Physician Suicide Prevention

WELLToolkit

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How to use the WELL Toolkit slides

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For additional information and related resources, please visit: https://gmewellness.upmc.com/

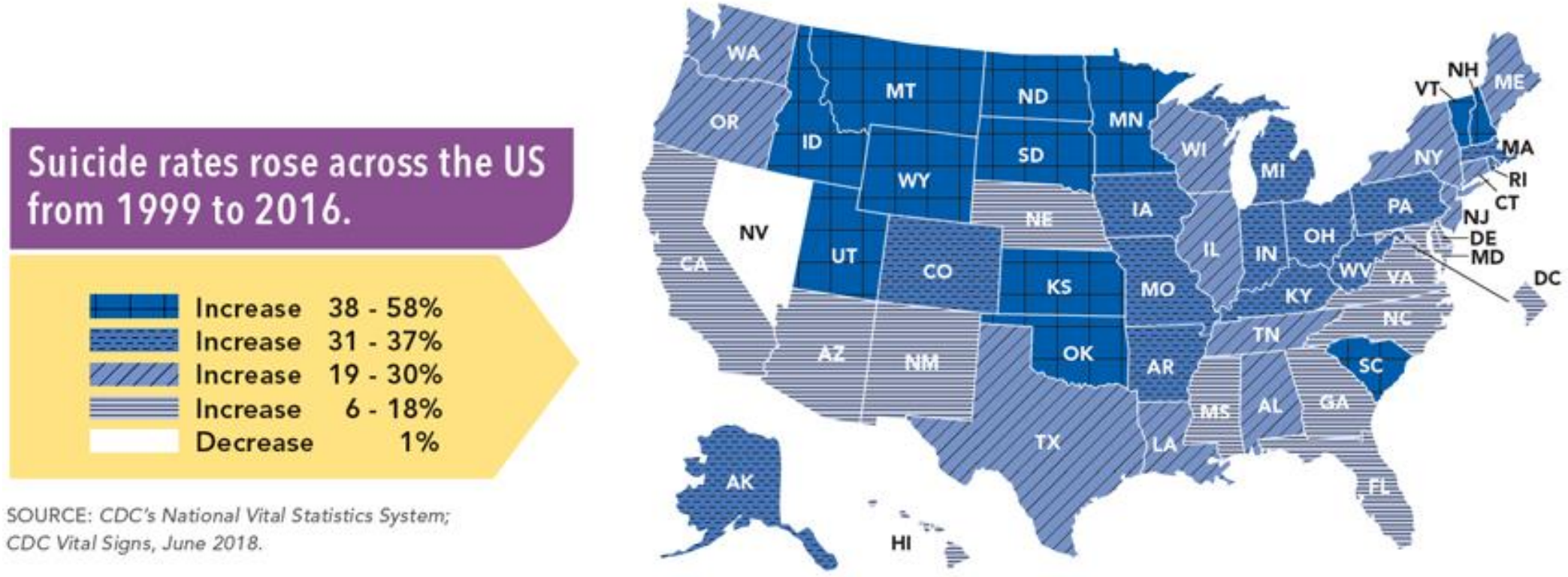
Agenda

- Suicide epidemiology
- Facts on physician suicide
- Risk and protective factors
- Suicide assessment basics
- What you can do to help

Learning Objectives

1. Be aware of the unique factors that place physicians at increased risk for suicide
2. Feel confident in knowing how to ask the tough questions about suicide if you are worried about a physician colleague
3. Know where to get additional help for crisis support and intervention

Suicide epidemiology



- Suicide is the **10th** leading cause of death in the U.S. (and rates have been *increasing* over the course of a decade in 49 of the 50 states as per the CDC)

❖ CDC's National Vital Statistics System: https://www.cdc.gov/vitalsigns/suicide/index.html (Accessed August 10, 2021)

Physician Suicide Rates

- The often-quoted statistic of **"400 physician suicides per year"** is controversial, and yet we do know that physicians overall appear to be at least at the same risk as the general population (Kishore, 2016)

- Updated estimates using CDC data from 2010 to 2015 data suggest that approximately ***119*** physicians die by suicide annually (Gold, 2021)

