

# PHYSICIAN MENTAL HEALTH

**Preventing suicide and  
building resilience**

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# Game Plan

- Continuum of resilience-distress
- Role of stigma
- Actionable strategies



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# One Medical Center's History

- Our medical community experienced suicide losses
- Reached a turning point in 2006- suicide of a prominent surgeon
- Ready to take action
- Launched HEAR Suicide Prevention Program 2008- ongoing
- Nursing staff suicides → expansion UCSD program

Norcross WA, Moutier C, Tiamson-Kassab M, et al. Update UC San Diego Healer Education Assessment and Referral (HEAR) Program. *JMR* 2018

Reinhardt T et al. Survey physician well-being, health behavior at an academic medical center. *Med Educ* 2005



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# AMA Consensus Statement on Physician Wellbeing (2003)

- Concluded that the culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and burden of suicide
- Identified barriers to treatment: discrimination in licensing hospital privileges and advancement
- Recommended transforming attitudes and changing policies



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# National Initiatives Now Tackling Full Spectrum

From burnout to MH/suicide risk

National Academy of Science: Action Collaborative

ACGME: Wellbeing Symposia, Resources Toolkit

AMA: Online modules to recognize and respond to physician suicide risk

AAMC: Leadership Forum

FSPHP

American College of Surgeons

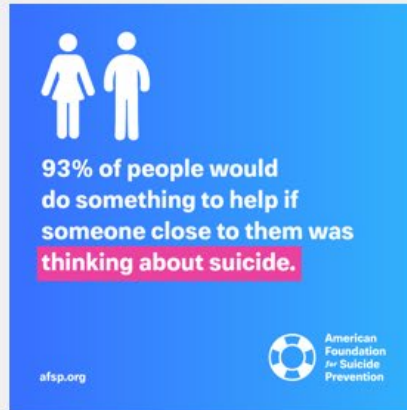
And more... FSMB, Emerg Med, Osteopathic, Nursing

National Academy of Medicine. Action collaborative on clinician well-being and resilience.  
<https://nam.edu/initiatives/clinician-resilience-and-well-being/>; AMA <https://www.stepsforward.org/modules/preventing-physician-suicide/>; ACGME Wellbeing <http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources>;  
AAMC <https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html>



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# According to a Recent AFSP-Sponsored Harris Poll



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# Walks

AFSP's Out of the Darkness Walks raise awareness, funds and millions for suicide prevention programs and research.



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# Advocacy in Action

- 32 states passed laws mandating K12 teacher training (since 2006)
- 18 states- laws prevention & postvention K12 schools (since 2012)
- 9 states- laws healthcare training (since 2012)
- 11 states- laws higher ed prevention (since 2016)
- 6 state laws enforcing parity (since 2016)
- 13 major federal laws/policies enacted- suicide prevention



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# Perspective

## Out of the Straitjacket

Michael S. Weinstein, M.D., M.B.E.



Article   **Figures/Media**

Metrics

**I** SEE HIM, MAYBE NOT SO CLEARLY. HE IS IN ISOLATION, IN A STRAITJACKET. HE'S JUST been committed, given a shot of haloperidol after he resisted going to the locked ward. He kicked, screamed, yelled, threatened...and now he cries.

In the middle of elective inpatient electroconvulsive therapy for treatment-resistant depression, he had become profoundly depressed, delirious, and hopeless. He'd lost faith in treatment and in reasons to live. He withdrew to bed and would not get up or eat. He had to be committed for his own safety. Several security guards had to forcefully remove him from his bed.

He happened to be a 48-year-old surgeon who worked in an academic medical center. He had gone to medical school intending to become a family doctor like his father. He never imagined becoming a surgeon; he thought surgeons were pompous, and that's being kind. But he fell in love with surgery — the decisiveness, the immediate "cure," the bravado. He promised himself he would behave differently from some of his educators and emulate the many who inspired him.

I know all these intimate details because I am this surgeon-patient.

