Disclosures

Disclosures/conflicts

• None

(AFSP produces ISP & funds 25% of all suicide studies)

Acknowledgments

• Sid Zisook, Carol Bernstein, Yeates Conwell
Game Plan

• Continuum of distress
• Physician suicide rates and stigma
• Prevention

Burnout prevention and resilience rely on…

A. The Individual
B. The Institutional/Environmental Culture of Medicine
C. Both

Results
What is your experience with physician suicide?

A. I have known a physician colleague, friend or relative who has died by suicide

B. I have known a physician PHP program participant who has died by suicide

C. Both

D. Neither

Results

One Medical Center’s History

- Our medical community experienced suicide losses
- Reached a turning point in 2004 - death by suicide of a prominent UCSD faculty physician
- Ready to take action
- Launched Suicide Prevention Program 2006 - ongoing

Reinhardt T et al. Survey physician well-being, health behav at an academic med center. Med Educ 2005
Two-Pronged Prevention

EDUCATIONAL CAMPAIGN:
Focus- MH and suicide to destigmatize help seeking and treatment.

Goals:
• Educate
• Destigmatize
• Optimize health
• Refer
• Improve MH
• Prevent suicide

AFSP's web-based anonymous Interactive Screening Program

Patient Care & Physician Wellbeing

• Clinicians 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 across the continuum
• A healthy professional culture will lead to improved healthcare for all, both providers and patients

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

Recent National Initiatives Tackle Full Spectrum

From wellbeing to burnout to MH/suicide risk

National Academy of Medicine: Major collab initiative

ACGME: Wellbeing Symposium, Toolkit includes Brief Vid and Guide

AAMC: Leadership Forum ’16

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

And more… FSMB, FSPHP, CHARM, Osteopathic, Nursing initiatives

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
400

U.S. physicians take their own lives every year.

Let's talk about it.

Breaking the Culture of Silence on Physician Suicide

An NAM Perspective

Source: Andrew & Brenner, 2015

www.nam.edu/Perspectives

400 physicians commit suicide each year, a rate more than 2X that of the general population (Andrew & Brenner, 2015).

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder (Prater et al., 2021).

Physician rates of depression remain alarmingly high at 39% (Andrew & Brenner, 2015).

23-31% Prevalence of emotional exhaustion among primary care nurses (Gross-Uhrig et al., 2016).

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing
Tip of the Iceberg

WHY DOES DISTRESS SPIRAL
**Dynamic Interplay:** Individual/Environmental Factors

- Resilience
- Burnout
- Distress

**Characteristics of Physicians ➔ 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: “How do I say no?”
  - Difficulty asking for help: “I’m self-sufficient and have always managed on my own before.”
  - Excessive, unrealistic guilt
  - Suppression of feelings
  - Difficulty taking time for oneself

Environmental Factors

Exposure to suffering, chronic illness
  • “Secondary trauma”
  • Frustrations in clinical work → cynicism

Work environment
  • Culture of respect v. disrespect
The rewards of our work diminished
  • Less time with patients, workload increased

System limitations
  • Budgetary
  • Access to care

A MODEL FOR SUICIDE
Risk factors for suicide include…
A. Mental health problems such as Depression, Bipolar Disorder, Substance Abuse Disorder
B. Psychological traits such as perfectionism and high Anxiety/Neuroticism
C. Family history of suicide
D. Psychosocial stressors, for physicians including job related events
E. All of the above

Suicide risk is most often the result of multiple converging risk factors.
A. True
B. False
Depression is more a result of mental attitude than it is mental illness.