- Kishore, S., D. E. Dandurand, A. Mathew, and D. Rothenberger. 2016. Breaking the Culture of Silence on Physician Suicide. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://nam.edu/breaking-the-culture-of-silence-on-physician-suicide/ (Accessed August 10, 2021)
- Gold, K. J., Schwenk, T. L., Sen, A. (2021). Physician suicide in the United States: updated estimates from the national violent death reporting system. Psychology Health & Medicine, 1-13. https://dx.doi.org/10.1080/13548506.2021.1903053 (Accessed August 10, 2021)

Physician Suicide – By Gender

Suicide Mortality Rates (SMRs) by gender from two large metanalyses:

Post-1960 (Schernhammer, 2004)

- **Male doctors** were **1.41x** the rate of non-physician men
- **Female doctors** were **2.27x** the rate of non-physician women

Post-1980 (Duarte, 2021)

- **Male doctors** had **0.67x** *lower* rates than non-physician men
- **Female doctors** were **1.46x** the rate of non-physician women

- Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004;161(12):2295-2302. https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.161.12.2295 (Accessed August 10, 2021)
- Duarte D, El-Hagrassy MM, Couto TCE, Gurgel W, Fregni F, Correa H. Male and Female Physician Suicidality: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2020;77(6):587–597. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2762468 (Accessed August 10, 2021)

Physician Suicide – By Stage of Career

The risk of death by suicide in physicians appears to be **highest mid-career and later** (Petersen, 2008)

While medical trainee suicide is relatively rare, it remains the (Yaghmour, 2017)

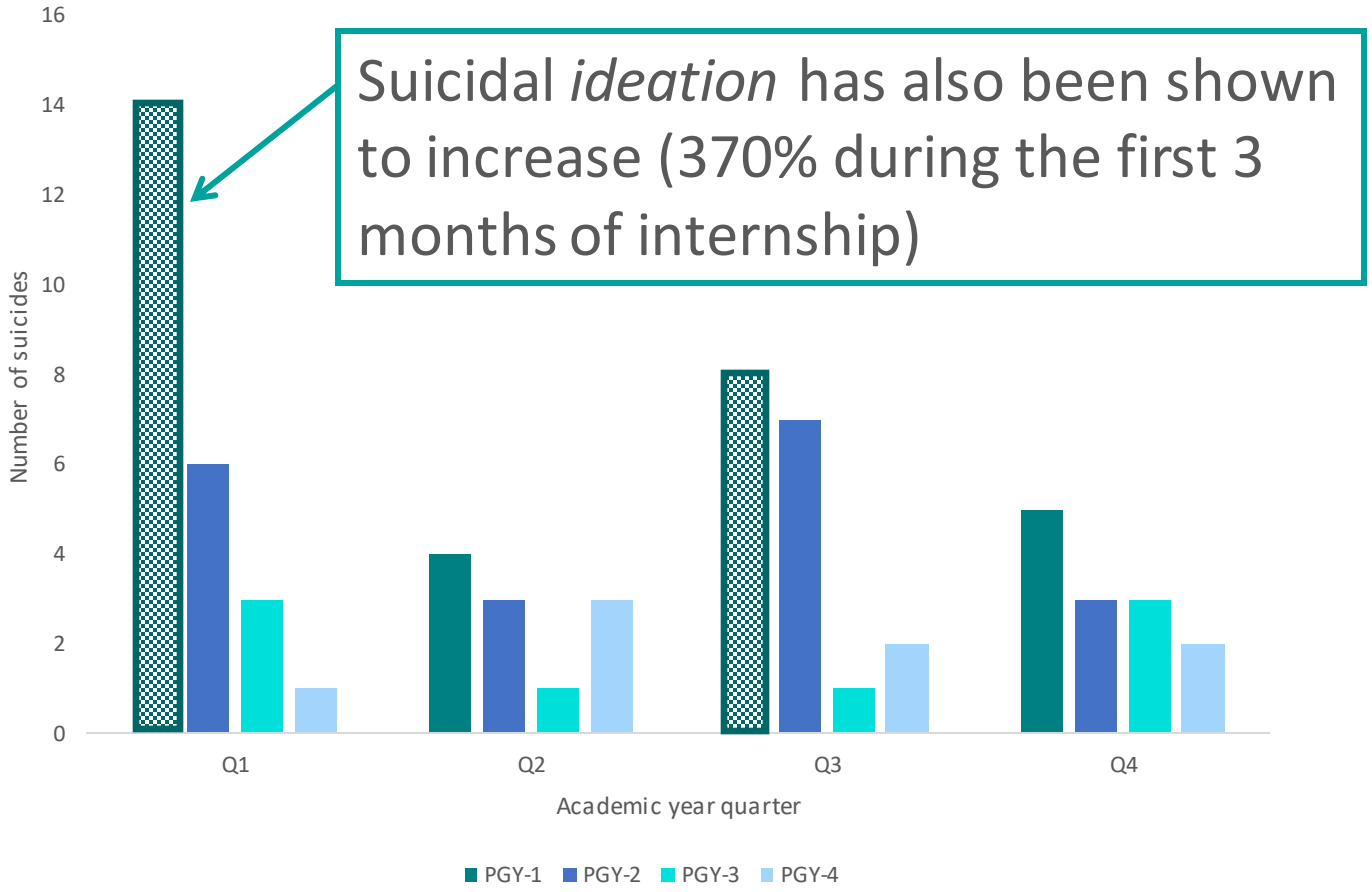
- #1 cause of death in **male** residents
- #2 cause of death for **female** residents (following neoplastic disease)

