Barriers to Help-Seeking for Healthcare Workers

Daniel Saddawi-Konefka, MD, MBA
President, The Emotional PPE Project
Anesthesiology Residency Program Director, Massachusetts General Hospital
Associate Professor, Harvard Medical School

Dislosures and Caveats

- I have no relevant financial disclosures
- Most data for barriers in healthcare workers is around physicians, though most barriers extend to all healthcare workers
- Barriers to help-seeking are only one small piece of the well-being puzzle

Talk Overview

Background

Current state of mental health and help-seeking

Barriers

Barriers for seeking help for mental healthcare

Solutions

Initiatives to dismantle or circumvent barriers to help-seeking

TAKEAWAYS

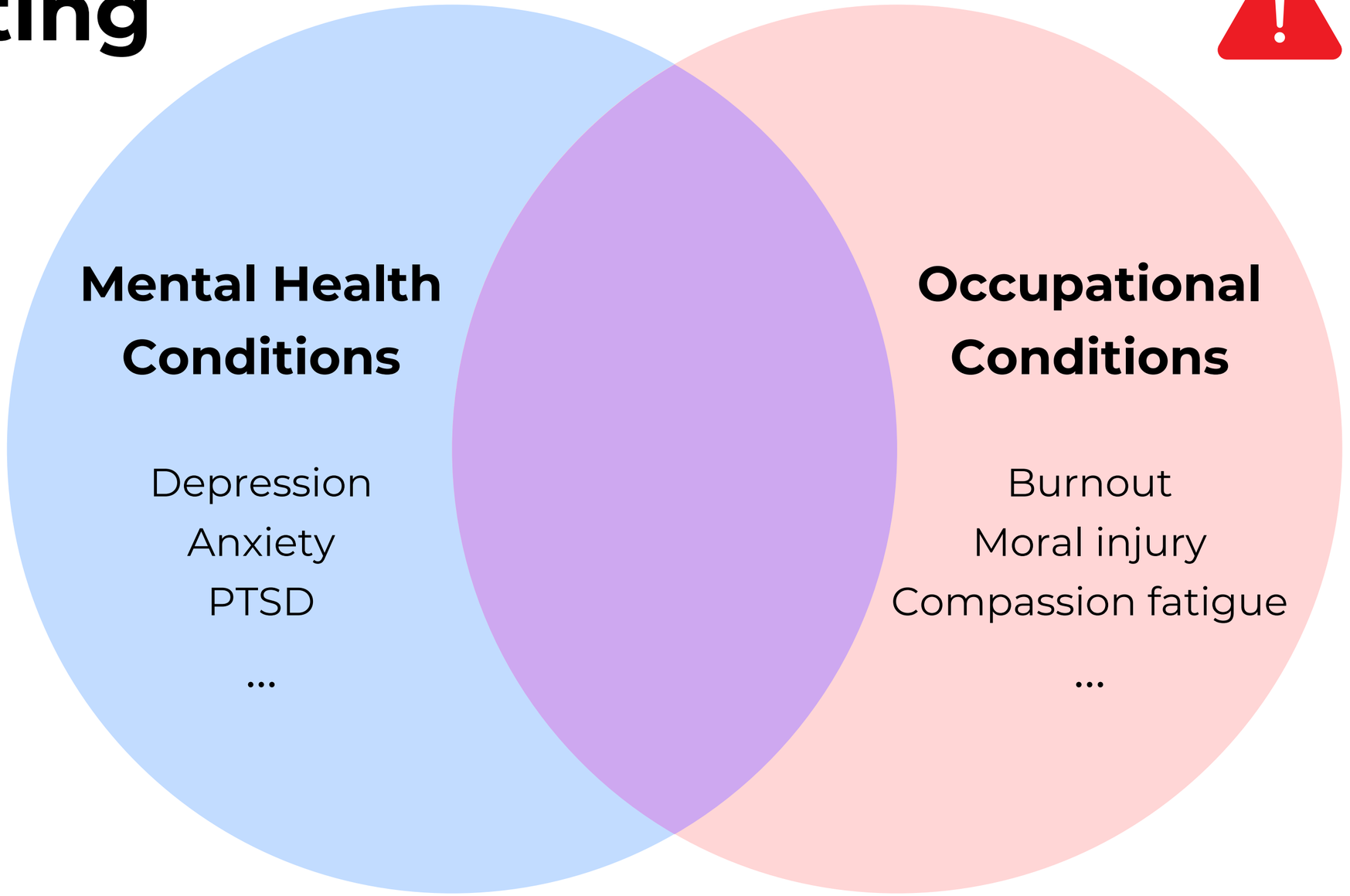
1. Healthcare workers have high mental health needs, resulting in significant morbidity and increased risk of suicide. Treatment works, but they are very unlikely to seek help.

2. Barriers include the normalization of inadequate self-care, stigma and professional fears, and logistical challenges.

3. We can remove these barriers with education and leadership, systemic and policy reform, and innovative support programs

Disambiguating Sources of Distress

Can all manifest as distress, but they differ meaningfully in their etiologies, consequences, treatments, and preventive approaches



Menon 2020; Saddawi-Konefka 2025; Burns 2025

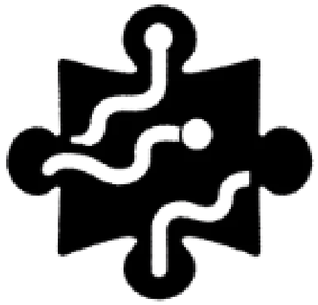
Mental Health Burden in Healthcare Workers

Depression

~30%

Anxiety

~25%



PTSD

~10%

Weiniger 2006; Wilberforce 2010; Ruitenberg 2012; Mata 2015; Holmes 2017; Rotenstein 2018; Harvey 2021