My training occurred before work-hour regulations were created. Every-third-night call was the norm; every-other-night was common. On one rotation, we were "rewarded" with being the operative resident on post-call days, which extended our shift to nearly 36 hours. On my trauma rotation, we took 48-hour shifts alternating with 48 hours off, to maximize the consecutive hours we could spend with family or friends. They call it "residency" for a reason, we were told.

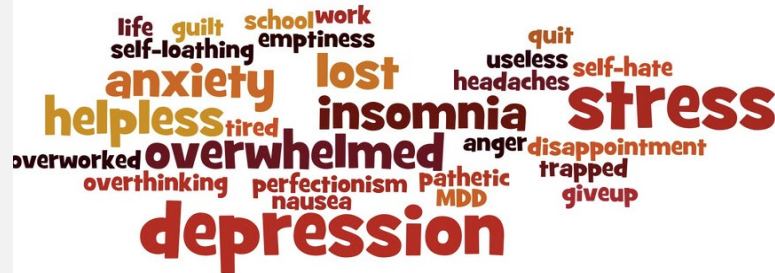
I became an acute care surgeon, commonly known as a trauma surgeon. We are the ones who respond on a



The NEW ENGLAND  
JOURNAL of MEDICINE



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**At Height of COVID, Nurses and  
Doctors Reported High Levels  
of Distress**

# Patient Care & Wellbeing

- HCPs who protect their own health provide better care for others
- Less likely to make errors or leave the profession
- Habits of practice to promote well-being and resilience need to be cultivated at all stages of career and are a shared responsibility
- A healthy professional culture will lead to improved healthcare for all, both providers and patients



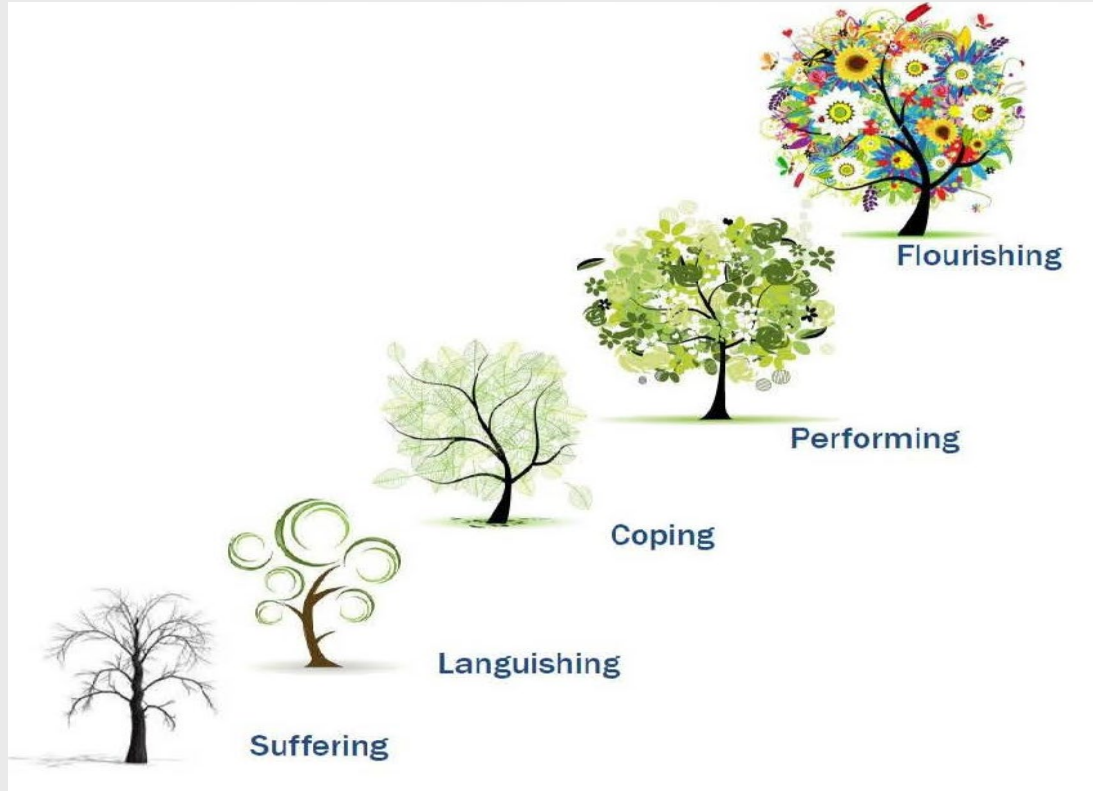
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# A MODEL FOR THE CONTINUUM



