Healthcare Provider Mental Health: Preventing Suicide and Building Resilience

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

April 19, 2018

What is Pet Poison Helpline?

• 24/7 animal poison control center
• Veterinary & human expertise
  – 20 DVMs, 35 CVTs
  – DABVCT, 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!

Upcoming 2018 Webinars

September 13, 2018
Managing Student Debt
-Michael Gergy

November 15, 2018
How to Buy a Veterinary Hospital
-Terry O’Neil, CPA, CVA
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 to find out more

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


- 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

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

Let's talk about it.

Breaking the Culture of Silence on Physician Suicide

From NAM Perspectives

www.nam.edu/Perspectives

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

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

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

Learn more of www.nam.edu/ClinicianWellBeing

Tip of the Iceberg

stress

burnout

overwork

depression
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)

Wolin 1980, Werner & Smith 1982
What is Resilience?

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

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

Swetz, 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/families, 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 vs. 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, 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: 424)

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

**A Word about Language**

**Avoid**
- Commit suicide
- Manipulative
- Successful/failed attempt

**Say**
- Died by suicide
- Distressed
- Attempted suicide

**Interacting Risk and Protective Factors**

- Biological Factors
- Psychological Factors
- Social and Environmental Factors
- Current Life Events

**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

**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**

<table>
<thead>
<tr>
<th>Baseline Factors</th>
<th>Within-Internship Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>Mean work hours</td>
</tr>
<tr>
<td>Personal history of depression</td>
<td>Medical errors</td>
</tr>
<tr>
<td>Baseline depressive symptoms</td>
<td>Stressful life events</td>
</tr>
<tr>
<td>Female sex</td>
<td></td>
</tr>
<tr>
<td>US medical graduate</td>
<td></td>
</tr>
<tr>
<td>Caucasian family</td>
<td></td>
</tr>
<tr>
<td>5-HTTLPR polymorphism</td>
<td></td>
</tr>
</tbody>
</table>

**Percentage with “Depression” (PHQ >10)**

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


Suicide Rates U.S. 1984-1992

Male Physicians v General Population

Female Physicians v General Population

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
Physician Suicide vs 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

Picture: Physician Suicide vs General Pop

**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)

Picture: Role of Stigma
Beliefs & Realities: Barriers to Care

Among physicians, barriers to mental health care:

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


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 (dr’d or not) but had not sought treatment
  - Can get through without help (68%)
  - No time (52%)
  - Embarrassing/shameful (45%)
  - Don’t want to have to report to med board (4%)

- 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

<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 too depressed, I would seek treatment</td>
<td>87</td>
<td>45</td>
</tr>
<tr>
<td>Seeking help for depression would make me feel less intelligent as a medical student</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>If depressed, fellow students would respect opinions less</td>
<td>69</td>
<td>59</td>
</tr>
<tr>
<td>If depressed, application for residency would be less competitive</td>
<td>59</td>
<td>76</td>
</tr>
<tr>
<td>Medical students with depression can snap out if they wanted to</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Depression a sign of personal weakness</td>
<td>17</td>
<td>57</td>
</tr>
</tbody>
</table>

Schwenk et al, JAMA 2010
CREATING A CULTURE OF WELLNESS

Individual Resilience Strategies

<table>
<thead>
<tr>
<th>Practices and routines</th>
<th>Job-related cultivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure activities (exercise, music, theatre)</td>
<td>Doctor-patient relationship</td>
</tr>
<tr>
<td>Cultivation of contact with colleagues</td>
<td>Medical efficacy</td>
</tr>
<tr>
<td>Cultivation of relationships with family and friends</td>
<td>Identify sources of gratification</td>
</tr>
<tr>
<td>Ritualized time out periods</td>
<td></td>
</tr>
<tr>
<td>Self-organization, prioritization</td>
<td></td>
</tr>
<tr>
<td>Cultivation of one’s own purpose, professionalism</td>
<td></td>
</tr>
<tr>
<td>Spiritual practices/meditation</td>
<td></td>
</tr>
</tbody>
</table>

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 (25 hospitals)

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

Multi-prong Institutional
- OHSU Wellness and Suicide Prevention Program
- Stanford WellMD
- Multi-prong Institutional
- UCSD Suicide Prevention Program

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

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

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:

- Exchange messages with counselor about available resources and services.
- 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).

Interactive Screening Program

ISP Program Findings (MDs)

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted Questionnaire</td>
<td>1,449</td>
</tr>
<tr>
<td>Level of Distress</td>
<td></td>
</tr>
<tr>
<td>Tier 1A (current suicidal ideation, plans, behaviors)</td>
<td>130 (9.0)</td>
</tr>
<tr>
<td>Tier 1B (high distress)</td>
<td>364 (25.2)</td>
</tr>
<tr>
<td>Tier 2 (moderate distress)</td>
<td>889 (61.4)</td>
</tr>
<tr>
<td>Tier 3 (no distress)</td>
<td>36 (2.5)</td>
</tr>
<tr>
<td>Reviewed the Counselor’s Response</td>
<td>1,177 (81.2)</td>
</tr>
<tr>
<td>Dialed with a Counselor</td>
<td>323 (27.4)</td>
</tr>
<tr>
<td>Requested referral to meet with a counselor in-person</td>
<td>131 (40.6)</td>
</tr>
</tbody>
</table>

*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: Edu, 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

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

Note: Asking about suicide does not increase suicide

Physician Suicides Pre/Post HEAR

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
- Brainstorming
- 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 vs. 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
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
Suicide Prevention Lifeline
1-800-273-TALK

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

Crisis Text Line
‘Talk’ 741-741

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
Thank you for attending!

FAQs

1. When will I get my CE certificate? We’ll email it to you within 24 hrs.

2. 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.

Comments? Questions? Email us! info@petpoisonhelpline.com