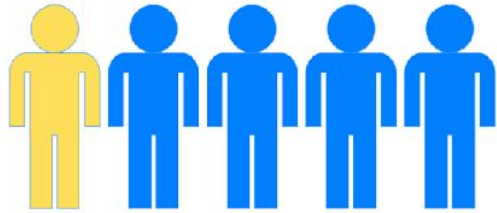


Taking Action: Addressing Stigma for Healthcare Professionals Seeking Mental Health Support

Linda Myerholtz- STFM
Julie Harrison- AAFP
Daniel Blaney-Koen- AMA



One in five physicians
reported they were depressed
(2022 Medscape survey)



One in 10 had thoughts of suicide or
attempted suicide
(2022 Medscape survey)

Estimated that 119 physicians
die by suicide in the United
States each year

Suicide is the leading cause of
death among male residents
and the second leading cause
of death among female
residents

The Boy, the mole,
the fox and the Horse



Charlie Mackery

"What is the bravest thing
you've ever said?" asked
the boy.



"Help," said the horse.

Complex Contributing Factors



“Talking to someone makes you look like a failure, unable to cope with life’s problems.”

“I feel I should know how to deal with this myself, even though I wish I didn’t have to.”

“Physicians cannot seek help for these issues because if we do that, these temporary issues will follow us for the rest of our careers.”



Advocacy Resource Center

Advocating on behalf of physicians
and patients at the state level

ARC Issue Brief: Confidential care to support physician health and wellness¹

Prior to the COVID-19 pandemic, physician burnout, depression and suicide already were major challenges for the U.S. health care system, impacting nearly every aspect of clinical care. Recent studies show a national burnout rate of 43.9 percent among physicians in practice,² including private practice, academic medical centers, outpatient clinics, and many other clinical settings.³ More than 40 percent of physicians do not seek help for burnout or depression for fear of disclosing it to a state licensing board. Nine percent of physicians said they have had thoughts of suicide.⁴

Improving physicians' mental health and reducing physician burnout is one of the five key pillars of the AMA Recovery Plan for America's Physicians.⁵ Physicians are among the most resilient,⁶ and yet the environments in which physicians work drive these high levels of burnout. The majority of burnout is driven by systems factors and thus, the majority of solutions are at the system level.⁷ Physicians say they don't seek help for suicidal thoughts because of fear of judgment from colleagues or that they should be able to handle the stress.

"Supporting physicians' and medical students' mental health and wellness is essential to supporting our nation's health"

Jack Resneck, MD
AMA President

Compounding the problems are medical licensing applications, employment and credentialing applications, and professional liability insurance applications. The problem is that these may include problematic and potentially illegal questions requiring disclosure whether a potential licensee or applicant has ever been diagnosed with a mental illness or substance use disorder (SUD) or even sought counseling for a mental illness. These questions about *past diagnosis or treatment* are strongly opposed by the American Medical Association (AMA), the Dr. Loma Breen Heroes' Foundation, Federation of State Medical Boards and The Joint Commission.

¹ The information and guidance provided in this document is believed to be current and accurate at the time of posting but it is not intended as, and should not be construed to be, legal, financial, medical, or consulting advice. Physicians and other qualified health care practitioners should exercise their professional judgment in connection with the provision of services and should seek legal advice regarding any legal questions. References and links to third parties do not constitute an endorsement or warranty by the AMA and AMA hereby disclaims any express and implied warranties of any kind.

Addressing Health Worker Burnout

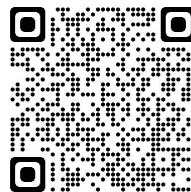
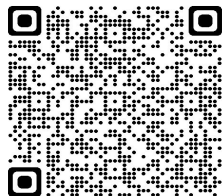
The U.S. Surgeon General's Advisory
on Building a Thriving Health Workforce

2022

National Plan for Health Workforce Well-Being



NATIONAL ACADEMY OF MEDICINE



From: **Consistency Between State Medical License Applications and Recommendations Regarding Physician Mental Health**