Consequences for the System

Patient Care

Unmanaged depression/anxiety → 6-11x higher odds of poor work ability

Workforce Shortage

More likely to reduce hours / leave workforce

Work Satisfaction

↓ 3.5x professional fulfillment

↓ 2.5x work satisfaction

Consequences for Healthcare Workers

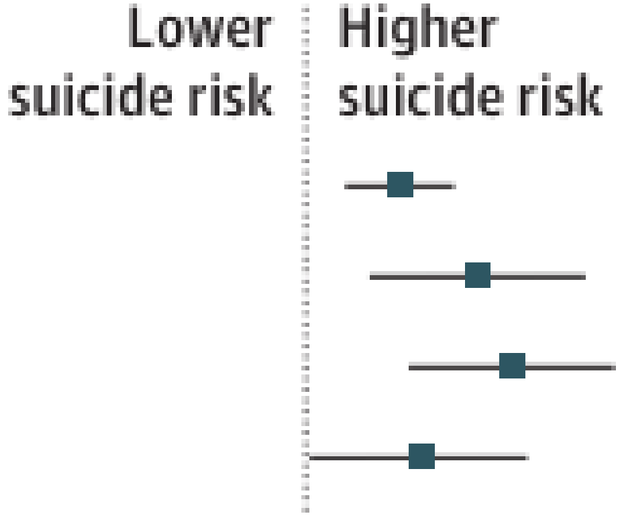
- **Impact of Depression:**
  - Tremendous negative impact on QoL
  - ↑ 2.5x personal & professional stress

- **Suicidality Among Physicians:**
  - 6-14% report suicidal thoughts
  - 1-2.5% have attempted suicide
  - Suicide is the #1 cause of death in trainees

Lindeman 1996; Frank 1999; Tyssen 2001; Schwenk 2008; Shanafelt 2011; Ruitenberg 2012; Loas 2018; Dutheil 2019, Yaghmour 2025

Suicide Risk Extends Across HCWs

Participants by group	Model 1[d] Adjusted hazard ratio (95% CI)
Health care workers, total	1.32 (1.13-1.54)
Registered nurses	1.64 (1.21-2.23)
Health care support workers	1.81 (1.35-2.42)
Health technicians	1.39 (1.02-1.89)

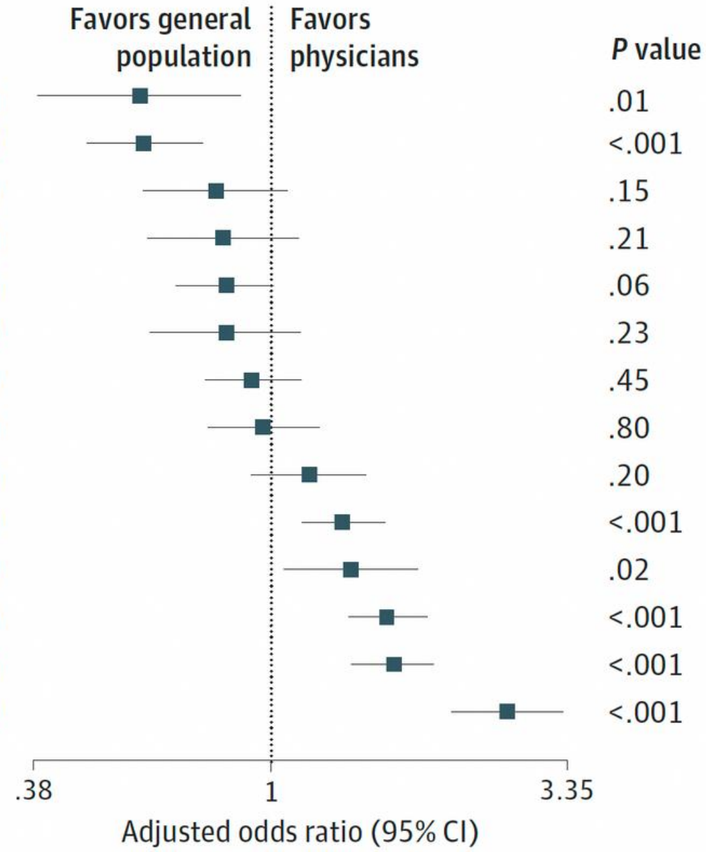


Olfson 2023

Circumstances Preceding Suicide

Figure 2. Adjusted Odds Ratios of Circumstances Preceding Suicide Among Physicians Compared to the General Population

Circumstances preceding suicide	No. (%) Physicians (n = 569)	No. (%) General population (n = 119 229)	Adjusted odds ratio (95% CI)	*P* value
Family problem	23 (4)	9253 (8)	0.58 (0.38-0.88)	.01
Substance problem	93 (16)	37 862 (32)	0.59 (0.47-0.75)	<.001
Financial problem	51 (9)	9747 (8)	0.80 (0.59-1.08)	.15
Argument or conflict prior to suicide	57 (10)	19 247 (16)	0.82 (0.60-1.12)	.21
Physical health problem	175 (31)	28 399 (24)	0.83 (0.68-1.01)	.06
Death or suicide of friend, family, or other	46 (8)	10 655 (9)	0.83 (0.61-1.13)	.23
Disclosed suicide intent	124 (22)	28 272 (24)	0.93 (0.76-1.13)	.45
Suicide attempt history	92 (16)	22 110 (19)	0.97 (0.77-1.22)	.80
Intimate partner problem	129 (23)	32 273 (27)	1.17 (0.92-1.48)	.20
Depressed mood	247 (43)	39 500 (33)	1.35 (1.14-1.61)	<.001
Criminal or noncriminal legal problem	61 (11)	13 097 (11)	1.40 (1.06-1.84)	.02
Left suicide note	248 (44)	37 417 (31)	1.61 (1.37-1.91)	<.001
Mental health problem	338 (59)	61 382 (51)	1.66 (1.39-1.97)	<.001
Job problem	106 (19)	11 269 (9)	2.66 (2.11-3.35)	<.001



Makhija 2025

Why Are Suicide Rates Higher?

1. Work characteristics

- High-stress environment (workload, cost of errors) combined with traits like perfectionism, competitiveness, altruism