- Petersen MR, Burnett CA. The suicide mortality of working physicians and dentists. Occup Med (Lond). 2008 Jan;58(1):25-9. https://academic.oup.com/occmed/article/58/1/25/1536620 (Accessed August 10, 2021)
- Yaghmour NA, Brigham TP, Richter T, Miller RS, Philibert I, Baldwin DC Jr, Nasca TJ. Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment. Acad Med. 2017 Jul;92(7):976-983 https://journals.lww.com/academicmedicine/Fulltext/2017/07000/Causes_of_Death_of_Residents_in_ACGME_Accredited.41.aspx (Accessed August 10, 2021)

What is known about suicide risk during residency?

An ACGME study (N=381,614) across 9900 programs in 2000-2014 showed the highest risk period for resident suicide was in the **intern year** with a temporal pattern:

- 1st quarter (July-Sept)
- 3rd quarter (Jan-Mar)



- Yaghmour, Nicholas A. MPP; Brigham, Timothy P. MDiv, PhD; Richter, Thomas MA; Miller, Rebecca S. MS; Philibert, Ingrid PhD, MBA; Baldwin, DeWitt C. Jr MD; Nasca, Thomas J. MD Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment, Academic Medicine: July 2017 - Volume 92 - Issue 7 - p 976-983. https://journals.lww.com/academicmedicine/Fulltext/2017/07000/Causes_of_Death_of_Residents_in_ACGME_Accredited.41.aspx (Accessed August 10, 2021)
- Sen S, Kranzler HR, Krystal JH, et al. A prospective cohort study investigating factors associated with depression during medical internship.Arch Gen Psychiatry. 2010;67:557565. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/210823 (Accessed August 10, 2021)

Table 2. Suicidal Ideation and Use of Professional Mental Health Resources

Variable	No. (%) (N=7905)
Ever had thoughts of taking own life	
Yes	1163 (14.9)
No	6658 (85.1)
Missing	84
Had thoughts of taking own life in previous 12 mo	
Yes	501 (6.4)
No	7324 (93.6)
Missing	80
Sought psychiatric/psychologic help in previous 12 mo	
Yes	561 (7.2)
No	7261 (92.8)
Missing	83
Reluctant to seek depression help because of repercussions for medical license	
Yes	3046 (38.8)
No	4800 (61.2)
Missing	59
Used depression medication in previous 12 mo	
Yes	461 (5.8)
No	7435 (94.2)
Missing	9
Person who prescribed depression medication	
I prescribed for myself	41 (8.9)
Colleague prescribed even though I am not his/her patient	34 (7.4)
Professional of whom I am a patient	358 (77.7)
Other	23 (5.0)
Missing	5

Physicians are known to have low rates of seeking help

- Research shows that physicians identify low rates of help-seeking even when levels of distress are high
- In a 2008 cross-sectional survey of surgeons (N=7905), 1 in 16 admitted to suicidal ideation at some point in the past year, but only 1 in 4 sought professional help (Shanafelt, 2011)

❖ Shanafelt TD, Balch CM, Dyrbye L, et al. Special report: Suicidal ideation among American surgeons. Arch Surg. 2011;146:5462. https://jamanetwork.com/journals/jamasurgery/fullarticle/406577 (Accessed August 10, 2021)