JAMA. 2021;325(19):2017-2018. doi:10.1001/jama.2021.2275

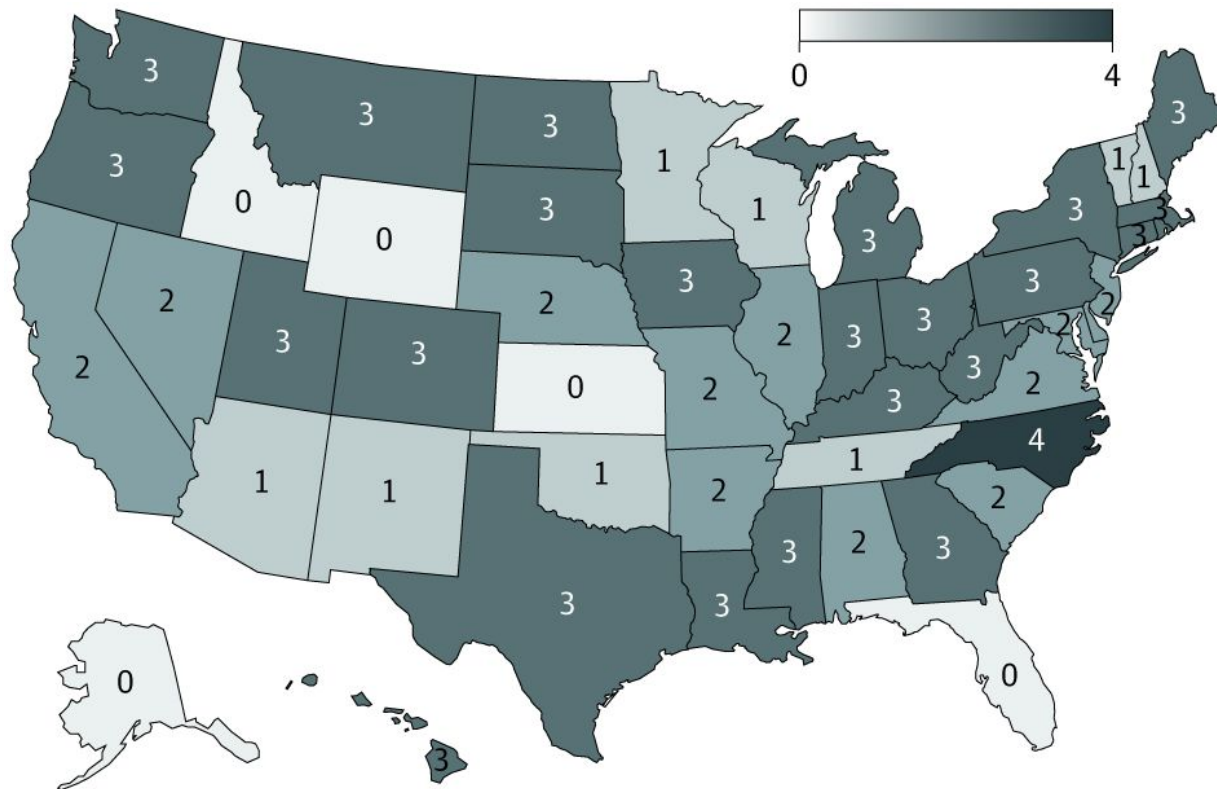
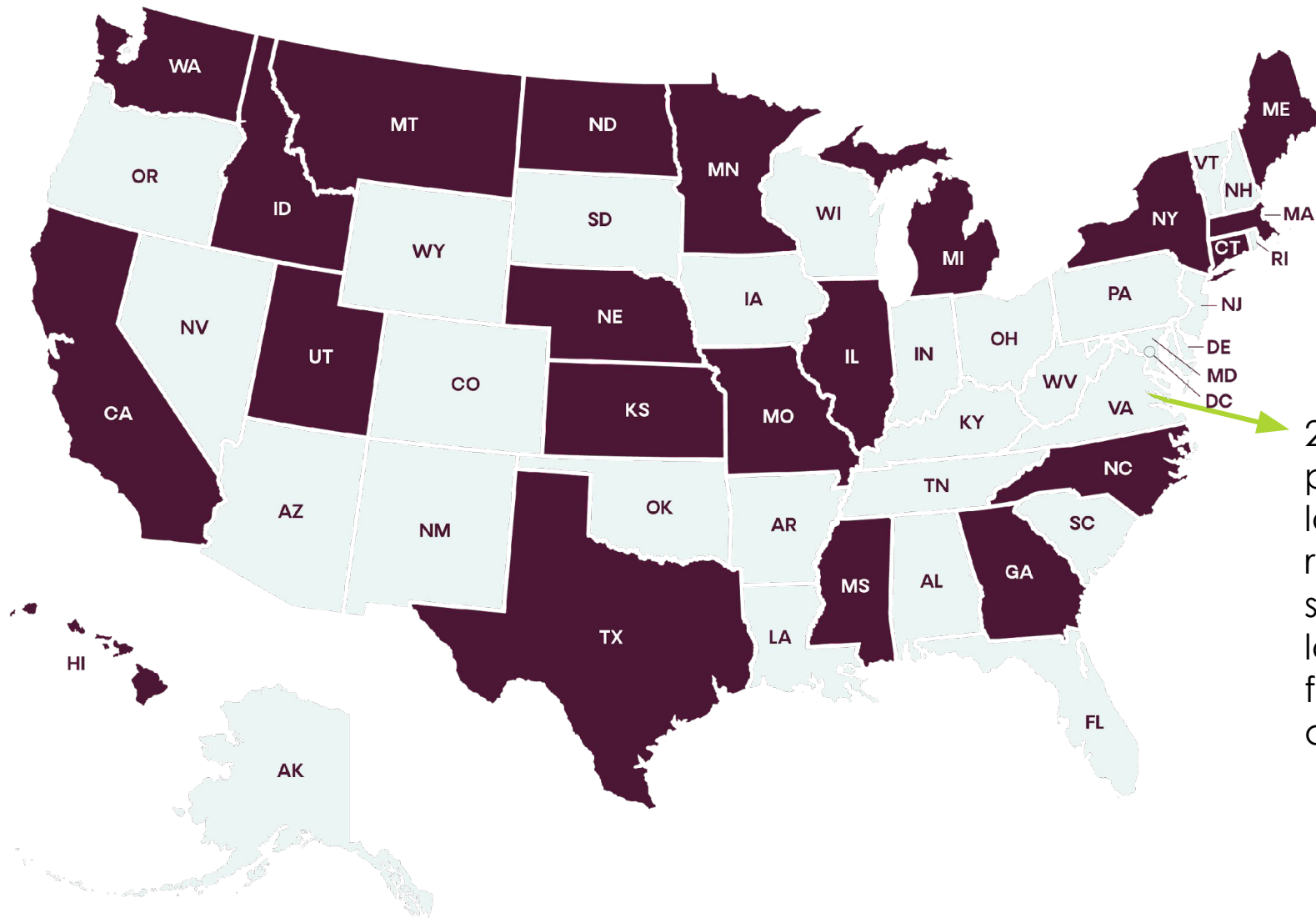