A. True
B. False

Results

Interacting Risk and Protective Factors

- Biological Factors
- Psychological Factors
- Social and Environmental Factors

Current Life Events

MOOD/BEHAVIOR
Interacting Risk and Protective Factors

- Biological Factors
- Psychological Factors
- Social and Environmental Factors

Current Life Events

SUICIDE
Interacting Risk and Protective Factors

Risk Factors for Suicide

- Mental illness
- Previous suicide attempt
- Serious physical illness/chronic pain
- Specific symptoms
- Family history of mental illness and suicide
- H/O childhood trauma/ACEs
- Shame/despair
- Aggression/impulsivity
- Triggering event
- Access to lethal means
- Suicide exposure
- Inflexible thinking
- Genes - stress and mood

Protective Factors

- Social support
- Connectedness
- Strong therapeutic alliance
- Accessing mental health care
- Positive attitude toward MH treatment
- Coping skills
- Problem solving skills
- Cultural beliefs
- Religious affiliation
- Biological/psychological resilience

Means Matter: Lethality

<table>
<thead>
<tr>
<th></th>
<th>Fatal</th>
<th>Nonfatal</th>
<th>Total</th>
<th>% Fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>16,869</td>
<td>2,980</td>
<td>19,849</td>
<td>85%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>6,198</td>
<td>2,761</td>
<td>8,959</td>
<td>69%</td>
</tr>
<tr>
<td>Poisoning/overdose</td>
<td>5,191</td>
<td>215,814</td>
<td>221,005</td>
<td>2%</td>
</tr>
<tr>
<td>Fall</td>
<td>651</td>
<td>1,434</td>
<td>2,085</td>
<td>31%</td>
</tr>
<tr>
<td>Cut/pierce</td>
<td>458</td>
<td>62,817</td>
<td>63,275</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1,109</td>
<td>35,089</td>
<td>36,198</td>
<td>3%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>146</td>
<td>2,243</td>
<td>2,389</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>30,622</td>
<td>322,991</td>
<td>353,613</td>
<td>9%</td>
</tr>
</tbody>
</table>

http://www.hsph.harvard.edu/means-matter/means-matter/case-fatality
When it comes to suicide risk, physicians’ mortality rate is…

A. Lower than the general population  
B. Higher than the general population  
C. Depends on the gender and country
Have you worried that PHP actions might, at times, increase suicide risk in an already vulnerable population of physicians (despite the fact that PHPs probably mitigate risk to the cohort in the long-run)?
A. Yes
B. No
C. Maybe

Results

Depression During Internship (N=740 interns)

<table>
<thead>
<tr>
<th>Predictors of Depr Sx</th>
<th>Percentage with “Depression” (PHQ &gt;10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline Factors</strong></td>
<td><strong>Before Internship</strong></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>3.9%</td>
</tr>
<tr>
<td>Personal history of depression</td>
<td>27.1%</td>
</tr>
<tr>
<td>Baseline depressive symptoms</td>
<td>23.3%</td>
</tr>
<tr>
<td>Female sex</td>
<td>25.7%</td>
</tr>
<tr>
<td>US medical graduate</td>
<td>26.1%</td>
</tr>
<tr>
<td>Difficult early family environment</td>
<td></td>
</tr>
<tr>
<td>5-HTTLPR polymorphism</td>
<td></td>
</tr>
<tr>
<td><strong>Within-Internship Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Mean work hours</td>
<td></td>
</tr>
<tr>
<td>Medical errors</td>
<td></td>
</tr>
<tr>
<td>Stressful life events</td>
<td></td>
</tr>
</tbody>
</table>

Mean PHQ-9 increased from 2.4 to 6.4

Sen et al, Arch Gen Psych 2010
Physician Mortality

Male U.S. physicians have a longer life span and lower rates of death due to many medical causes (COPD, liver disease, pneumonia) compared to other professionals and general population.

However, suicide as a cause of death is overrepresented in male physicians compared with other male professionals.