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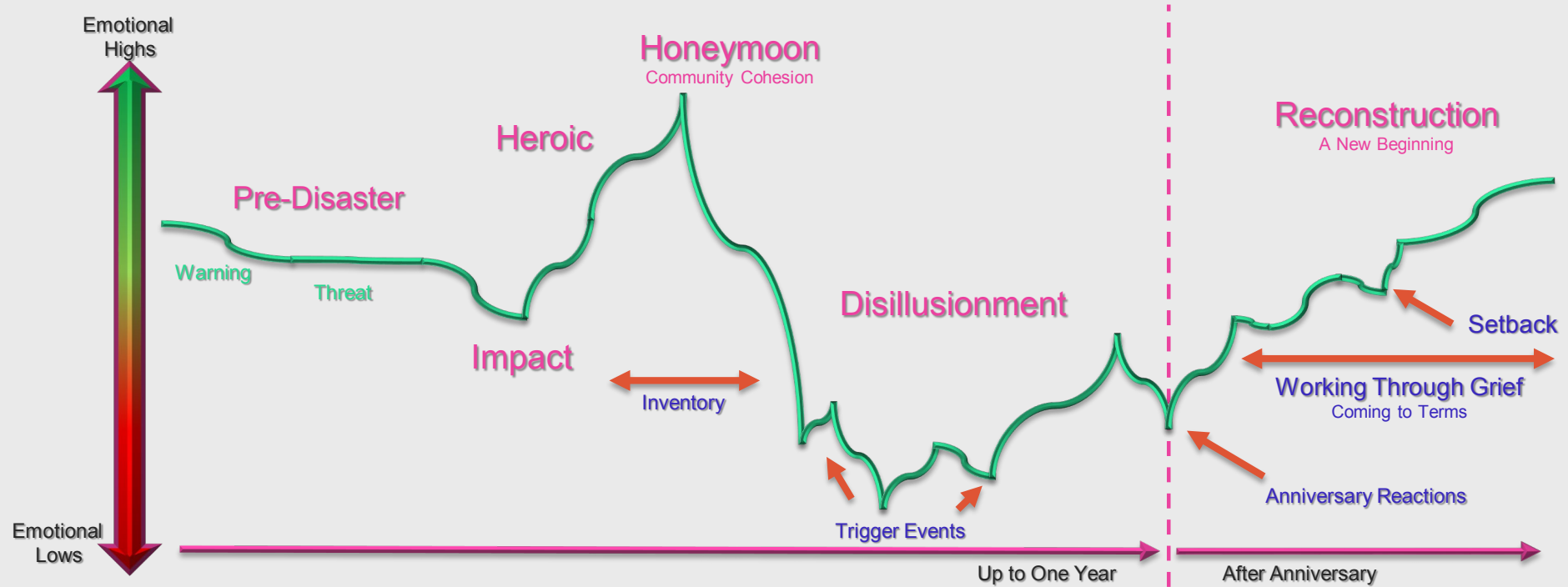
# Mental Health: A Dynamic Model



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# Psychological Phases of Disaster Response- COVID



# Characteristics → Increase Risk

- Perfectionism/ Compulsiveness
- Need for control: *“If I just push myself harder, get more disciplined...”*
- High need for achievement
- Exaggerated sense of responsibility
- Need to please everyone
- Difficulty asking for help
- Excessive, unrealistic guilt
- Suppression of feelings
- \*Environment/culture that denies mental health validity/impact