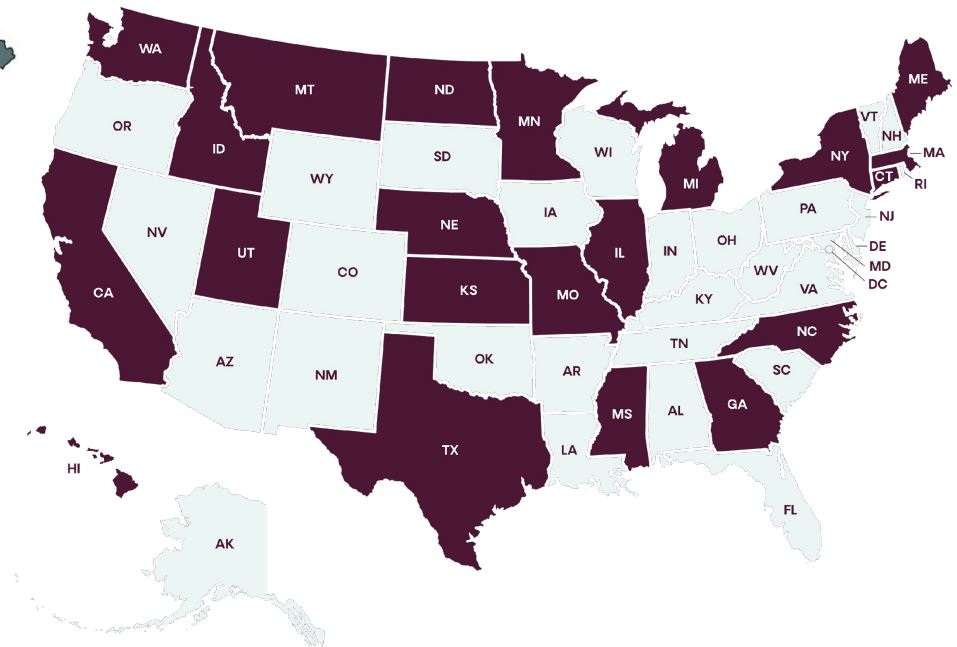
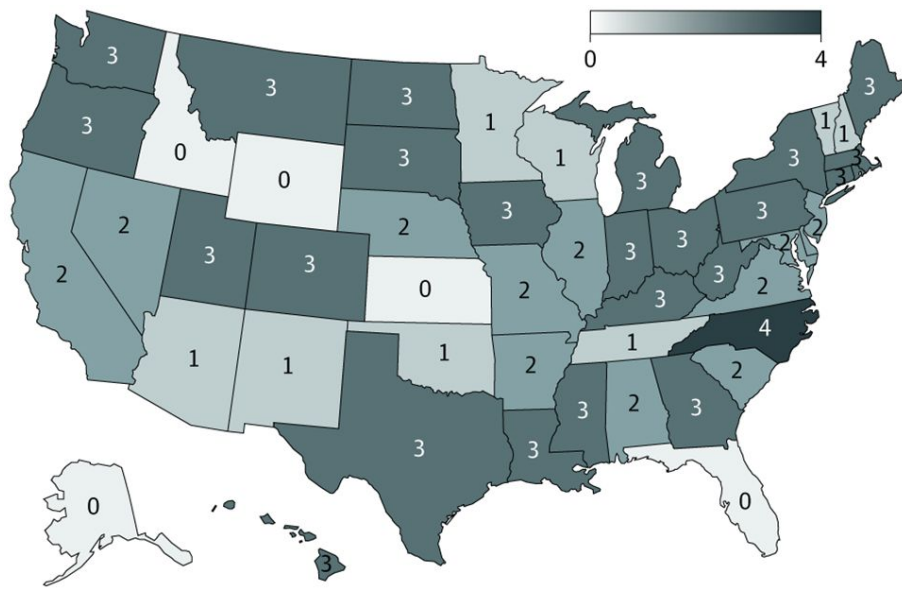
Figure Legend:

Consistency of State Board Applications With the Federation of State Medical Boards Recommendations on Physician Wellness and Burnout. Each state board application was given 1 point for consistency with each of the 4 evaluable Federation of State Medical Boards recommendations, for a total of up to 4 points. The Figure includes all 50 states in the US and Washington, DC. Three territories (Guam, the Northern Mariana Islands, and the US Virgin Islands) are not shown.



2/23/23 VA
passes state
law to
remove
stigmatizing
language
from DHP
applications







It should be okay
to say you're not okay

Reduce Mental Health Stigma



STFM Initiatives

RESOURCES

Resources for Reducing Mental Health Stigma

Resources for Reducing Mental Health Stigma for Faculty, Residents, and Students

IT SHOULD BE OKAY TO SAY YOU'RE NOT OKAY

Questions on state licensing applications and those used for hospital, medical group, and health plan credentialing should not deter physicians, faculty, residents, and students from getting the care they need. Use these resources to learn more and advocate for change.

The Myth

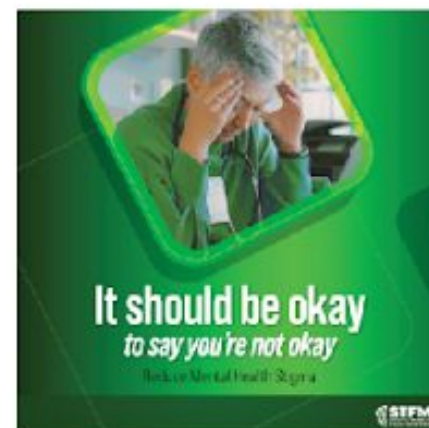
- The myth about requirements for probing questions about clinicians' past mental health, addiction or substance use history on licensure and credentialing applications

Toolkits

- 
- STFM Guidance for Program Director Response to Mental Health Questions
 - American College of Physicians Advocacy Toolkit: Modernizing License and Credentialing Applications to Not Stigmatize Mental Health
 - Dr Lorna Breen Foundation Toolkit: Remove Intrusive Mental Health Questions From Licensure and Credentialing Applications

Policies and Positions

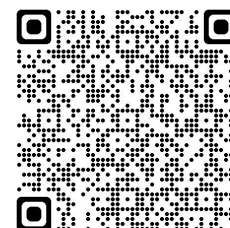
- American Medical Association Issue Brief



