

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

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

[www.petpoisonhelpline.com](http://www.petpoisonhelpline.com) | Bloomington, MN | Pet Poison Helpline ©2018

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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**
  - Unlimited per case consultation
  - Fax or email of case report
- **Educational center**
  - Free webinars (archived)
  - Tox tools
    - 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!**




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**Upcoming 2018 Webinars**

September 13, 2018  
**Managing Student Debt**  
 -Michael Gergye

November 15, 2018  
**How to Buy a Veterinary Hospital**  
 -Terry O'Neil, CPA, CVA

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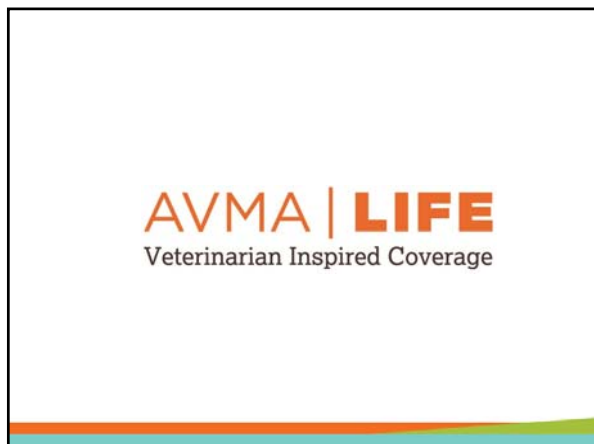
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**Veterinarian Inspired Coverage**

- Disability Income – including maternity benefit
  - Professional Overhead Expense
- Life Insurance
- Hospital Indemnity
- Critical Illness
- Credible – Student Loan Refinancing
- Wellbeing Initiatives – including our Member Advocate
- Visit [AVMALife.org](http://AVMALife.org) to find out more



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**PET POISON HELPLINE**  
800.213.6680  
[www.petpoisonhelpline.com](http://www.petpoisonhelpline.com)



**AVMA | LIFE**  
Veterinarian Inspired Coverage

**Speaker Introduction**



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

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

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



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**Disclosures**

**Disclosures/conflicts**

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

**Acknowledgments**

- Sid Zisook, Carol Bernstein, Yeates Conwell



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**Game Plan**

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



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### 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



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### 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



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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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# A MODEL FOR THE CONTINUUM




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## Mental Health: A Dynamic Model


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## 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




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## 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



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## 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



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## 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



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### 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



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### 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



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### 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



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# HCP SUICIDE




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SUICIDAL LANGUAGE

## A Word about Language

<p><b>Avoid</b></p> <ul style="list-style-type: none"> <li>• Commit suicide</li> <li>• Manipulative</li> <li>• Successful/failed attempt</li> </ul>	<p><b>Say</b></p> <ul style="list-style-type: none"> <li>• Died by suicide</li> <li>• Distressed</li> <li>• Attempted suicide</li> </ul>
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WHY DOES SUICIDE OCCUR

## Interacting Risk and Protective Factors



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




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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




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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




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### Depression During Internship (N=740 interns)

**Predictors of Depressive Sx**

<b>Baseline Factors</b>	<b>Within-Internship Factors</b>
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
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

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## 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




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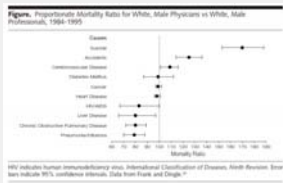
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## U.S. Physician v Professional

1984-1995



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




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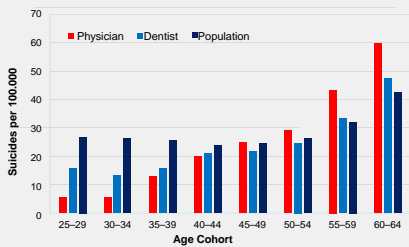
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## Suicide Rates U.S. 1984-1992



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




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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

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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

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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

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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



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# ROLE OF STIGMA



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### 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, BJAU 2003



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## 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

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## 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




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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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## Individual Resilience Strategies

<b>Practices and routines</b>	<b>Job-related cultivation</b>
<ul style="list-style-type: none"><li>Leisure activities (exercise, music, theatre)</li><li>Cultivation of contact with colleagues</li><li>Cultivation of relationships with family and friends</li><li>Ritualized time out periods</li><li>Self-organization, prioritization</li><li>Cultivation of one's own purpose, professionalism</li><li>Spiritual practices/meditation</li></ul>	<ul style="list-style-type: none"><li>Doctor-patient relationship</li><li>Medical efficacy</li><li>Identify sources of gratification</li></ul>