Myers M & Gabbard G “The Phys as Patient” 2008; Gabbard G JAMA 1985



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# Sources of Anxiety at the Start of the Pandemic

Access to appropriate PPE

Being exposed to COVID-19 and bringing to family

No access to rapid testing and propagating infection at work

Uncertainty that organization will support/take care of personal and family needs if develop infection

Access to childcare during increased work hours and school closures

Support for other personal and family needs

Being able to provide competent medical care if deployed to new area

Lack of access to up-to-date information and communication

***Requests: Hear me, protect me, prepare me, support me, care for me***



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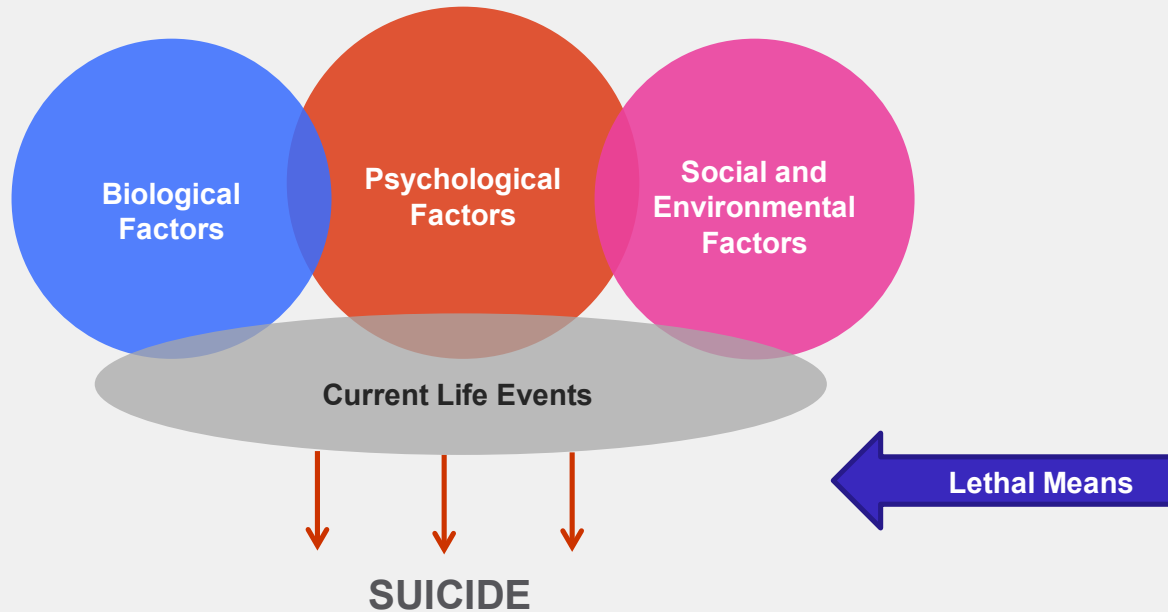
# Protective Factors

- Social support
- Connectedness
- Accessing MH care
- Strong therapeutic alliance
- Effective MH tx
- Coping skills
- Problem solving skills
- Cultural/religious beliefs
- Biological/psychological resilience
- Family/peer modeling



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# Suicide Risk and Protective Factors



July  
18  
2010

# TIME



## WHY YOUR DNA ISN'T YOUR DESTINY

The new science of epigenetics  
reveals how the choices you  
make can change your genes  
—and those of your kids

BY JOHN CLOUD

# Risk Factors for Suicide

- Mental health conditions
- Trauma/ACEs
- Genes- stress/mood
- Previous SA
- FH suicide
- Parent SA/MHC/Addiction
- Shame/humiliation/despair
- Aggression/impulsivity
- Access to lethal means
- Suicide exposure
- Inflexible thinking, perfectionism
- Precipitating event (disrupted relationship, bullying/bullier)
- LGBTQ rejection
- Relationship discord