Social Media Assets

Share these graphics and messages on your social media accounts

- Twitter graphic
- Facebook graphic
- Instagram graphic



Getting the word out



Med Ed Conference

Plenary: My Head Is Bloody But Unbowed: Challenging Mental Health Stigma Within Ourselves and Systems; Justin Bullock, MD, MPH



FM Article: Time to Act: Destigmatizing Mental Health Care for Health Care Professionals; Linda Myerholtz, Anne Lamoureux, Alexander Brown



Podcast: March 2023: Taking care of our own: Creating a culture that promotes mental health support with Linda Myerholtz, PhD

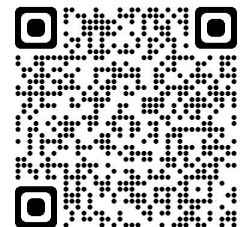


Social Media Campaign: Mental Health Awareness Month, May 2023

Advocacy Station



If you want to
send an email
now!



Education Campaign

- ▶ STFM 2023 Conference on Practice and Quality Improvement
- ▶ STFM 2024 Conference on Medical Student Education
- ▶ AAFP 2024 Physician Well Being Conference
- ▶ AAFP 2024 Annual Chapter Leadership Forum
- ▶ STFM 2024 Annual Spring Conference
- ▶ STFM 2024 Behavioral Health Forum/Conference on Practice and Quality Improvement

Mary Theobald
mltheobald@stfm.org



Minnesota

Prior to 2022

“Applicants who have a medical condition during the last five years which, if untreated, would be likely to impair their ability to practice with reasonable skill and safety must have their treating physician complete this form.”

As of January 1, 2022

“Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?”

Supporting Clinician Well-Being by Removing Structural Barriers to Mental Health Care

Supporting and protecting our clinicians' mental health is paramount to their well-being and for the health of our entire community. [Insert hospital/health system] is proud to support and protect our clinician's mental health.

We are committed not only to updating our own [insert licensure/credentialing] applications, but also to ensuring updates are made to other structural barriers to ensure that you can seek the mental health care you need—and without fear of losing your license or job.

We understand that all the following structural barriers need to be removed to make sure you feel safe and encouraged to seek mental health care. We are committed to tracking the status of these barriers and will communicate with you as each one is removed. See below for the a definition and status of each barrier related to [Insert hospital/health system].

Structural Barriers to Clinician Mental Health Care	Status
Licensure Applications State medical, state nursing, and specialty license and renewal applications often ask broad questions about mental health history or its hypothetical effect on competency, influencing clinicians' decisions not to seek help.	[Status Update]
Hospital and Health System Privileging and Credentialing Applications Like licensure applications, hospital and health system privileging and credentialing applications ask intrusive mental health questions that influence clinicians' decisions not to seek help.	[Status Update]
Commercial Insurance Credentialing A HIPAA waiver, granting an institution access to a clinician's health records, has become a standard part of commercial insurance credentialing packages. Such required disclosures can prompt a demand to appear before a state medical board, a petition for medical records or even a psychiatric evaluation. In the worst of scenarios, medical boards can restrict clinicians from practicing medicine or even cause them to lose their licenses.	[Status Update]
Malpractice Insurance Applications All clinicians are required to maintain malpractice insurance, but many insurance applications ask similar intrusive questions about the history of mental health conditions or treatment. This discourages clinicians from seeking the mental health care they need because it creates the fear of losing their right to practice.	[Status Update]
Legal Discovery Process During Lawsuits Clinicians are often deterred from seeking mental health care out of fear that their own mental health records might be shared in the discovery process in malpractice lawsuits in which they are defendants. States should adopt a "Safe Haven" model like Virginia, which ensures clinicians can "seek support for burnout, career fatigue, and mental health without the fear of undue repercussions."	[Status Update]
Mental Health Insurance Requiring Treatment Where the Clinician Works Currently, clinicians seeking mental health care are required to seek treatment in the same health or hospital system where they work. This creates unnecessary stress and stigma for clinicians and can be a deterrent to seek help.	[Status Update]

If you have any questions or concerns about these structural barriers or about how we support your mental health and well-being, please contact [insert name, email, and/or phone number].

- All In campaign toolkit for evaluating credentialing

Context

Physicians have
higher rates of
depression and
suicide than the
general population¹

Physicians are
hesitant to seek
mental health care

Stigma & fear of negative ramifications for
licensing/credentialing =
MAJOR BARRIER


Federation of State Medical Boards 2018 Recommendations

Application questions focus only on **current impairment** and not on illness, diagnosis, or previous treatment in order to be compliant with the Americans with Disabilities Act (ADA).