U.S. Physician v Professional
1984-1995

Male Physicians v General Population

Male physicians/age matched males in the general population = 1.41

Schernhammer E, Colditz G, Am J Psych 2004

Female Physicians v General Population

Female physicians/age matched females in the general population = 2.27

Schernhammer E, Colditz G, Am J Psych 2004
Physician Suicide
2013 NVDRS Study

2003-2008 NVDRS data 17 states: 31,636 total, 203 MDs

NVDRS = rich data set: psychosocial, psychiatric, MH care, medical, substance abuse, medications

Multiple logistic regression analysis physician v non-physician professionals

Gold, Sen, Schwenk, Details on suicide among US phys: Data from the Natl Violent Death Reporting System, Gen Hosp Psych 2013

Picture of Physician Suicide

Less likely to have had a recent death of friend/family

More likely to have had a job problem

20-40x rate measurable levels of benzodiazepines, barbiturates and antipsychotics

Older

Presence of known mental illness, but less formal treatment

Major barriers to help-seeking, diagnosis and treatment due to stigma

Gold, Sen, Schwenk, Details on suicide among US phys: Data from the Natl Violent Death Reporting System, Gen Hosp Psych 2013
## Self-Stigma

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

Schwenk et al, JAMA 2010

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### Stigma associated with help seeking increases a population’s risk for suicide.

A. True

B. False

**Results**
Stigma impacts population suicide

Suicide rates linked to stigma

Dutch study of regions with high and low suicide rates
Stigma- strongly inversely correlated with help seeking
Region with a higher suicide rate- stigma and shame about MH problems much higher, help seeking lower

Stigma reduction is core component of successful suicide prevention programs (USAF 33% 7 yrs, UCSD)

Access and Barriers to Care

Among practicing physicians, barriers to mental health care include:

• Discrimination in medical licensing
• Hospital privileges
• Health insurance
• Malpractice insurance

Women physician survey (N=2106)

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

- 66% met criteria for a 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 only 6% had disclosed on licensing app

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

STRATEGIES: PREVENTION
A Promising Study: Mayo Clinic’s Peer Group

**Rationale:**
- Burnout is common
- Affects patient care and workforce turnover
- Shared individual and institutional responsibility

**Design and Results:**
- Randomized, controlled trial (n=74)
- Each group received 1 hour paid time off every other week x 9 mos
  - Facilitated discussion group mindfulness, reflection, shared experiences, and small-group learning
  - Vs. time off
- Active peer support group superior by 3 months and sustained over 1 year
  - Less emotional exhaustion
  - Less exhaustion
  - Less burnout
  - More meaning, empowerment and engagement in work

West et al, JAMA Intern Med 2014
CBT for Preventing SI in Medical Interns

Can CBT inoculate interns from suicidal thinking?

• SI increases more than 4-fold during first 3 months of internship
• Rates of help seeking low
• 199 interns in 2 hospitals (Yale, USC)
• Web-based CBT 4 weeks pre-internship v. attention control
• Followed every 3 mos with PHQ-9 for 12 months

Interns who received CBT were significantly less likely to develop SI

• 12% CBT group v. 21.2% control group
• Intervention= 4 modules web-based CBT - MoodGYM


UCSD Suicide Prevention Program

EDUCATIONAL CAMPAIGN:
Focus- MH and suicide to destigmatize help seeking and treatment.

Goals:
• Educate
• Destigmatize
• Optimize health
• Refer
• Improve MH
• Prevent suicide

Moutier C, ...Zisook S. Suicide Prevention Depression Awareness Program at University of California, San Diego School of Medicine. Acad Med 2012
Interactive Screening Program

Culture Change

Toxic aspects stifle honesty, proactivity, support

→ *Sustained strategic effort, years*

Top down action - *Education, ISP Program, policy changes*

Grassroots changes - *Peer mentors, Residency support/ process*

Embedded in Culture - *Help seeking, Mindfulness, managing negative thought patterns, motivational interviewing for goals*

RESULT: *Incr help seeking - 40% in stud, 230 referrals of MDs via ISP*
Actionable Strategies

- Education
- Interventions (CBT, ISP)
- Programs (Wellness dimensions, mentorship)
- Policy changes (Curriculum P/F, ability to seek healthcare in and outside home)
- Create “safe” culture (Address toxic behaviors)
- **Education**
  Stakeholders, mental health, resources, policies, self-Rx

- **Mental healthcare barrier reduction**
  Privacy, access, cost

- **Culture change**
  Safety, respect, support, MH=health

Contact: Christine Moutier, M.D.
cmoutier@afsp.org

#StopSuicide