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**Healthcare Provider Mental Health:
Preventing Suicide and Building Resilience**

Christine Moutier, MD, AFSP April 19, 2018
 Chief Medical Officer
 American Foundation for Suicide Prevention

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What is Pet Poison Helpline?

- **24/7 animal poison control center**
- **Veterinary & human expertise**
 - 20 DVMs, 35 CVTs
 - DABVT, DABT
 - DACVECC
 - DACVIM
 - 7 PharmDs
- **Case fee of \$59 includes**
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 - Fax or email of case report
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 - Wheel of Vomit
 - Pot of Poisons (toxic plants)
 - Textbook
 - iPhone app
 - Newsletters for vet professionals
 - Free resources for clinics
 - Videos
 - Electronic material
 - Clings
 - **Email us for info!**


 SAVING PETS' LIVES, 24 HOURS A DAY, 7 DAYS A WEEK
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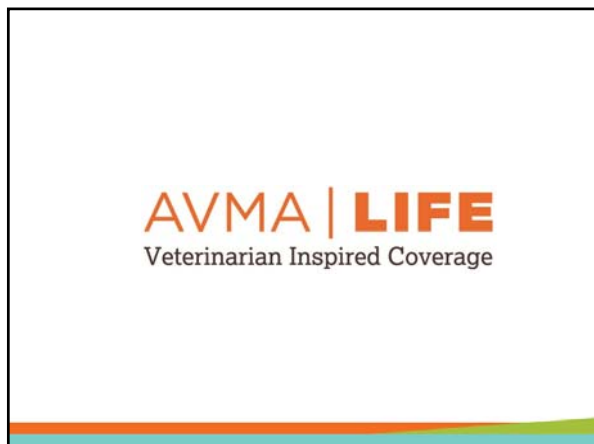

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- Disability Income – including maternity benefit
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Speaker Introduction



Christine Moutier, MD, AFSP
Chief Medical Officer
American Foundation for Suicide Prevention

**PHYSICIAN
MENTAL HEALTH**
Preventing suicide and building
resilience

AVMA Webinar April 2018
Christine Moutier, MD, AFSP Chief Medical Officer




Disclosures

Disclosures/conflicts

- None (AFSP produces ISP & funds 25% of all suicide studies)


Acknowledgments

- Sid Zisook, Carol Bernstein, Yeates Conwell



Game Plan

- Continuum of resilience-distress
- Suicide and stigma
- Actionable strategies



Patient Care & 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



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
- Nursing staff suicides → expansion UCSD program

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



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




Summer 2014

Why Do Doctors Commit Suicide?

By PRANAY SINHA, SEPT. 4, 2014



NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for breathing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.



JAMA Psychiatry 2016

VIEWPOINT

Authors: Jonathan M. Sheline, MD, MPH, Department of Psychiatry, University of Michigan, Ann Arbor, Mich; and the American Psychiatric Association, Washington, DC

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Depression and Suicide Among Physician Trainees: Recommendations for a National Response

Box: Guidelines to Promote Mental Health Among Residents and Fellows

Education
Devote curricular time (grand rounds, didactic conference) to educating trainees about the commonness of illness, how to come to a diagnosis, and the potential consequences these states have on physicians and their patients.

Ensure that residents and fellows are aware of all local treatment options and how to best use mental health care resources available to them.

Assure trainees that mental health treatment is confidential (just like other medical treatments).

Address concerns about the potential repercussions of receiving mental health care on job security, regional licensure, malpractice insurance, and disability coverage.

Engage program leadership (training director, department chair, teaching faculty) in educational modules aimed at promoting resident wellness and identifying struggling and at-risk trainees.

Screening
Include a psychiatric and substance abuse history during required annual occupational health history and physical examinations to identify those at risk.


Screen for depression and substance abuse using validated scales (Patient Health Questionnaire-9, Quick Inventory of Depressive Symptomatology, and Modified Sclerodermatosis Screening Instrument for Substance Abuse) within the first 3 months of training programs, given that this is known to be a high-risk period.

Ensure appropriate, confidential, and timely follow-up with mental health care professionals to trainees whose screening results are positive for depression and/or substance abuse.

Treatment
Ensure that trainees have access to mental health treatment that is an equal level of standard for all other medical conditions.

