: EMS classroom

Guest's Signature (full name written) *

Steven Pope, CCPM

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Consent Form – Dr. Mary Jane Brown

Virtual Podcast Consent Form

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Name *

MJ Brown _____

Email Address *

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Guest's Signature (full name written) *

MaryJane "MJ" Brown

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Consent Form – Scott Brown

Virtual Podcast Consent Form

2/6/24, 2:28 PM

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Name *

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- The Guest understands the terms and prefers to remain anonymous with a pseudonym in the edited version of the podcast.

The Guest understands that they will be compensated \$30 in the form of a digital gift card to Amazon, Starbucks or Target. *

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Consent Form – Michael Blevins

Virtual Podcast Consent Form

2/6/24, 2:28 PM

Virtual Podcast Consent Form

Please read the consent form in its entirety before moving below to the individual sections:

The named Guest above hereby agrees to the recording and distribution of the Guest's voice and performance as part of the podcast entitled 'Unsparingly' and any accompanying promotional material.

The Guest also hereby acknowledges that Adriana Ramirez Speis (herein referred to as the 'Podcaster') has the right to use, publish and distribute the podcast in audio format on all platforms, as she sees fit.

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Please initial next to which best fits the Guest's preference:

_____ The Guest understands the terms and agrees to share their name.

_____ The Guest understands the terms and agrees to share a professional headshot.

_____ The Guest understands the terms and prefers to remain anonymous with a pseudonym in the edited version of the podcast.

The Guest understands that they will be compensated \$30 in the form of a digital gift card to Amazon, Starbucks or Target.

Please initial next to which establishment the Guest prefers:

_____ Amazon

_____ Starbucks

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_____ Zoom

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The Guest understands that nothing stated in this contract implies that the Podcaster has the right to exploit any of the rights granted to the Podcaster.

The Guest acknowledges that they were given a copy of the questions ahead of time and is free to abstain from answering any of those questions or any that may arise during the time of recording.

The Guest hereby releases and discharges the Podcaster from any and all liability arising from or in connection to the making, producing, reproducing, distributing, publishing and promotion by any means or otherwise using 'Unsparringly's' production.

Name *

Michael Blevins _____

Email Address *

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Please select which best fit the Guest's preference:

- The Guest understands the terms and agrees to share their name and a professional headshot.
- The Guest understands the terms and agrees to share their name.
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Guest's Signature (full name written) *

Michael Blevins _____

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APPENDIX C

Podcast Interview Template

[30 second introduction to the podcast] Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic. All views expressed on this podcast are the opinion of the individuals speaking. For more information about each profession and mental health resources, please visit the link in the description below. Please keep in mind that this episode contains talk of COVID-19, burn out, and mental health symptoms such as depression and anxiety. I hope you find this content meaningful, let's begin the interview.

Name, profession/licensure, place of work [whatever is consented to]

1. How long have you been working in the healthcare field
2. Why did you become interested in a career in healthcare?

COVID – what it was like and its impacts

3. Can you describe how you felt when the lockdowns first started?
4. Can you describe how your professional life and demands of your position changed due to the pandemic? Did you ever feel overwhelmed by the changes?
5. Did the pandemic change your mind set about your career?

Mental health in healthcare professions

6. How is mental health viewed among your peers?
7. Do you believe mental health resources and support are lacking or sufficient in your field? Can you describe what resources are available?

8. Are there any mental health treatment or prevention opportunities available to you to cope with the stressors of your job? Did those change in response to the pandemic?

Mental health on a personal level

9. If you're willing to share, how would you describe your mental health before you began working as a(n) [paramedic, nurse, doctor, etc.]? How has it been impacted? Did the pandemic make a difference, if so, how?
10. Did you experience any burnout during the pandemic?
11. How do you think you fared during the pandemic in regard to your mental health compared to the general public?
12. Do you feel you have a strong support system outside of work? How does it impact the stress of your job and overall mental health?

Conclusion and final thoughts

13. If you had to give advice to another healthcare professional who is feeling burnt out and overwhelmed, what would you say? How about to someone just starting out?

APPENDIX D

Website Content

Unsparingly

a podcast exploring the mental health of medical professionals



Our Stories



Feb 8 · 1 min

05. Michael Blevins, EMTP on Compassion Fatigue and Mental Health in EMS

Listen to this episode of Unsparingly here: <https://open.spotify.com/episode/1N05OgaeMh7eQ22EN3Vlv7si=8cM4Lbacd0a84bb1> Unsparingly is...

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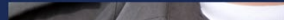


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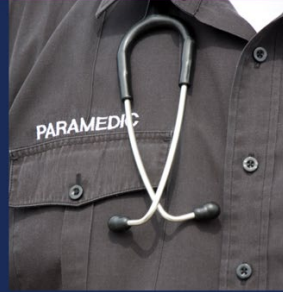




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<https://open.spotify.com/episode/0P9XVWNK9SAdJ20V1Y2Zg97s=3428ea647ea4560> Unsparingly is...

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02: Steve Pope, CCEMTP on Mental Health in EMS and the Response to COVID-19

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<https://open.spotify.com/episode/3t4M3uUc35WQhZC0y7si=0794b20245e79402c> Unsparingly is...

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About

Welcome to the
Unsparingly Podcast

My name is Adriana and I am the creator and host



of Unsparingly. This project was a part of my undergraduate honors thesis, which aimed to explore the mental health of medical professionals working in high-acuity settings before, during and after the COVID-19 pandemic.