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# Protective Factors

- Social support
- Connectedness
- Accessing MH care
- Strong therapeutic alliance
- Effective MH tx
- Addressing trauma
- Coping skills
- Problem solving skills
- Cultural/religious beliefs
- Biological/psychological resilience
- Family/peer modeling



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# ROLE OF STIGMA



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# Language Matters

## Avoid

- Commit suicide
- Successful/failed attempt

## Say

- Died by suicide
- Attempted suicide



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# Access and Barriers to Care

Among physicians, barriers to mental health care:

- Potential for discrimination
- Hospital privileges
- Health insurance
- Malpractice insurance

# Female Physician Study $N=2106$

Facebook convenience sample, all specialties, 50 states, mothers, timeframe since med school

- **66% met criteria for mental health condition (dx'd or not) but had not sought treatment**

- I can get through without help (68%)
- No time (52%)
- Embarrassing/shameful (45%)
- Don't want to have to report to med board (44%)

- **Of those who sought treatment 6% reported disclosing on licensing application**

Gold K..Schwenk TL. "I would never want to have a mental health diagnosis on my record": A survey of female physicians. *Gen Hosp Psych* 2016



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# Self-Stigma

Stigma Variable	% non-depressed students saying "yes"	% depressed students saying "yes"
Telling a counselor I am depressed would be risky	17	53
If I were depressed, I would seek treatment	87	46
Seeking help for depression would make me feel less intelligent as a medical student	21	46
If depressed, fellow students would respect opinions less	24	56
If depressed, application for residency would be less competitive	58	76
Medical students with depression can snap out of it if they wanted to	1	8
Depression is a sign of personal weakness	7	17

Schwenk et al, JAMA 2010



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# CREATING A CULTURE OF WELLNESS



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# Organizational Strategies

## Facilitated Connecting

*Mayo Faculty Grp → decreased burnout*

*Peer/Buddy/Mentors*

*Schwartz Rounds (425 hospitals)*

## Education

*Mass Gen SMART “Relaxation Response Resiliency”*

*Mindfulness Curriculum*

*Stigma reduction*

## Culture Change & Barrier Reduction

*UCSD HEAR Program*

*OHSU Wellness/Suicide Prevention Program*

*Stanford WellMD*

*The Ohio State Wellness/“Health Athlete”*

## Employee Groups/Initiatives

*Culture Champions*

*Interest Groups*

*Inclusion Groups*



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# Physician Health Programs (PHPs)

Confidentiality promotes early intervention

Therapeutic alternative to discipline

Protect patient safety through accountability

Rehabilitate the professional for safe return to practice

Continuing care and health monitoring agreements

Compliance documentation as evidence of ongoing safety to practice

Expertise with the healthcare profession  
(a safety sensitive occupation)



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# Strategies for Promoting Well-Being During the COVID-19 Pandemic: Infographic



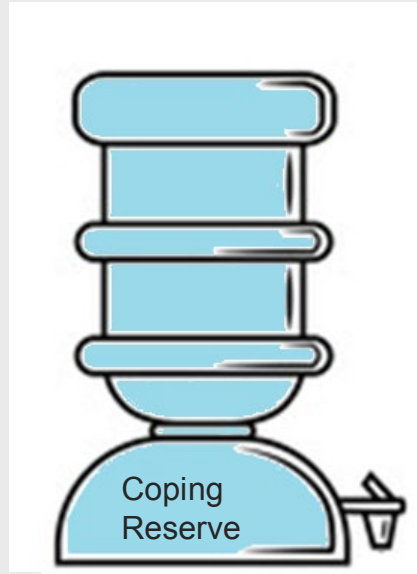
Therapy/Tx

Social connection

Processing Conflict

Affirmation

Sleep & Exercise



Sleep Deprivation



Humiliation



Rejection

Loss



Triggers for  
Past Trauma

# Resilience Reservoir

What *drains*  
your reservoir and  
what *fills* it (your  
psychological PPE)?