Zwack, Schweitzer, Acad Med 2013



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## 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



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## Institutional Resilience Strategies

Facilitated Groups	Multi-prong Institutional
<i>Student &amp; Resident Groups</i>	<i>OHSU Wellness and Suicide Prevention Program</i>
<i>Mayo Faculty Process Group</i>	<i>Stanford WellMD</i>
<i>Balint Groups</i>	
<i>Schwartz Rounds- Interdisc (425 hospitals)</i>	

Curricular

- MGH SMART-R "Relaxation Response and Resiliency Program"*
- Mindfulness Based Practices*
- Positive Psychology Coaching*




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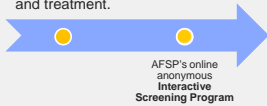
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## UCSD Suicide Prevention Program

**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

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




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## 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

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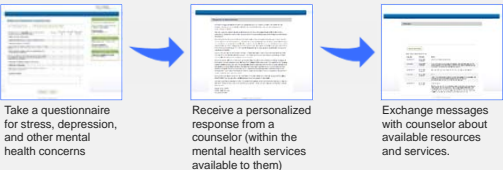
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## How ISP Works



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.

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## Interactive Screening Program


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## 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"*

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## 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




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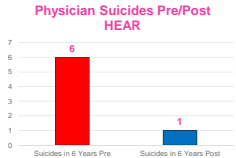
## UCSD Results

The Suicide Prevention and Depression Awareness Program at the University of California, San Diego School of Medicine  
©2012 UCSD, All Rights Reserved. All Rights Reserved. All Rights Reserved.

**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**



Category	Count
Suicides in 6 Years Pre	6
Suicides in 6 Years Post	1

Note: Asking about suicide does not increase suicide

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## Build Institutional Resilience

Engage all levels of system

Become proactive versus reactive

One size does not fit all




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### 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




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### 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




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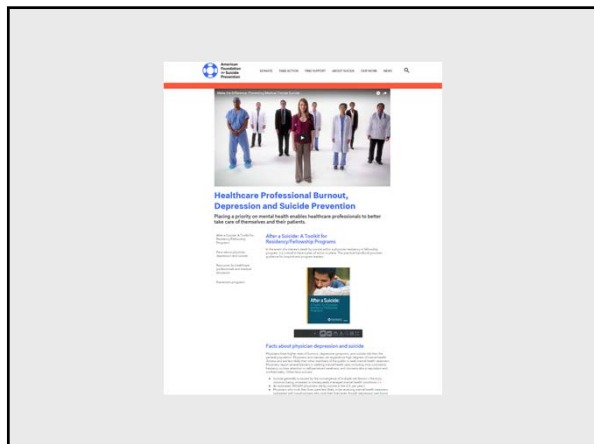
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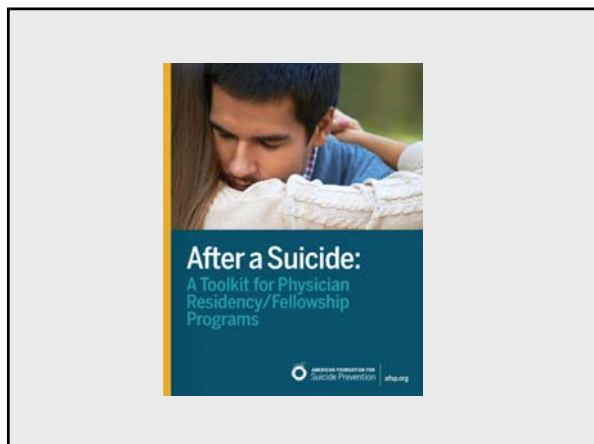
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### Actionable Strategies

- 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)




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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




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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**



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NATIONAL RESOURCES

**Mental Health Treatment Locator**  
[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

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

**The Trevor Project for LGBTQ Youth**  
[thetrevorproject.org/resources](http://thetrevorproject.org/resources)

**Military/Veteran Crisis Line**  
Call 1-800-273-8255 and Press 1,  
Text 838255,  
Chat [www.militarycrisisline.net](http://www.militarycrisisline.net)



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**Wellbeing Resources**

- National Suicide Prevention Lifeline - 800-273-8255
- Crisis Textline - Text HOME to 741741
- [AVMA.org/wellbeing](http://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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Veterinarian Inspired Coverage

## Contact

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

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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](http://www.petpoisonhelpline.com) for more info.

Comments? Questions? Email us! [info@petpoisonhelpline.com](mailto:info@petpoisonhelpline.com)

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