2. Knowledge & access to means

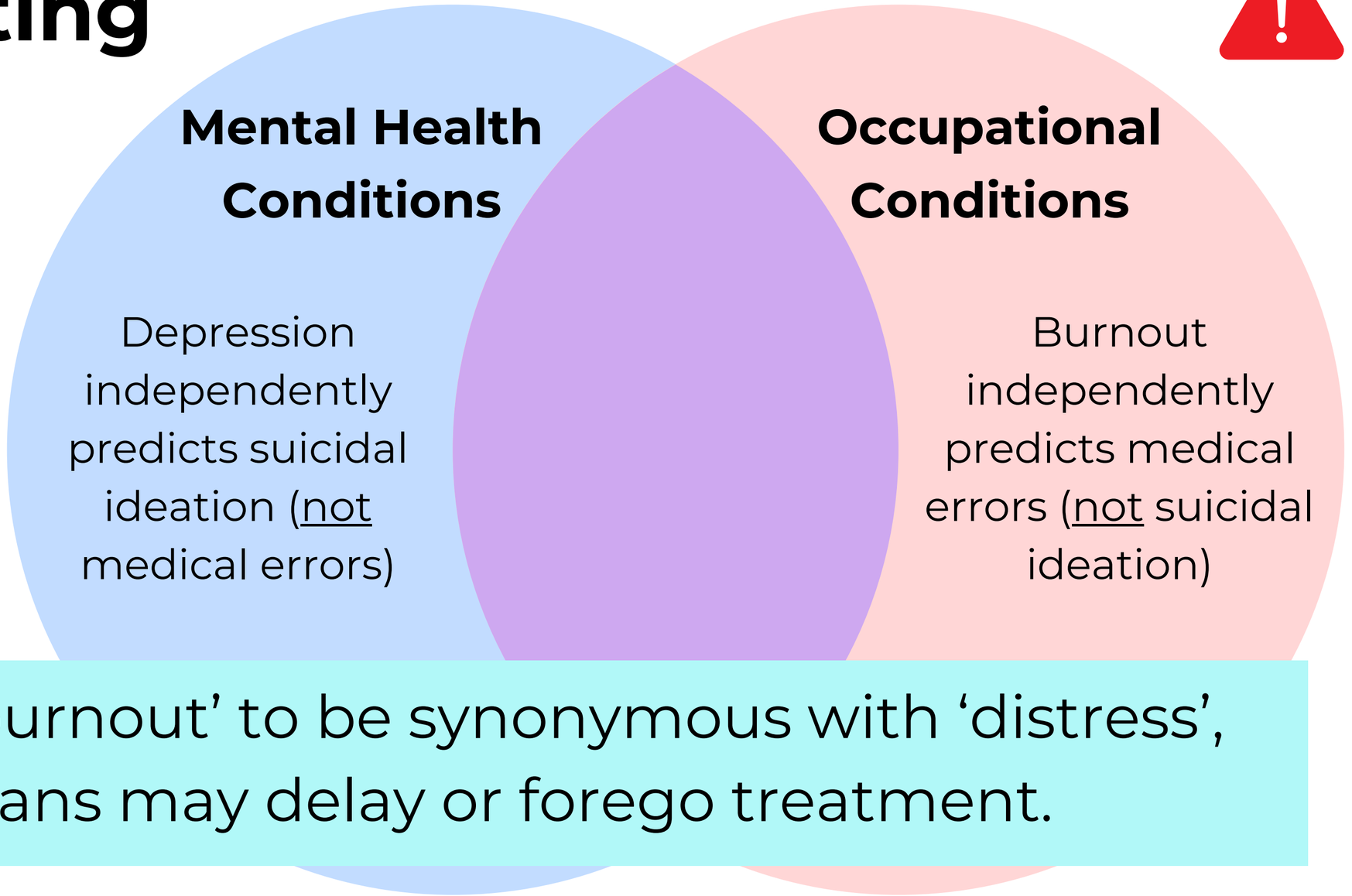
- Physicians are more likely to succeed in suicide attempts

3. Barriers to help-seeking

- Physicians who die by suicide are less likely to be receiving mental healthcare than nonphysician peers

Lindeman 1999; Hawton 2000; Center 2003; Schernhammer 2005; Gold 2013; Loas 2018; Gold 2020; Harvey 2021; Ye 2021

Disambiguating Sources of Distress



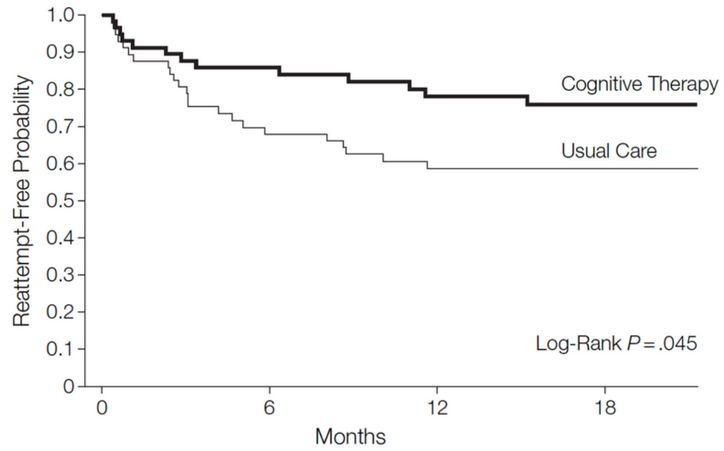
If we allow ‘burnout’ to be synonymous with ‘distress’, physicians may delay or forego treatment.

Menon 2020; Saddawi-Konefka 2025; Burns 2025

Impact of Professional Help on Mental Health

Therapy Cuts Suicide Risk in Half

Figure 2. Survival Curves of Time to Repeat Suicide Attempt



No. at Risk

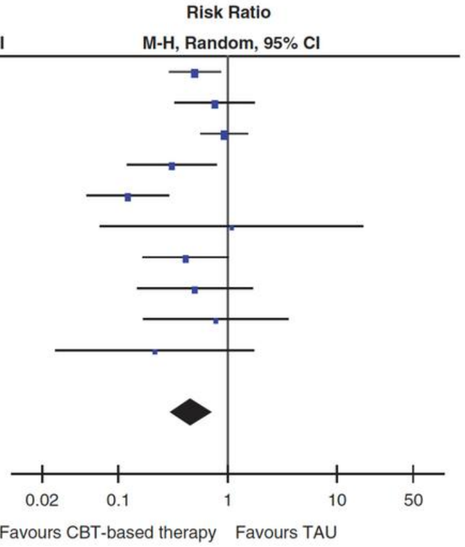
Cognitive Therapy	60	45	37	16
Usual Care	60	36	28	11

Figure 1. Meta-analysis of suicide attempts. CBT: cognitive behavioural therapy; TAU: treatment as usual.