Dunn, Iglewicz, Moutier. A conceptual model of medical student well-being: Promoting resilience and preventing burnout. *Acad Psychiatry* 2008

# Suicide Risk & Prevention During Pandemic

## • Mental health services & Individual providers

- Clear assessments & care pathways
- Evidence-based intervention

## • Crisis helplines:

- Maintain/increase volunteer workforce

## • Government

- Adequate resourcing for interventions

Experience of Suicidal Crisis



## • Mental health services & Individual providers

- Care delivery in different ways
- Support for health-care staff & frontline workers

## • Government

- Adequate resourcing for interventions

Mental Illness



## • Government

- Monitoring intake & reminders on safe drinking

Alcohol Consumption



## • Government

- Financial safety net
- Ensure longer-term measures in place

Financial Stressors



## • Retailers:

- Vigilance dealing with distressed

## • Government & non-governmental organizations

- Carefully framed messages re-access to lethal means

Access to Means



## • Government

- Ensure access & support

Domestic Violence



## • Media professionals:

- Moderate reporting, in line with existing & modified guidelines

Irresponsible Media Reporting



## • Communities

- Support for those living alone

## • Friends & Family

- Regular check-ins

## • Mental health services & Individual providers:

- Ensure access & availability of help for bereaved

## • Government:

- Adequate resourcing for interventions

Isolation, entrapment, loneliness, & bereavement





## Healthcare Professional Burnout, Depression and Suicide Prevention

Placing a priority on mental health enables healthcare professionals to better take care of themselves and their patients.

[After a Suicide: A Toolkit for Medical Schools](#)

[After a Suicide: A Toolkit for Residency/Fellowship Programs](#)

[Facts about physician depression and suicide](#)

[Resources for healthcare professionals and medical educators](#)

[Prevention programs](#)

### After a Suicide: A Toolkit for Medical Schools

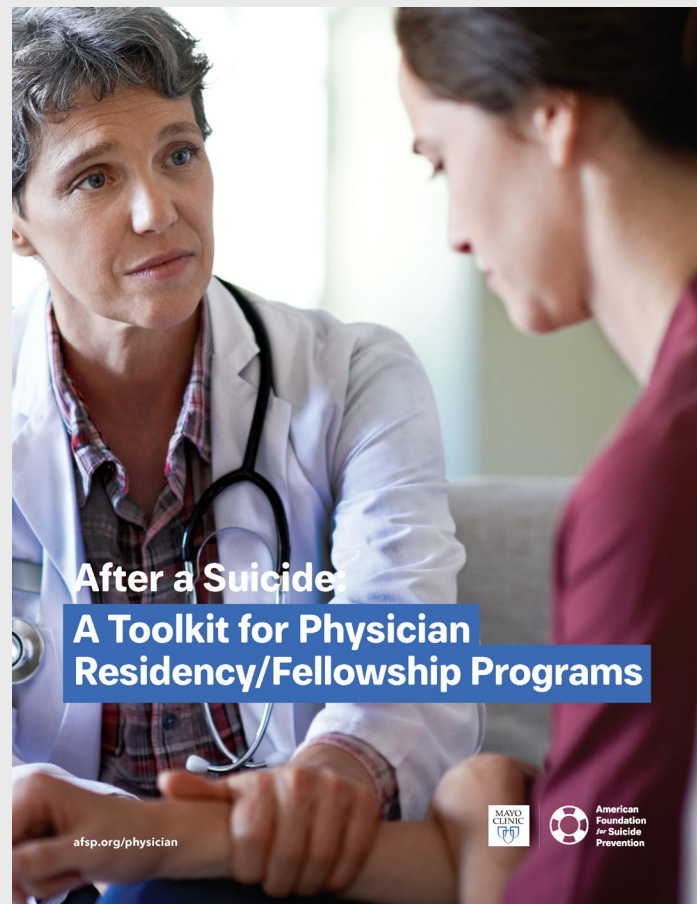
Customized for medical schools, [After a Suicide: A Toolkit for Medical Schools](#) provides guidance in the event of a death by suicide of a medical student. Similar to [After a Suicide: A Toolkit for Physician Residency/Fellowship Programs](#), this toolkit contains strategies for helping the medical community to grieve, to mitigate the risk of contagion, and to attend to the main details of crisis response, communication, and next steps for prevention.