Provide recurring opportunities for trainees to discuss the challenges of their experiences in a confidential setting. Sharing vulnerabilities diminishes isolation by fostering connection with peers.

Support
Require programs to develop protocols for team debriefings when a serious event occurs, including a patient's death, a code situation, or a serious medical error.




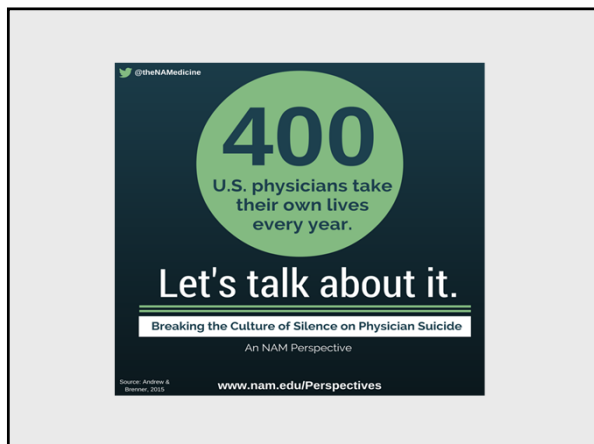
Recent National Initiatives Tackle Full Spectrum

From wellbeing to burnout to MH/suicide risk

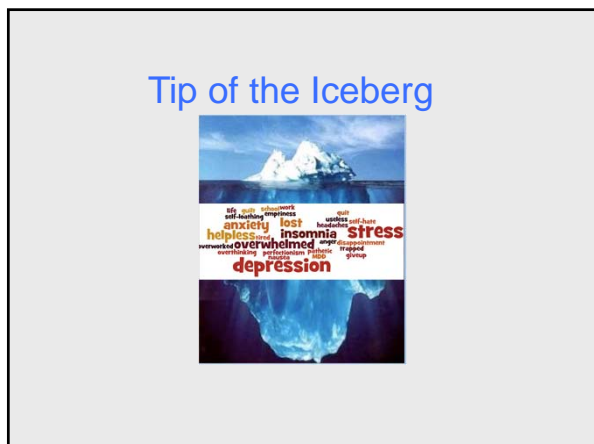
- ACGME: Wellbeing Symp, Toolkit - Brief Vid and Guide
- National Academy of Medicine: Collaborative initiative
- AMA: Online modules to recognize and respond to physician suicide risk
- AAMC: Leadership Forum '16
- And more... FSMB, Emerg Med, Osteopathic, Nursing

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-https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources> AAMC <https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html>












A MODEL FOR THE CONTINUUM



Mental Health: A Dynamic Model




Resilience

- The capacity to bend/flex, bounce back, to withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change

Based on a combination of factors

- Internal attributes (genetics, optimism)
- External (modeling, trauma)
- Skills (problem solving, finding meaning/purpose)


Wolfin 1993, Werner & Smith 1992



What is Resilience?

•Optimism	•Capable of empathy
•Meaning given to adversity	•Internal locus of control
•Proactive coping mechanisms	•Sense of humor
•Good social support	•Warm, nurturing parents
•Effective emotional regulation	•Spirituality
•Altruism	•Ability to face your fears
•Positive self concept	•Having a positive role model
•Good cognitive skills	•Goals in life
•Social skills, developed social intelligence	


Southwick & Charney. Resilience: The Science of Mastering Life's Greatest Challenges. Cambridge: Cambridge University Press, 2012



Can We Build Resilience?

- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Talking things out with others
- Hobbies outside medicine
- Personal relationships
- Boundaries
- Humor
- Time away from work
- Passion for one's work

Sweitz, J Palliative Med 2009




Burnout: Definition

Emotional depletion: feeling frustrated, tired of going to work, hard to deal with others at work

Detachment/depersonalization: being less empathic with patients/others, detached from work, seeing patients as diagnoses/objects/sources of frustration

Low personal achievement: experiencing work as unrewarding, "going through the motions"

Maslach, 2006



Drivers of Burnout

- Excess stress, long hours, fatigue and work compression, intensity of work environment, low autonomy
- Loss of meaning in medicine and patient care
- Challenges in institutional cultures: perceived lack of support, lack of professionalism, disengaged leadership
- Problems with work-life balance