Study or Subgroup	CBT-based therapy Events	Total	TAU Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Brown 2005	13	45	23	40	16.1%	0.50 [0.30, 0.85]
Dubois 1999	8	43	10	41	12.2%	0.76 [0.33, 1.74]
Gibbons 1978	27	200	29	200	16.6%	0.93 [0.57, 1.51]
Guthrie 2001	5	58	17	61	11.0%	0.31 [0.12, 0.78]
Gysin-Maillart 2017	5	60	41	60	11.8%	0.12 [0.05, 0.29]
Husain 2014	1	102	1	111	2.4%	1.09 [0.07, 17.17]
Rudd 2014	6	59	14	57	11.5%	0.41 [0.17, 1.00]
Salkovskis 1990	3	12	4	8	8.4%	0.50 [0.15, 1.66]
Stewart 2009	4	23	2	9	6.2%	0.78 [0.17, 3.55]
Wei 2013	1	25	5	27	3.8%	0.22 [0.03, 1.72]
Total (95% CI)		**627**		**614**	**100.0%**	**0.47 [0.30, 0.73]**
Total events	73		146			

Heterogeneity: Tau² = 0.26; Chi² = 20.73, df = 9 (P = 0.01); I² = 57%

Test for overall effect: Z = 3.32 (P = 0.0009)



Brown 2005; Gotzshe 2017

Therapy Cuts Symptoms in Half

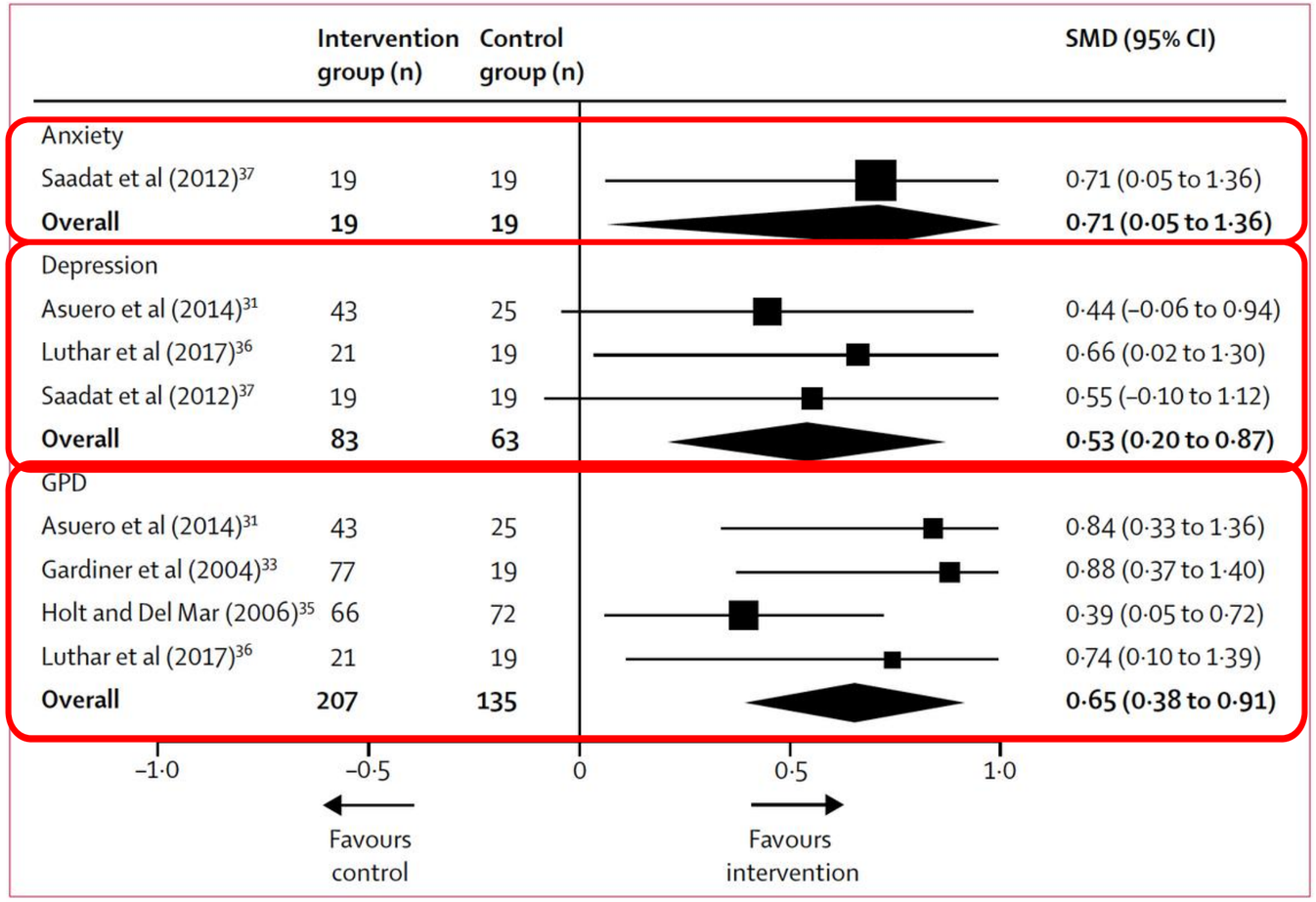
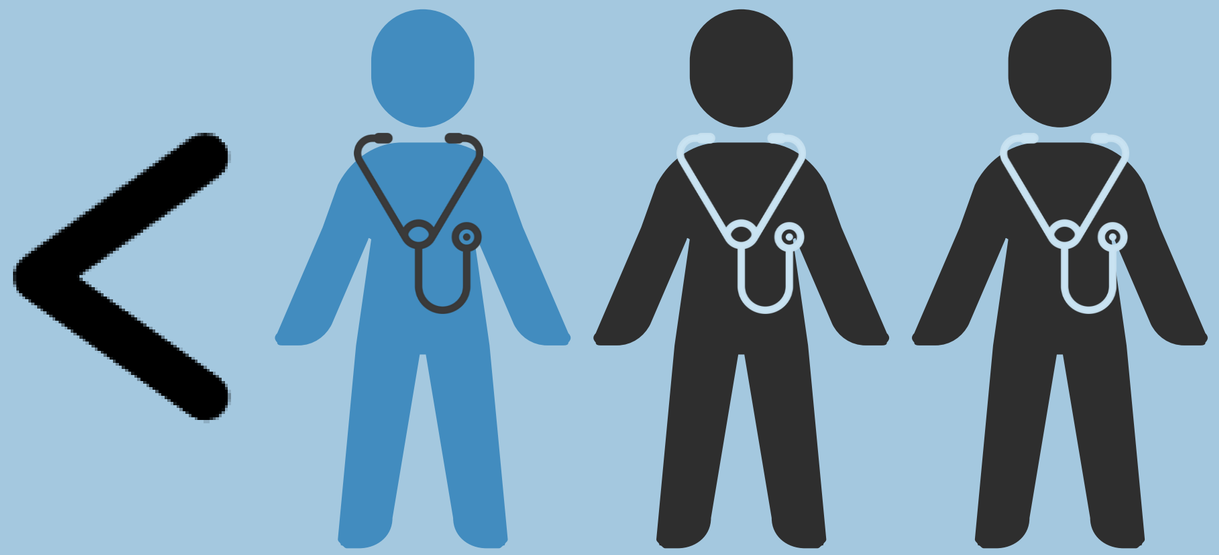


Figure 2: **Forest plot of the effects of interventions by each mental health outcome measure in physicians**
SMD=standardised mean difference. GPD=general psychological distress.