### After a Suicide: A Toolkit for Residency/Fellowship Programs

In the event of a trainee's death by suicide within a physician residency or fellowship program, it is critical to have a plan of action in place. This practical handbook provides guidance for hospital and program leaders.



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# Other Clinician Resources

**Physician Support Line** 888-409-0141 [physiciansupportline.com](https://physiciansupportline.com)

## **Natl Academy of Medicine COVID Clinician Resources**

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

## **Federation State Physician Health Programs COVID** (virtual recovery groups + more)

<https://www.fsphp.org/support-of-clinicians-during-covid-19>



Real Stories

Get Help

Make a Difference

Join a Local Chapter

Learn the Facts



Donate

## Mental Health and COVID-19



Advice and guidance



Social sharing



Public messages



Resources & Programs

We are amid an unprecedented public health crisis, yet we also have an extraordinary opportunity to come together within our families and our communities to reduce the stigma that often surrounds mental health.

AFSP encourages everyone to engage in an open, honest dialogue with their friends and loved ones, to demonstrate compassion and kindness, and to practice self-care by exercising, meditating, and consuming the news in measured doses. And, reach out to those who may be isolated and need the extra

support. These actions can save lives and positively change our collective culture surrounding mental health for the long-term.

We hope these tools help you to spread positive messages of hope, compassion, mental health care and suicide prevention.

Advice and guidance



CEO Update from Bob Gebbia

[Learn more](#)



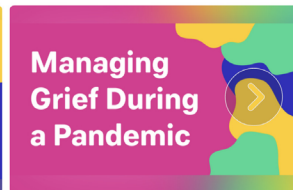
A Message from AFSP's Chief Medical Officer

[Learn more](#)



Taking Care of Your Mental Health in the Face of Uncertainty

[Learn more](#)



Managing Grief During a Pandemic

[Learn more](#)

## COVID-19 Digital Toolkit

AFSP COVID-19 webpage offers guidance, messages of hope and virtual program opportunities in the community and workplace.



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# Social Media Messages

COVID-19 Graphics for Social

**Social  
distancing  
doesn't mean  
we can't connect**

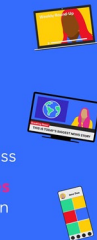
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HOW TO

## Set Boundaries For Media

- Set **intentional time** for media consumption, limit scrolling
- Filter feeds to **positive content**, limiting posts that may cause stress
- Read stories from **trusted sources** and be cautious of misinformation on social
- Avoid the news right **before bedtime**
- **Turn off notifications** and avoid reading comments as needed



## Self-Care Strategies for Resilience

- Start a gratitude journal
- Prepare your favorite food
- Make your space comfy and cozy
- Video chat with your best friends
- Set boundaries with your media consumption
- Make a playlist of your favorite songs (and share with your friends)



## Ways to Care for Older Adults' Mental Health



**YOU ARE ALL  
ESSENTIAL TO US**

**Take a moment to recognize  
your importance today**

afsp.org



TO ALL ESSENTIAL WORKERS:

*we  
appreciate  
you!*

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## Tips for Managing Grief During a Pandemic

1. There are different ways to say goodbye, explore what feels right for you
2. Remember, "the last sentence of the book doesn't rewrite the entire story"
3. Even after loss, connections can deepen as we revisit cherished memories
4. You are not alone in your grief, support is available



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# Summary: Actionable Strategies

- **Education** (Resilience, MH, Stigma Reduction, Psychological First Aid)
- **Interventions** (CBT, Interactive Screening Program)
- **Programs** (Wellness dimensions, Mentorship, PHPs)
- **Policy changes** (Leadership COVID policies, Curriculum P/F, ability to seek healthcare confidentially in and outside home institution)
- **Create wellness culture**  
(Leadership, Address toxic behaviors, Storytelling)



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# THANK YOU!

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