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




Healthcare Professionals

- Burnout extremely prevalent across all healthcare disciplines
 - Studies of numerous disciplines and clinical units
 - Every healthcare field has been studied
 - Psychologists, MDs, RNs, APN, SW, Case Mgr, Dialysis, PT, OT
 - Nursing and compassion fatigue
 - "Loss of the ability to nurture, to care"
- Characteristics that draw people to HC- high drive, identity as helper
- Ethical, moral strain as a factor
- Environmental factors are critical
- Nursing field likely higher suicide rates as well (Davidson et al 2017, 4.5X)

Saban et al. Burnout and coping strategies of polytrauma team members caring for veterans with TBI. Brain Inj 2013;27:301-9




HCP SUICIDE



SUICIDE LANGUAGE

A Word about Language

Avoid	Say
• Commit suicide	• Died by suicide
• Manipulative	• Distressed
• Successful/failed attempt	• Attempted suicide



WHY DOES SUICIDE OCCUR

Interacting Risk and Protective Factors



Biological Factors, Psychological Factors, Social and Environmental Factors, Current Life Events, SUICIDE


Nock M, et al. Psychiatry 2013; Beghi M, Rosenbaum J, et al. Neuropsychiatr Dis 77 2013; Koyama K, Suic Life Threat Beh 2009; Nordentoft M, Danish Med Bull 2007



WHY DOES SUICIDE OCCUR

Risk Factors for Suicide


- Mental illness*
- Previous SA
- Serious phys illness/pain
- Specific symptoms
- FH suicide
- Genes- stress/mood
- H/O childhood trauma
- Shame/despair
- Aggression/impulsivity
- Triggering event
- Access to lethal means
- Suicide exposure
- Inflexible thinking



WHY DOES SUICIDE OCCUR

Protective Factors

- Social support
- Connectedness
- Accessing MH care
- Strong therapeutic alliance
- Positive attitude MH tx
- Coping skills
- Problem solving skills
- Cultural/religious beliefs
- Biological/psychological resilience



Depression During Internship (N=740 interns)

Predictors of Depressive Sx

Baseline Factors	Within-Internship Factors
Neuroticism	Mean work hours
Personal history of depression	Medical errors
Baseline depressive symptoms	Stressful life events
Female sex	
US medical graduate	
Difficult early family environment	
5-HTTLPR polymorphism	

Sen et al, Arch Gen Psych 2010

Percentage with "Depression" (PHQ >10)

Time Point	Percentage with Depression (PHQ >10)
Before Internship	3.9
3 Months	27.1
6 Months	23.3
9 Months	25.7
12 Months	26.1

Mean PHQ-9 increased from 2.4 to 6.4

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.

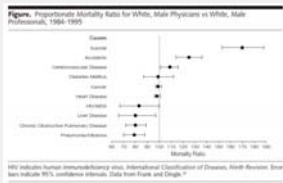
However, suicide as a cause of death is overrepresented in male physicians compared with other male professionals.

Frank et al., Am J Prev Med 2000



U.S. Physician v Professional

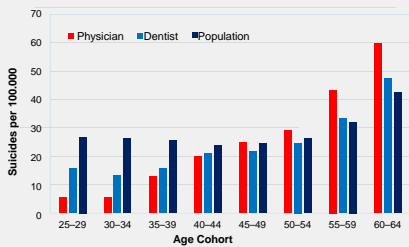
1984-1995



Frank E. Mortality rates and causes among U.S. physicians. Am J Prev Med 2000



Suicide Rates U.S. 1984-1992



Petersen, Burnett. Occup Med 2008. 58 (1): 25-29.