Petrie 2019

But fewer than 1 in 3 physicians seeks care



Fridner 2012; Holmes 2016; Loas 2018; Grover 2019; Harvey 2021; Bhatia 2022

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Barriers

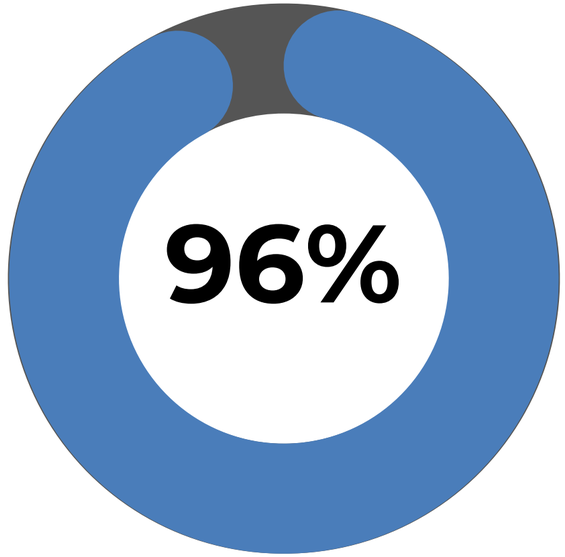
Culture that Promotes Inadequate Self-Care

Stigma & Professional Fears

Logistics

A Culture of Inadequate Self-Care

- Across conditions, physicians are less likely to seek care - ‘hero’ culture

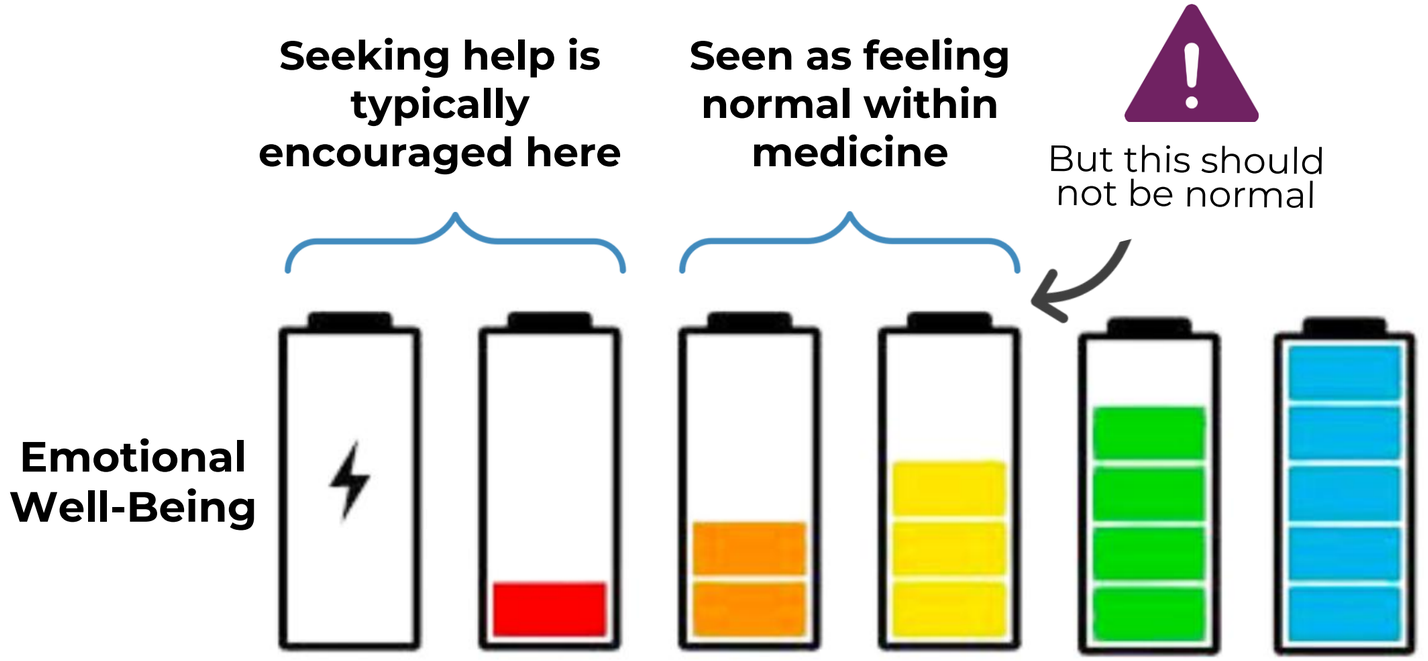


of physicians agreed that “doctors feel they need to portray a healthy image”

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019

A Culture of Inadequate Self-Care

- Across conditions, physicians are less likely to seek care - ‘hero’ culture
- Illness and distress are minimized or characterized as a ‘phase’



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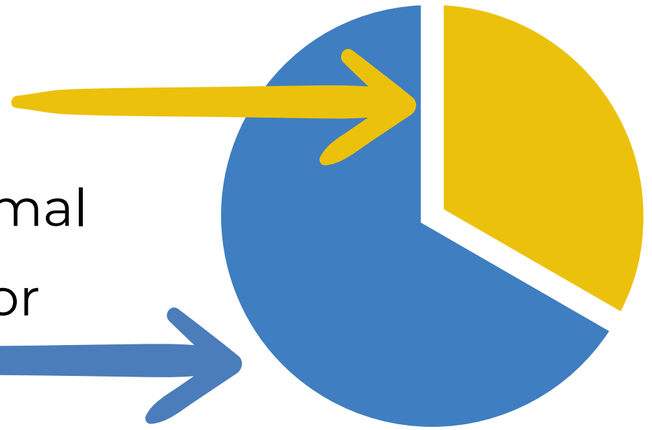
A Culture of Inadequate Self-Care

- Across conditions, physicians are less likely to seek care - ‘hero’ culture
- Illness and distress are minimized or characterized as a ‘phase’
- Often choose informal care or self-treatment

- **9-15%** of physicians report self-prescribing of antidepressants

- Survey of almost 400 psychiatrists
  - <50% would seek formal professional advice
  - Most would opt for informal advice, self-medication, or no treatment



Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019

Stigma and Professional Fears

- Mental health needs are seen as weakness

Large survey, majority agreed that the following beliefs were common within medicine:

- *"A doctor with a history of depressive illness is **less competent**"*
- *"Suffering with depression is a sign of **personal weakness**"*
- *"Many doctors **think less of** doctors who have suffered from depression"*

- 25% of medical students are reluctant to seek care because '*Using services will mean that I am weak*'
- Fear of stigma intensifies over time to 58% of residents

- Drives profound desire for confidentiality ⟶ 37% med students to 57% interns to ⅔ of practicing physicians

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

Stigma and Professional Fears

- Mental health needs are seen as weakness
- Fear of career implications are substantial

Practicing Physicians:

reluctant to share mental health diagnoses with colleagues, most frequently citing career implications

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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"I know that giving this address today will change my career path. There will be jobs that I am not offered. There will be doubts as to my abilities. There will be people who see me as weak, emotional, and damaged."