A need to break the culture of silence

"As physicians, acknowledging distress in our colleagues and ourselves can be difficult. We want to believe that we can handle any problem that comes our way. But the reality is, being a doctor can be difficult and there are many stressors that we face on a daily basis – heavy workloads, lack of autonomy, high patient and self-expectations, and personal responsibility for life-threatening situations. **A distressed colleague may not ask for help, but that doesn't mean it isn't wanted or needed.**" - APA STEPS Forward

❖ Brooks E. Preventing Physician Distress and Suicide: A Sample Script for Approaching Distressed Physicians. American Medical Association; 2018. https://edhub.ama-assn.org/steps-forward/module/2702599#section-201978553 (Accessed August 10, 2021)

Physician Suicide How to Help

- This 4-minute video “Make the Difference: Preventing Medical Trainee Suicide” from Mayo Clinic and the American Foundation for Suicide Prevention (AFSP) explains how we can help our colleagues and prevent suicide.

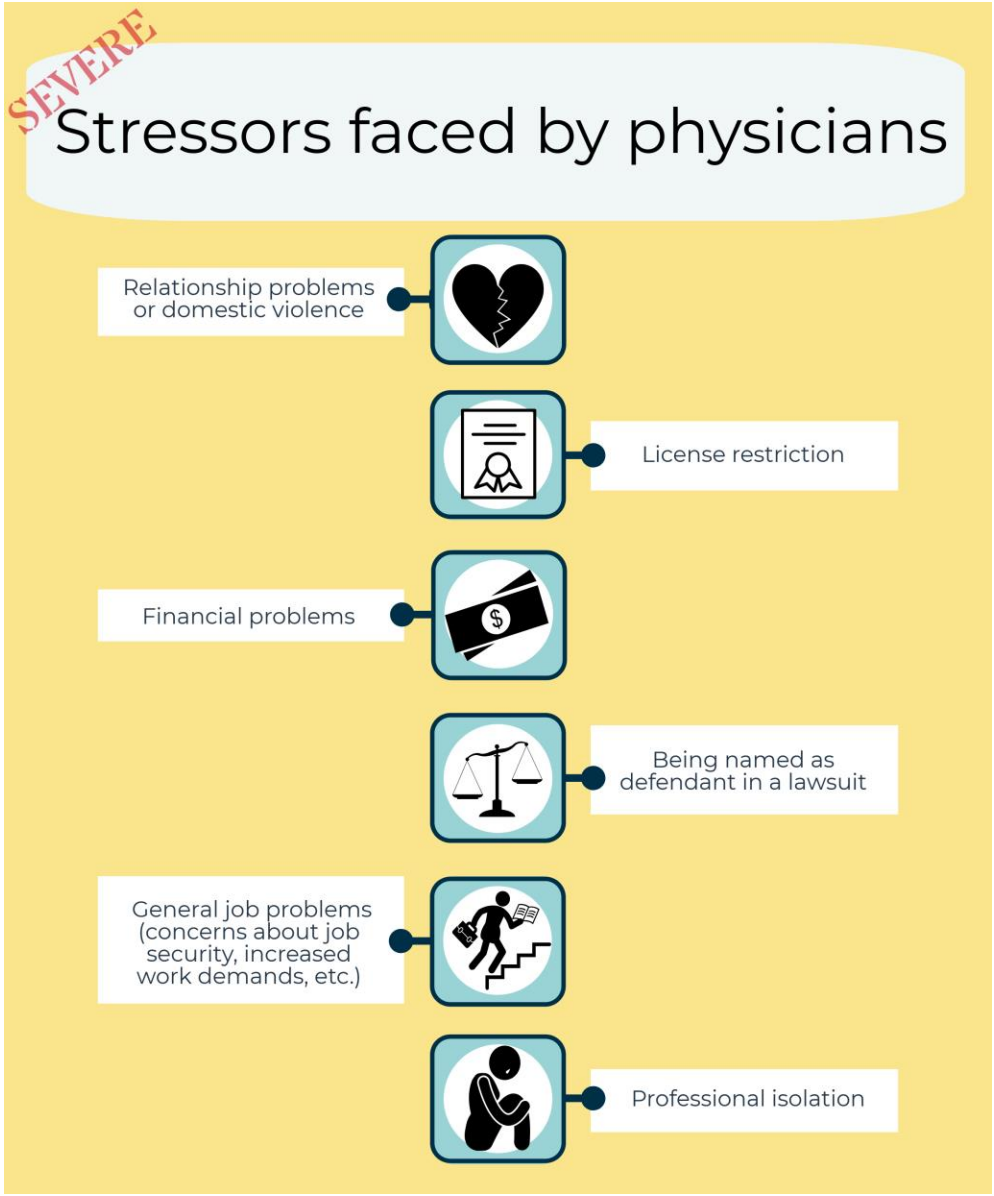
❖ American Foundation of Suicide Prevention (AFSP) Healthcare professional burnout, depression and suicide prevention: https://afsp.org/healthcare-professional-burnout-depression-and-suicide-prevention (Accessed August 10, 2021).