PHYSICIAN SUICIDE

Male Physicians v General Population

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

Schemhammer E, Colditz G, Am J Psych 2004

PHYSICIAN SUICIDE

Female Physicians v General Population

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

Schemhammer E, Colditz G, Am J Psych 2004

PHYSICIAN SUICIDE

Physician Postmortem Study

NVDRS: (National Violent Death Reporting System)

Multiple data sources: death certificates, coroner data, medical examiner information, toxicology information, law enforcement reports

31,636 victims/203 physicians

2003-2008, 16 NVDRS states at the time


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

PHYSICIAN SUICIDE


Picture Physician Suicide v General Pop

- 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
- Presence of known mental illness, but less formal treatment
- Major barriers to help-seeking and treatment due to stigma

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




ROLE OF STIGMA



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)

Reynders A, et al. Attitudes and stigma in relation to help-seeking intentions for psych problems in low and high suicide rate regions. Soc Psych Epidemiol 2014; Knox et al, BJAJ 2003



Beliefs & Realities: Barriers to Care

Among physicians, barriers to mental health care:

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

Miles SH, JAMA 1998; APA, Am J Psych 1984

Women Physician Study- Personal MH 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



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




CREATING A CULTURE OF WELLNESS



Individual Resilience Strategies

Practices and routines	Job-related cultivation
<ul style="list-style-type: none">Leisure activities (exercise, music, theatre)Cultivation of contact with colleaguesCultivation of relationships with family and friendsRitualized time out periodsSelf-organization, prioritizationCultivation of one's own purpose, professionalismSpiritual practices/meditation	<ul style="list-style-type: none">Doctor-patient relationshipMedical efficacyIdentify sources of gratification

Zwack, Schweitzer, Acad Med 2013




Resilience Strategies of Experienced Physicians (2)

Useful attitudes

- Acceptance and realism
- Self-awareness and reflection
- Accepting professional boundaries
- Recognize when change is necessary
- Appreciate the good things
- Interest in the person behind the symptom

Zwack, Schweitzer, Acad Med 2013



Institutional Resilience Strategies

Facilitated Groups

Student & Resident Groups

Mayo Faculty Process Group

Balint Groups

Schwartz Rounds- Interdisc (425 hospitals)

Multi-prong Institutional

OHSU Wellness and Suicide Prevention Program

Stanford WellMD

Curricular

MGH SMART-R "Relaxation Response and Resiliency Program"

Mindfulness Based Practices

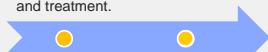
Positive Psychology Coaching



UCSD Suicide Prevention Program

EDUCATION CAMPAIGN:

Focus- MH and suicide to destigmatize help seeking and treatment.



AFSP's online anonymous Interactive Screening Program

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




ISP is an online program utilized by mental health services at institutions of higher education, including medical and professional degree schools, hospitals and health systems, law enforcement agencies, and organizations and workplaces through their Employee Assistance Programs (EAPs).

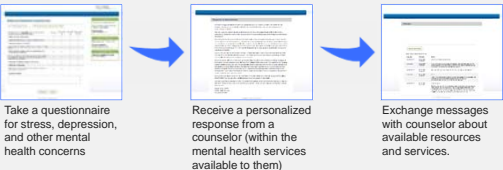
The following **key principles** reduce barriers to care and encourage people to engage in available mental health services

- Participant Anonymity
- Personalized Contact with Mental Health Professionals
- Connection to Participants' Experience
- Interactive Engagement

How ISP Works



Via the organization or institution's customized ISP platform, individuals anonymously:





Take a questionnaire for stress, depression, and other mental health concerns


Receive a personalized response from a counselor (within the mental health services available to them)

Exchange messages with counselor about available resources and services.

Interactive Screening Program

ISP Program Findings (MDs)



	N (%)
Submitted Questionnaire	1,449
Level of Distress	
Tier 1A (current suicidal ideation, plans, behaviors)	130 (9.0)
Tier 1B (high distress)	394 (27.2)
Tier 2 (mild/moderate distress)	889 (61.4)
Tier 3 (no distress)	36 (2.5)
Reviewed the Counselor's Response	1,177 (81.2)
Dialogued with a Counselor	323 (27.4)
Requested referral to meet with a counselor in-person	131 (40.6)

ISP validated my feelings of being overwhelmed/burnt out, and made me feel more ok with seeking help

UCSD Outcomes & Culture Change

Since toxic environments stifle healthy relationships, support, proactivity
→ Requires sustained strategic effort


Top down action- *Educ, ISP Program, policy*

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

Embedded in Culture- *Help seeking, Mindfulness, managing negative thought patterns,*

RESULT: *Increased help seeking- 40% in students, 320 referrals of MDs via ISP*

Moutier C, et al. The Suicide Prevention and Depression Awareness Program at the UCSD School of Medicine. Acad Med 2012



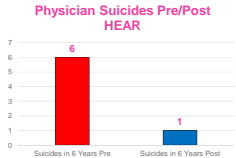
UCSD Results

The Suicide Prevention and Depression Awareness Program at the University of California, San Diego School of Medicine
Copyright © 2012, American Foundation for Suicide Prevention, Inc.