~ Dr. Carrie Cunningham

2023 AAS Presidential Address

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

Stigma and Professional Fears

- Mental health needs are seen as weakness
- Fear of career implications are substantial
- Applications have historically conflated illness and impairment

- **1987 study** - Identical applicants with a history of 'psychological counseling' 12-14% lower
- **2007 study** - 1/3 of state licensing board directors felt a diagnosis alone was grounds for sanction
  - No evidence that this improves patient safety or outcomes
- **2017 study** - 2/3 of licensing applications asked broadly about conditions w/o impairment
  - **Physicians in these states were 21% more reluctant to seek help**

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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Potential Disclosures

- LICENSING
- CREDENTIALING & PRIVILEGES
- DISABILITY INSURANCE
- COMMERCIAL INSURANCE
- MALPRACTICE INSURANCE
- LEGAL CASES

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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Licensing Question (2020)

Check each condition you have ever been diagnosed with, treated for, or currently have:

- Bipolar Disorder,
- Hypomania,
- Schizophrenia,
- Depression,
- Seasonal Affective,
- Depressive Neurosis,
- Kleptomania,
- Any Dissociative Disorder,
- Pyromania,
- Any Psychotic Disorder,
- Delirium,
- Any Organic Mental Disorder,
- Paranoia,
- Any condition requiring chronic medical or behavioral treatment?

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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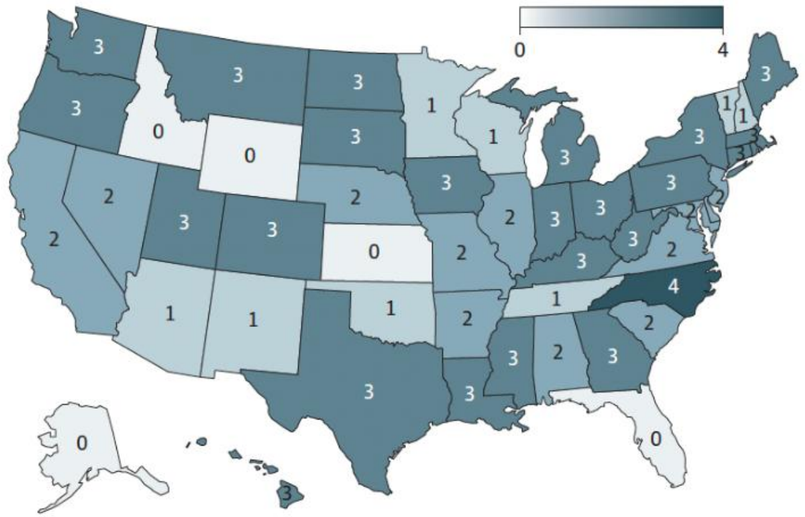
Four FSMB Recommendations
1. “Only if impaired”
2. “Only current”
3. “Safe haven non-reporting”
4. “Supportive language”

Figure. Consistency of State Board Applications With the Federation of State Medical Boards Recommendations on Physician Wellness and Burnout



Each state board application was given 1 point for consistency with each of the 4 evaluable Federation of State Medical Boards recommendations, for a total of up to 4 points. The Figure includes all 50 states in the US and Washington, DC. Three territories (Guam, the Northern Mariana Islands, and the US Virgin Islands) are not shown.

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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  - This has been improving

US Senators Wyden, Booker, and Merkley wrote to the DOJ to hold boards accountable

February 23, 2023

Wyden, Booker and Merkley Urge DOJ to Protect Physician Health Privacy and Hold State Medical Boards Accountable for Violations of the American Disabilities Act

An estimated two-thirds of state medical boards violate Title II of the ADA with personal, taxing, and unnecessarily broad questions about doctors' psychiatric history

DOJ RESPONSE JUNE 26, 2023

"It is clear that intrusive inquiries regarding an applicant's mental health history run afoul of the ADA to the extent that state medical boards use them as eligibility criteria to screen out applicants with disabilities and such inquiries are not necessary to determine whether an applicant is fit to practice medicine.

CARLOS URIARTE Digitally signed by CARLOS URIARTE Date: 2023.06.26 09:37:12 -04'00'

Carlos Felipe Uriarte
Assistant Attorney General

To that end, **if you are aware of anyone who has been subjected to the type of discriminatory licensing inquiries** referenced in your letter, we ask that you **please encourage them to file a complaint or reach out to the Department directly**.

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

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Table. Comparison of Federation of State Medical Boards Recommendations Met on M

Characteristics		2020 Initial (n = 54)		2022 Initial (n = 55)	
		Met	Not met	Met	Not met
Only if impaired	+8	39 (72)	15 (28)	47 (85)	8 (15)
Only current	+4	41 (76)	13 (24)	46 (84)	9 (16)

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2023 VIRGINIA LICENSING LAW–HB 1573

Licensure, certification, and registration applications required to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions:

- (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and
- (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?

Adams 2010, Thompson 2001; Garelick 2012; Dyrbye 2017; Aarsonson 2018; Menon 2017; Moutier 2018; Kalmoe 2019; Mihalescu 2019; Givens 2002; Schwenk 2008; Reynders 2014; White 2006; Grover 2019; Oppenheimer 1987; Cunningham 2023; Hendin 2007; Dyrbye 2017; FSMB 2018; Saddawi-Konefka 2021; Douglas 2023

Logistics

- Time does not always seem possible owing to both demanding jobs and a sense of duty

- 1/2 to 3/4 of physicians cite time as a primary barrier
- 3/4 worry they would be “letting their colleagues down”

Informal shadow contract

I undertake to protect my partners from the consequences of my being ill. These include having to cover for me and paying locums. I will protect my partners by working through any illness up to the point where I am unable to walk. If I have to take time off, I will return at the earliest possible opportunity. I expect my partners to do the same and reserve the right to make them feel uncomfortable if they violate this contract.