Unique Stressors

Physicians have unique personal and work-related stressors:

- **Acute stressors:** patient deaths, medical error, job insecurity, patient and/or system dissatisfaction, license restrictions, malpractice lawsuits

- **Chronic stressors:** workload compression, professional isolation, loan repayment, certain personality traits (e.g., perfectionism, self-sacrifice, difficulty unplugging)



- AFSP Healthcare professional burnout, depression and suicide prevention: https://afsp.org/healthcare-professional-burnout-depression-and-suicide-prevention (Accessed August 10, 2021).
- DeCamp, M., Levine, M., & for the ACP Ethics, Professionalism and Human Rights Committee (2021). Physician Suicide Prevention and the Ethics and Role of a Healing Community: an American College of Physicians Policy Paper. Journal of general internal medicine, 1–7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8170626/ (Accessed August 10, 2021).

Risk Factors

Physicians also are not immune to suicide risk factors of the general population:

- Financial problems
- Relationship Problems
- Domestic Violence
- Personal/family history of mood disorder
- Prior suicide attempt
- History of sexual abuse
- Difficult childhood

❖ Turecki G, Brent DA. Suicide and suicidal behaviour. Lancet. 2016 Mar 19;387(10024):1227-39. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00234-2/fulltext (Accessed August 10, 2021)

What about the relationship between physician suicide and burnout?

- Physician burnout has many potential negative outcomes, and yet has been shown to NOT be an independent risk factor for suicide

- Menon NK, Shanafelt TD, Sinsky CA, et al. Association of Physician Burnout With Suicidal Ideation and Medical Errors. JAMA Netw Open. 2020;3(12):e2028780. doi:10.1001/jamanetworkopen.2020.28780 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773831 (Accessed August 10, 2021).
- Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 Jan;92(1):129-146. https://linkinghub.elsevier.com/retrieve/pii/S0025-6196(16)30625-5 (Accessed August 10, 2021).

The Role of Mental Health Treatment for Physicians

- Physicians who die by suicide are less likely to have been receiving mental health treatment compared with non-physicians who die by suicide, even though rates of depression are equivalent

- Unaddressed mental health conditions are more likely to have a negative impact on one's professional reputation and practice than seeking help early

- Suicide is more likely to occur when multiple risk factors pile up, and most importantly unaddressed mental health issues

❖ Gold, K. J., Sen, A., & Schwenk, T. L. (2013). Details on suicide among US physicians: data from the National Violent Death Reporting System. General hospital psychiatry, 35(1), 45–49. https://doi.org/10.1016/j.genhosppsych.2012.08.005: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3549025/ (Accessed August 10, 2021).

Knowing warning signs can save lives

- Agitation and increased conflict
- Increased anxiety
- Sleep changes
- Increased use of D&A
- Social withdrawal or loneliness
- Talking or writing about death
- Loss of meaning or sense of purpose
- Feeling trapped
- Hopelessness

❖ American Foundation of Suicide Prevention (AFSP) Risk factors, protective factors, and warning signs: https://afsp.org/risk-factors-protective-factors-and-warning-signs. (Accessed August 10, 2021).

Protective Factors

Internal resources

- Problem-solving, frustration tolerance, ability to cope with stress, optimism, positive coping skills, sense of hope, cultural factors, spiritual beliefs, sense of hope, future-oriented goals, sense of responsibility to family, children, pets, etc.

External factors

- Engagement in career and/or training, supports within work and personal community, able and willing to develop a safety plan and engage meaningfully in help-seeking behaviors and treatment

❖ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: Risk and Protective Factors: https://www.cdc.gov/suicide/factors/index.html. (Accessed August 10, 2021)

Starting the conversation

You might feel uneasy about starting a conversation where you are expressing concern for another physician. The likelihood is, however, your colleague will feel grateful that you cared enough to ask.