1st Year Results:

- 374 individuals (13%) completed screens
- 101/374 (27%) met criteria for significant risk for depression or suicide
- 48/374 (13%) received referrals

Physician Suicides Pre/Post HEAR



Time Period	Number of Suicides
Suicides in 6 Years Pre	6
Suicides in 6 Years Post	1


Note: Asking about suicide does not increase suicide

Build Institutional Resilience

Engage all levels of system

Become proactive versus reactive

One size does not fit all



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

Interns who received CBT were significantly less likely to develop SI.

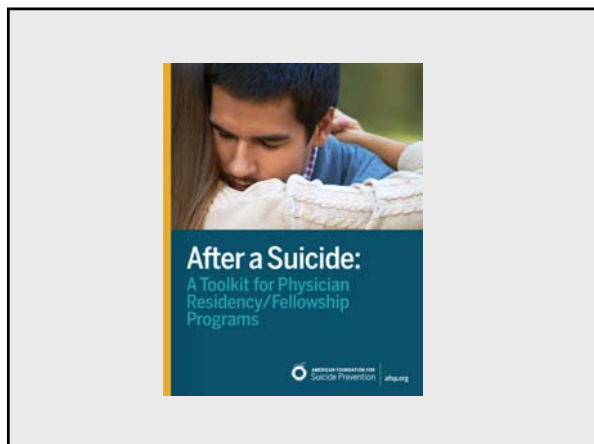
- 12% CBT group v. 21.2% attention control group
- Intervention was 4 modules of web-based CBT dev by MoodGYM

Guille C, ... Sen S. Web-based CBT for prevention of suicidal ideation in medical interns. JAMA Psychiatry 2015






The screenshot shows a website with a navigation bar at the top containing links like 'HOME', 'ABOUT US', 'RESEARCH', 'EDUCATION', 'SERVICES', and 'NEWS'. Below the navigation bar is a large photograph of a diverse group of healthcare professionals standing together. Underneath the photo is the main heading 'Healthcare Professional Burnout, Depression and Suicide Prevention' followed by a sub-heading 'Finding a path to mental health quality healthcare professionals to better take care of themselves and their patients.' There are also several smaller images and text blocks on the page, including one titled 'After a Suicide in Health Care: Bereavement/Following Programs'.



Actionable Strategies

- Education
- Screening
- 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)



SUMMARY: STRATEGIES

Education


Stakeholders, address stigma, mental health, resources, policies, avoid self-Rx

Mental healthcare barrier reduction

Screening, referral, privacy, access, cost

Culture change

Safety, support seeking, MH=health



NATIONAL RESOURCES

Suicide Prevention Lifeline
1-800-273-TALK



Lifeline Crisis Chat
<http://www.contact-usa.org/chat.html>

Crisis Text Line
'Talk' 741-741



NATIONAL RESOURCES

Mental Health Treatment Locator
findtreatment.samhsa.gov

Mental Health America
<http://www.mentalhealthamerica.net/finding-help>

The Trevor Project for LGBTQ Youth
thetrevorproject.org/resources

Military/Veteran Crisis Line
Call 1-800-273-8255 and Press 1,
Text 838255,
Chat www.militarycrisisline.net



Wellbeing Resources

- National Suicide Prevention Lifeline - 800-273-8255
- Crisis Textline - Text HOME to 741741
- AVMA.org/wellbeing - resource page
- QPR (Question/Persuade/Refer) Free training through AVMA
- University of Tennessee - Veterinary Social Worker Helpline - 865-755-8839

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Thank you for attending!

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1. **I attended the webinar but wasn't the person who logged in. Can I still get a CE certificate?** Yes. Send your name and email address to info@petpoisonhelpline.com.
3. **Can I watch the recorded webinar online?** Yes. You can view the recorded webinar on our website. Go to the "For Vets" page on our website, www.petpoisonhelpline.com for more info.

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