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The *Unsparingly* Pod



01 . Katelin Maples, LCSW on Mental Health and Coping During the COVID-19 Pandemic

You can find Katelin's company, Good Boy Biscuit Co., at <https://www.goodboybiscuitsco.com/>.

Thank you for joining me for the first episode of Unsparingly! This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.

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The *Unsparingly* Pod








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05. Michael Blevins, EMTP on Compassion Fatigue and Mental Health in...

- 
2/6/2024 | 26 min
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- 
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04. Scott Brown, AEMT on Being Vulnerable and Building a Support System
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01. Katelin Maples, LCSW on Mental Health and Coping During the...
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Meet the Host



Hello everyone! My name is Adriana and I am the host of *Unsparingly*. This podcast and website are part of my undergraduate honors thesis at Middle Tennessee State University. My major is Political Science and I am minoring in Psychology and Honors. I am a graduate of MTSU's EMT and AEMT programs and currently work as an AEMT in Middle Tennessee. I chose my topic because of my personal connection with EMS and interest in mental health. I have been on my mental health journey since 2016 and wanted to take this opportunity to shine a light on this very important topic. I hope this podcast has touched you and left a lasting impact as it has on me.

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05. Michael Blevins, EMT-P on Compassion Fatigue and Mental Health in EMS

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 All views expressed on this podcast are the opinion of the individuals speaking. For more information about each profession and mental health resources, please visit the links below:
 Learn more about Paramedics: <https://www.bls.gov/oo/h/healthcare/emts-and-paramedics.htm>
<https://www.nremt.org/Paramedic/Certification>
 The National Suicide Hotline Number for the USA and Canada is 988 (USA): <https://988lifeline.org/>
 988 (Canada): <https://988.ca/>
 Find Support Near You: <https://www.samhsa.gov/find-support>
 Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>
 Learn more about Mental Health: <https://www.nlm.nih.gov/health/topics/>

You can find out more about the resources mentioned in this episode through the links below:
<https://firstresponsemh.com/peerconnect/>
<https://www.iffc.org/crisis-response-strike-team.html#:~:text=The%20Strike%20Team%20is%20a,emergency%20responders%20of%20owing%20major%20disasters.>

A note from the host:
 Thank you for joining me for the fifth episode of *Unsparingly!* This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.



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 Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking. For more information about each profession and mental health resources, please visit the links below:

Learn more about Advanced Emergency Medical Technicians: <https://www.bls.gov/oooh/healthcare/emts-and-paramedics.htm>

<https://www.nremt.org/AEMT/Certification>

The National Suicide Hotline Number for the USA and Canada is 988.

988 (USA): <https://988lifeline.org/>

988 (Canada): <https://988.ca/>

Find Support Near You: <https://www.samhsa.gov/find-support>

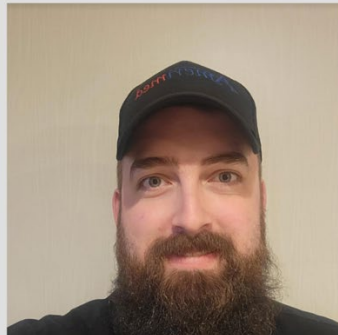
Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nlm.nih.gov/health/topics>

You can find out more about the resources mentioned in this episode through the links below: <https://firstresponsemh.com/peerconnect/>

A note from the host:

Thank you for joining me for the fourth episode of *Unsparingly*! This project has been a labor of love and I am so grateful for the opportunity to speak to each and every single guest and to hear their story.



About Me



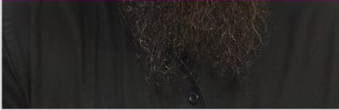
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 All views expressed on this podcast are the opinion of the individuals speaking.
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 Learn more about Emergency Medicine Physicians: <https://www.bls.gov/oes/current/oes291214.htm>
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 988 (Canada): <https://988.ca/>
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 Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>
 Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

Episode Specific Resources -
 Rutherford County Substance Abuse Prevention Coalition: <https://pcps.org/>
 W.C.A.R.F. Rutherford County Crisis Alliance: <https://www.wcarf.org/>

About Me



Unaparingly is part of an undergraduate honors thesis

American College of Emergency Physicians: <https://www.acep.org/life-as-a-physician/wellness/wellness-week-articles/physician-suicide>
One Tennessee: <https://www.onetnhealth.org/what-we-do>
Tennessee Medical Association: <https://www.tnmad.org/>
The Healing Trust: <https://www.healingtrust.org/>
HeadSpace: <https://www.headspace.com/>

A note from the host:
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Unsparingly is part of an undergraduate honors thesis project exploring the mental health of medical professionals working in high acuity settings before, after and during the COVID-19 pandemic.

All views expressed on this podcast are the opinion of the individuals speaking.

For more information about each profession and mental health resources, please visit the links below.

Learn more about Critical Care Paramedics:

<https://www.bls.gov/soh/healthcare/ems-and-paramedics.htm>

<https://www.licertifications.org/roles/critical-care-paramedic>

The National Suicide Hotline Number for the USA and Canada is 988.

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Find Support Near You: <https://www.samhsa.gov/find-support>

Learn more about SAMHSA: <https://www.samhsa.gov/find-help/disorders>

Learn more about Mental Health: <https://www.nimh.nih.gov/health/topics>

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A note from the host:
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988 (Canada): <https://988.ca/>

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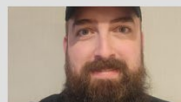
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