

**Beth Baxter**

**Nashville, Tenn.**

**Psychiatrist**

Dr. Beth Baxter is a successful psychiatrist, running multiple practices in Middle Tennessee. The 61-year-old attended high school in Nashville and undergraduate school in Memphis at Rhodes University. But during college and while attending medical school at Vanderbilt, she began to experience “strange” symptoms of mental illness, depression and psychosis. “I’ve spoken with other folks who have gotten mentally ill in school, and it seems like our first inclination is to hide it,” she said. But it worsened because of stigma and lack of treatment. On Nov. 2, 1994, she made a serious suicide attempt. She credits her ongoing recovery to family support, access to care and the power of sharing her story. “The reasons you need to tell your story are to educate people and give them hope,” Baxter said. “They, too, can recover.” Baxter said her illness gives her tools she uses in her practice. In the interview below, she and Communications Coordinator Lacey Lyons spoke about challenges and how Tennessee can support its residents with mental-health disorders.

**What was your experience with adverse mental health?**

“My illness started in college. It was in the form of depression. I was active on campus with extracurricular activities. I was president of my student body. I didn’t have any family history of mental illness. By the time med school rolled around, I knew there was something wrong with my brain. I just didn’t know what it was. My illness worsened. I was depressed. I’d started to become more psychotic. I was hospitalized in between my first and second years of med school. I’d taken a leave of absence, because I’d failed all my exams because I was so depressed. I could barely get out of bed. After spending some time away, I started my second year again the next fall. It was really difficult to do medical school when I was so ill. But I finished it. I did a year of internal medicine residency in Memphis in the UT system. I was training with cardiologists and would-be ICU people, so it was an intense program. But I learned a lot and got confident about myself as a doctor.

After that, I was in several hospitals and finally went back to Nashville to live with my parents. That’s where I recovered. I started rehabilitative horticultural work for several months. In 1995, TennCare’s behavioral health arm was called The Partners Program (now Partners for Health.) I was a consumer advocate. I was able to help them understand the perspective of mentally-ill people and what we needed to function in the corporate world. I started working at several clinics in town as a psychiatrist with seriously mentally-ill folks. It was a wonderful experience where I got back on my feet doing clinical work. In 1998, I started my own practice.”

**How do you think perceptions of mental illness have shifted?**

“Mental illness has become much more prominent, meaning people talk about it, and not in a derogatory way. It’s more accepted as something that happens to people that they need to get help for. I think it was viewed in the same way cancer used to be. People used to think they couldn’t admit they had cancer. Today, that would seem kind of weird. When I was ill in med school, people didn’t want to talk to me about it. My behavior was different because I was so depressed, but rarely did people bring it up with me.”

**How do you tell your story in different ways in public speaking, depending on the venue or the audience?**

“When I share parts of my story with my patients, I do it very carefully, just so I know I’m doing it for their sake and am only sharing what would be helpful to them. In the same way, when I’m talking to an audience, I try to think about what would be helpful for them. What parts of my story would give them hope? What parts of my story might they be able to relate to? I kind of have a stump speech I add to or take away from, depending on the community. A lot of my patients have looked me up online before they come see me. People are aware of my illness, even when I don’t tell them. I answer whatever questions they have to help them feel comfortable.”

**What are the benefits and drawbacks of sharing your story with the community?**

“It changes the way people think about you. Sometimes, knowing a lot of personal stuff about your doctor isn’t helpful. I had one person say, ‘I don’t know if you can take care of me if you’re sick yourself.’ That was a good point. We need to make sure whatever we share is helpful to our patients. We think of psychiatrists as blank screens you project your stuff onto. You aren’t a blank screen anymore if they know all about you. The fact that people know about my story means people have to know that even though I have an illness, I can care for them. Feeling like you’re not alone is the most important thing.”

**What’s it like doing public speaking with your parents? What new perspectives do you each gain from that dynamic?**

“I talk to the freshmen medical students at Vanderbilt. My parents always come with me. After I speak, they speak about their experience of my illness. We work in training the police staff who do CIT (Crisis Intervention Team training.) There are times I’ll say something, or my dad says something, that we didn’t know before. Sometimes, he’ll say, ‘Why didn’t you tell me that?’ I hear things from him that are new from time to time. I include my mother with this. It has really strengthened the relationship I have with my parents.”

**There are conversations now about physician burnout and the need to combat it. How much of that conversation should’ve been had when you were in med school?**

“When I was in school, they were just at the beginning of talking about physician burnout. That was the main way people viewed mental illness in physicians, that it came when somebody was getting burned out. That was not my situation. I came into the field with this, rather than developing it as a part of being a doctor. I think now, physician burnout is very well-recognized. Psychiatry involves a lot of yourself. Other doctors use a stethoscope to understand their patients, but psychiatrists use their whole being and their whole minds. We train our minds to be like stethoscopes. So, if your mind’s not working right, you don’t have your stethoscope.”

**How does the journey toward good mental health continue throughout one’s life?**

“I’ve gotten a lot of confidence being a doctor. You learn by experience, and through travelling and talking, I became very comfortable with my experience as a mentally-ill person. In the years that followed my illness, I also needed to be comfortable with myself as a physician. Not just as a physician, and not just as a mentally-ill person, but as both of those things.”

**Is there anything you do or say in practice you think you wouldn't if you didn't have this lived experience?**

"I'm very comfortable with my patients in their journeys with mental illness, and I hope they pick up on that. I hope they recognize that comfort and that makes them comfortable with themselves. I had one friend group who, whenever I would talk about mental illness, would get up and leave the table, because it was threatening to them to hear about it. I normally tell my suicide attempt with great detail, because I think it's really important that people understand how serious a suicide attempt I had. I've been told not to be as graphic about it, because it upsets people. I hope my lived experience is a positive thing in helping my patients with their experience."

**What are some of the mental-health issues Tennessee needs to prioritize?**

"We need to continue to develop our services so when a person comes in, whether they're suicidal, or starting to get ill for the first time, there's a system in place so that as they recover, there are services for them all along the way. Having opportunities that grow as the person grows is important. Where can they fit in in our communities as they start to recover?"

Baxter closed by speaking to the importance of recognizing the evolution of trauma. She treats many young adults and says the trauma of the COVID-19 pandemic on twentysomethings who were just beginning to come of age is a problem Americans do not yet grasp. But continued understanding is key. "Everybody has something that's been traumatic for them. My job is to find out what has been traumatic in people's lives." She said if people are comfortable talking about mental health, the conversation will move the needle on care.