In order to keep to the contract I will act on the assumption that all my partners are healthy enough to work at all times. This may mean that from time to time it is appropriate to ignore evidence of their physical and mental distress and to disregard threats to their wellbeing. I will also expect my partners not to remind me of my own distress when I am working while sick.

Thompson 2001; Givens 2002; Schwenk 2008; Aaronson 2018; Holmes 2018

Logistics

- Time does not always seem possible owing to both demanding jobs and a sense of duty
- Fueled by desire for confidentiality, many go out of network or pay cash (to avoid an insurance record)

- 55% of trainees would “need to find a provider outside their home institution”
- Among depressed physicians, 21% would pay cash.

Thompson 2001; Givens 2002; Schwenk 2008; Aaronson 2018; Holmes 2018

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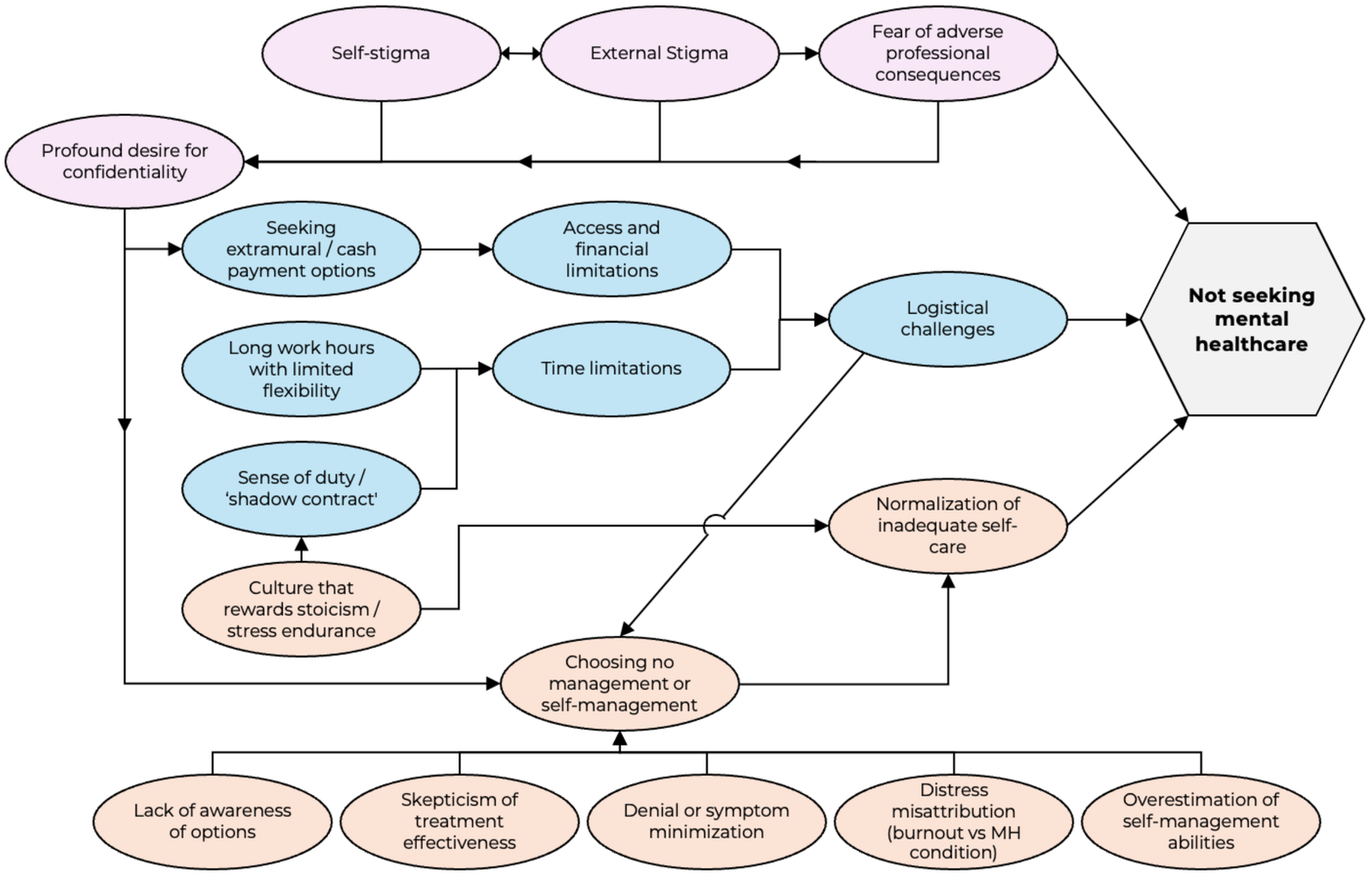
Initiatives to dismantle or circumvent barriers to help-seeking

Because the Barriers Are Complex and Interrelated

Multi-Level Solutions Are Needed



Solutions

Education & Leadership

Changing the culture by normalizing mental health needs and reducing stigma.

Systems & Policy Reform

Dismantling institutional barriers by replacing harmful policies with supportive ones.

Accessible Support Programs

A range of confidential, proactive, and peer-led resources to make support more accessible.

Center 2010; Moutier 2018; Cho 2020; Mihalescu 2019; Martin 2020; Saddawi-Konefka 2025

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Education

Emphasizing:

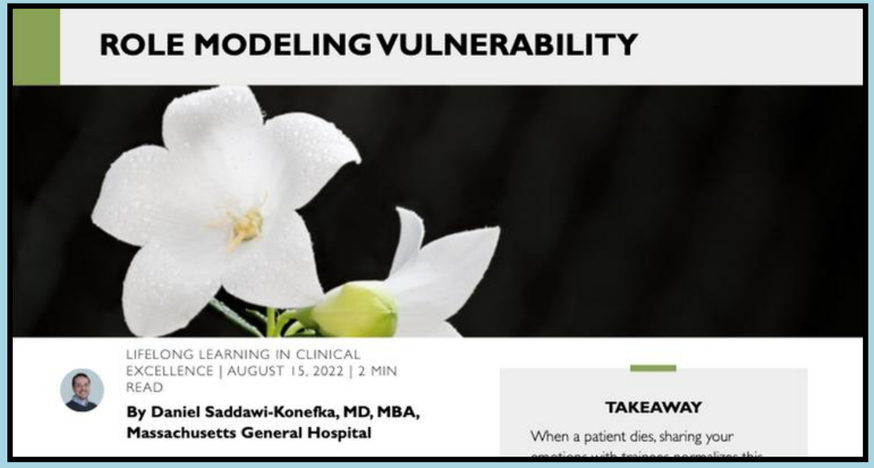
- Commonality of mental health conditions
- Managing a mental health condition is *completely* compatible with excellence
- Effectiveness of therapy
- Recognizing distress in self and others
- How to access available resources