Only asks questions about mental health conditions that existed within the last **two years**

Offers Safe Haven non-reporting

Includes supportive or normalizing language about mental health or self-care



“Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?”

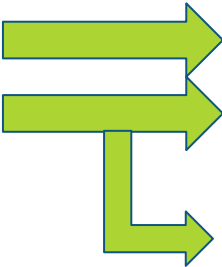
Florida

This information is exempt from public records disclosure.

11. HEALTH HISTORY

The board and the department, as part of its responsibility to protect the health, safety, and welfare of the public, must assess whether an applicant manifests any physical, mental health, or substance use issue that impairs the applicant's ability to meet the eligibility requirements for a health care practitioner as defined in chapter (ch.) 456, F.S., and the applicable statutory practice acts.

The board and the department support applicants seeking treatment and views effective treatment by a licensed professional as enhancing the applicant's ability to meet the eligibility requirements to practice a health care profession.



Seeking assistance with stress, mild anxiety, situational depression, family or marital issues will not adversely affect the outcome of a Florida health care practitioner application. The board and the department do not request that applicants disclose such assistance.

1. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or impairs your ability to practice? ☐ Yes ☐ No
2. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or impairs your ability to practice? ☐ Yes ☐ No

If a "Yes" response was provided to any of the questions in this section, provide the following documents directly to the board office:

☐ **A letter from a licensed health care practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

☐ **A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

Creative Adjustment



**Duval County
Medical Society**

Helping physicians care for the health of our community

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MODULE 2: Advancing Health Literacy: Effective Cross-Cultural Communication to Mitigate COVID-19 Vaccine Hesitancy

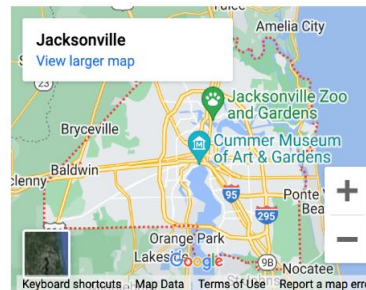
MODULE 3: Advancing Health Equity through the National Culturally and Linguistically Appropriate Services (CLAS) Standards

MODULE 4: Uncovering the Wounds of Structural Racism in Health Care

LifeBridge
DCMS Physician Wellness Program

CONFIDENTIAL WELLNESS PROGRAM

LifeBridge provides a confidential resource for DCMS physicians in need.



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<https://www.dcmsonline.org/page/AdvancingHealthLiteracyWebinars>



Dr. Mona Masood, DO
@ShrinkRapping

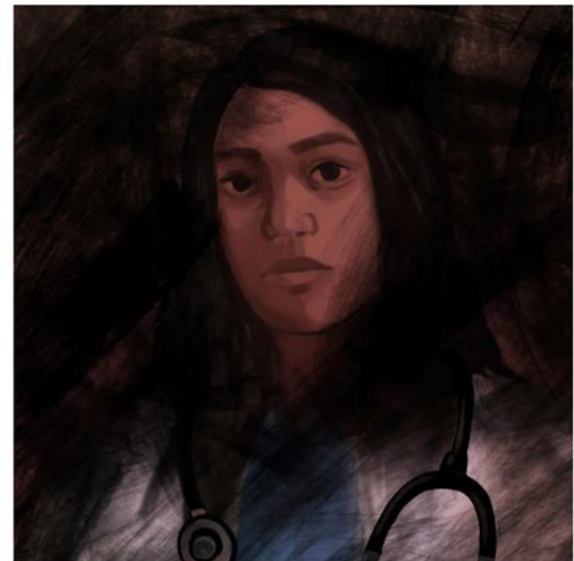
Mental health stigma be like “it’s ok to not be ok” but make sure it’s on your time off and it doesn’t affect your productivity and you really make up for the inconvenience it created for others and...

The New York Times

OPINION
GUEST ESSAY


Why So Many Doctors Treat Their Mental Health in Secret

March 30, 2022



Nicole Xu

Seema Jilani, MD- March 30, 2022



National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control and Prevention- 5/18/2023

- ▶ In recognition of Mental Health Action Day, we jointly invite every hospital to remove one of the most substantial organizational barriers to healthcare workers' wellbeing—intrusive mental health questions on credentialing applications.