Instead of "How are you?" Perhaps try:

- "You don't seem yourself. How can I help?"
- "I have to be honest, I've been concerned about you lately."
- "What was today like for you? What brought you joy? Did anything derail you?

❖ Brooks E. Preventing Physician Distress and Suicide: A Sample Script for Approaching Distressed Physicians. American Medical Association; 2018. https://edhub.ama-assn.org/steps-forward/module/2702599#section-201978553 (Accessed August 10, 2021)

❖ Ad Council. Seize the Awkward. https://seizetheawkward.org/

Keep the conversation going

Now that you've established that you're interested in helping, there are a variety of ways to continue the conversation. Sample language could include:

Validate:

- "We physicians are really good at taking care of others, but not always the best at seeking help for ourselves."

Inform:

- "Seeking help can be confidential and doesn't have to impact your practice [or training]."

Normalize:

- "I've talked to somebody about my own problems, and it really helped."

❖ Brooks E. Preventing Physician Distress and Suicide: A Sample Script for Approaching Distressed Physicians. American Medical Association; 2018. https://edhub.ama-assn.org/steps-forward/module/2702599#section-201978553 (Accessed August 10, 2021)

BeThe1To was created by the National Suicide Prevention Lifeline, which is funded by the Substance Abuse and Mental Health Services Administration & administered by Vibrant Emotional Health: www.BeThe1To.com

Asking about suicide does **not** increase the risk of suicide.

- Mathias, C. W., Michael Furr, R., Sheftall, A. H., Hill-Kapturczak, N., Crum, P., & Dougherty, D. M. (2012). What's the harm in asking about suicidal ideation? Suicide & life-threatening behavior, 42(3), 341–351. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597074/pdf/nihms443977.pdf (Accessed August 10, 2021)

Ask the tough questions

Now here's the important part. All too often the conversation ends prematurely. If you're concerned, don't be afraid to ask specifically about suicide. It is important to be supportive, but also direct.

Sample language:

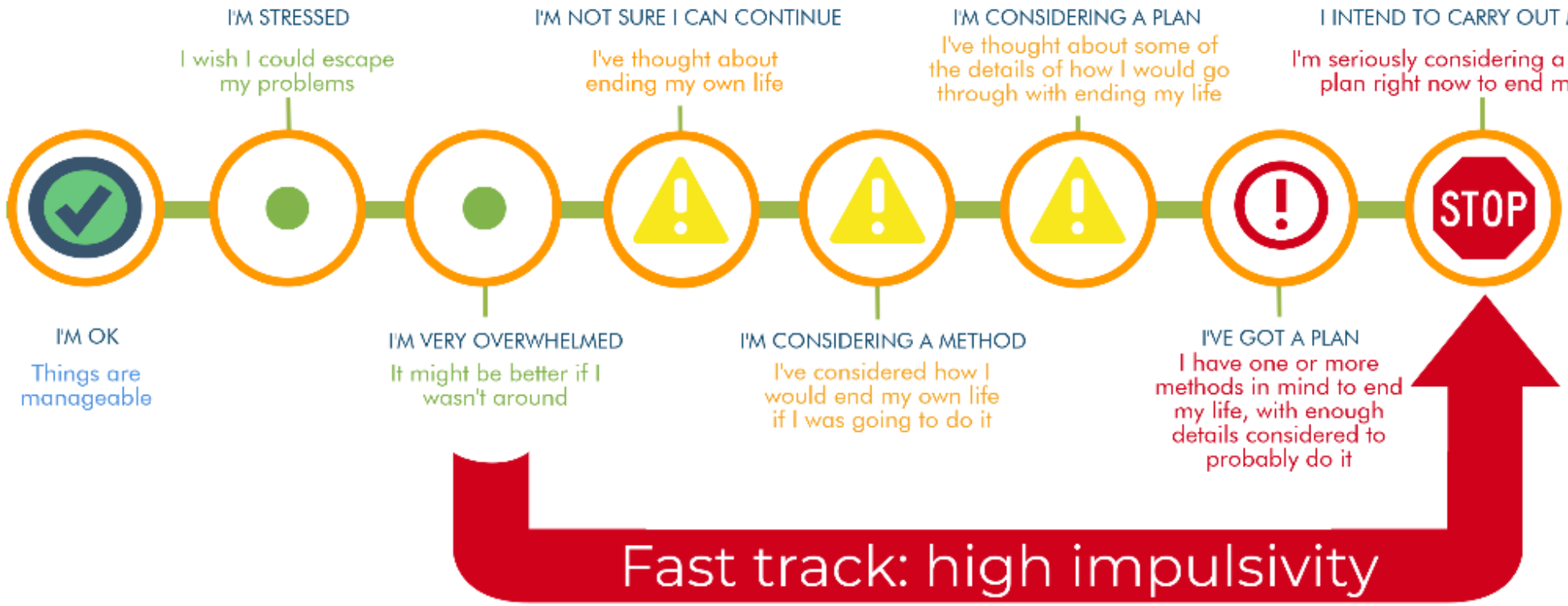
- "Have you had thoughts that life isn't worth living?"
- "Have you contemplated suicide?"
- "Have you had thoughts about killing yourself?"

❖ Brooks E. Preventing Physician Distress and Suicide: A Sample Script for Approaching Distressed Physicians. American Medical Association; 2018. https://edhub.ama-assn.org/steps-forward/module/2702599#section-201978553 (Accessed August 10, 2021)

Some tips on asking about suicide

- **Asking directly** communicates that you're open to discussing suicide in a non-judgmental and supportive way
- **Actively listen** without judging or dismissing
- **Avoid imposing your own reasoning**, and instead help them express aloud what they are weighing in their own mind
- **Specifics inform level of risk** (e.g., is there a method or plan, have they taken steps towards acting on the thoughts, do they have access to lethal means)

THE CONTINUUM OF SUICIDAL THOUGHTS



Crisis Intervention

- **Stay with them!** If someone is having active suicidal thoughts, don't leave them alone until you've connected them to help
- **Involve crisis experts** and local professional supports to determine next steps to help keep the individual safe

At UPMC, call Life Solutions **(412-647-3669)** or resolve Crisis **(1-888-7-YOU-CAN)**

Nationally, call the National Suicide Prevention Lifeline at **1-800-273-8255** or text **"HELP" to 741-741**

Safety Planning

- As a concerned colleague, it is NOT advised that you would be the one to conduct the next steps of the crisis intervention.
- It is important, however, to know how to access the appropriate help so that an appropriate intervention occurs.
- If the individual is not requiring acute hospitalization, a trained mental health professional will know how to conduct an evidence- based suicide prevention intervention, such as a safety plan.

Brown Stanley Safety Plan

http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf

Step 1:	Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1.	_____

Authentic ways to instill hope

If a physician is feeling unsure about seeking help, help dispel myths by reminding them:

- There is safe and effective evidence-based mental health treatment
- If substance use is problematic, know that >90% of physicians who complete substance use disorder treatment are still practicing at 5 years.
- The intensity of a crisis is temporary. Interventions can be affordable, confidential, and logistically possible!

❖ McLellan A T, Skipper G S, Campbell M, DuPont R L. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States *BMJ* 2008; 337 :a2038. https://www.bmj.com/content/337/bmj.a2038 (Accessed August 10, 2021)

There is power in connectedness

Let them know that they are not alone

- Remind them that seeking help has benefited countless other physicians in similar circumstance
- Encourage them to increase natural supports as we know connectedness is protective
- Contact them in the days and weeks following a crisis to let them know that you are there and encourage them to follow through with mental health referrals and other available supports

PLEASE refer to the following WELL Toolkit resources for more details:

INTRODUCTION

- ❑ Tips for Supervisors (pdf)
- ❑ How to decrease barriers to physician help-seeking (ppt)
- ❑ UPMC Well-Being Resources – Resident and Attending Versions (pdf)
- ❑ UPMC Guide on what happens when a physician seeks help (ppt)

DEPRESSION SECTION

- ❑ Recognizing Signs of Depression in Physicians

Thank you!

For more information:

The WELL Website
https://gmewellness.upmc.com

Please email questions to:

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Vu Nguyen, M.D.
nguyenvt3@upmc.edu

Small Group Discussion

1. Who would you contact if you were concerned about acute suicidal risk in a physician colleague?
2. Take a moment to think about the tough questions. What would you say to a colleague who says something concerning (e.g., “I feel like my patients and family would be better off without me.”)
3. Are there any barriers in your work setting that could be addressed to ensure physicians can access mental health support when they need it?
4. Take a moment to explore available resources. For instance, are you aware of the healthcare professional suicide prevention and postvention resources at AFSP?

burnout

fatigue

depression

suicide

substance use

risk for violence