National Physician Suicide Awareness Day

Center 2010; Moutier 2018; Cho 2020; Mihalescu 2019; Martin 2020

Leadership

- Role modeling vulnerability
- Modeling and encouraging adequate self-care
- Promoting respect and compassion



Center 2010; Moutier 2018; Cho 2020; Mihalescu 2019; Martin 2020; Saddawi-Konefka 2022; Cunningham 2023

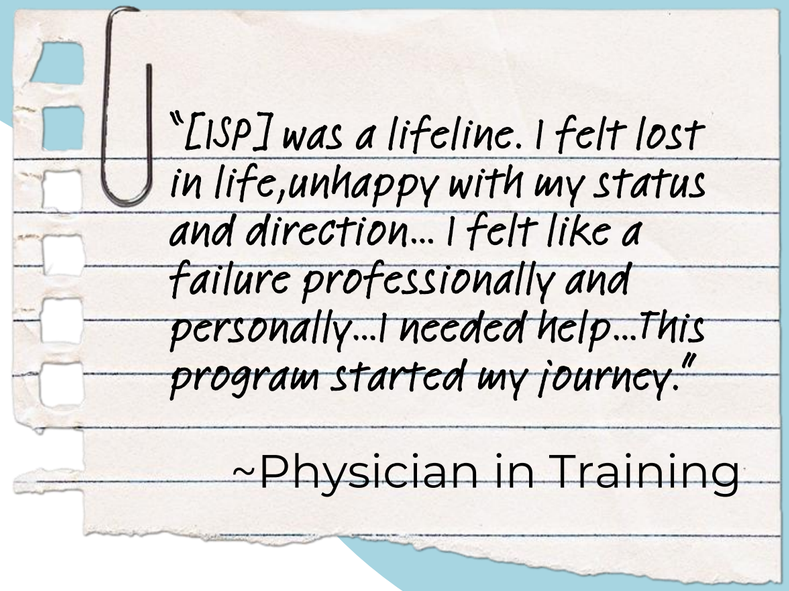
Anonymous Screening Programs

American Foundation for Suicide Prevention

Mental Health America

Confidential, self-initiated assessment of well-being.

- *AFSP's Interactive Screening Program*
- *MHA's Self-Screening Website*



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Dismantling institutional barriers by replacing harmful policies with supportive ones.

Accessible Support Programs

A range of confidential, proactive, and peer-led resources to make support more accessible.

Center 2010; Moutier 2018; Cho 2020; Mihalescu 2019; Martin 2020; Saddawi-Konefka 2025

External Oversight

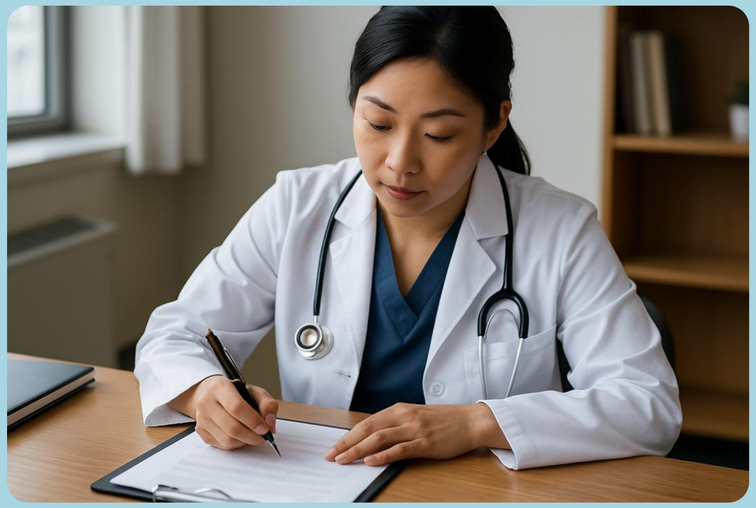
- Using external bodies to create accountability for structural support for mental health (e.g., *ACGME*)
- Benchmark surveys that encourage development of supportive initiatives

ACGME

Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
(Core)

AMA
AMERICAN MEDICAL ASSOCIATION

Licensure & Credentialing Reform



- Reforming applications to focus on current impairment, not intrusive mental health history

Funding & Federal Legislation

- Dr. Lorna Breen Health Care Provider Protection Act (HR 1667) - March 2022
- Provided >$100M in grants to improve provider mental health
- Reauthorized 2026 (had expired Sep 2024); **currently in need of funding**

Easy advocacy!

Solutions

Education & Leadership

Changing the culture by normalizing mental health needs and reducing stigma.

Systems & Policy Reform

Dismantling institutional barriers by replacing harmful policies with supportive ones.

Accessible Support Programs

A range of confidential, proactive, and peer-led resources to make support more accessible.

Center 2010; Moutier 2018; Cho 2020; Mihalescu 2019; Martin 2020; Saddawi-Konefka 2025

Peer Support

- Reduce isolation & normalize certain struggles
- Critical time to offer support and facilitate resources as needed

BETSY LEHMAN CENTER for Patient Safety

VIRTUAL PEER SUPPORT NETWORK

Opt-Out Programs

- Normalizing engagement by pre-scheduling mental health appointments
- Most commonly for vulnerable populations (e.g., *trainees 'Keck checks'*)

The first time seeking help is the hardest. It's especially hard as a medical student. We think a successful doctor should cope with all their difficulties on their own. Many of us wait until we are pushed to the very edge of our coping abilities, if we ever seek help at all. This is why the Keck Checks are so powerful. It is routine, just a normal part of medical school, to take that first step. We get a feel for counseling. We shift from thinking that meeting with a professional is something that we would only resort to in our darkest times, to considering whether it could be a potent resource for improving our quality of life.

~Medical Student,
USC Keck School of Medicine

Confidential Counseling

Direct access to professional care when needed

- *EAPs*
- *Physician Health Programs*
- *988 Crisis Line*
- *The Emotional PPE Project*
- …

Confidential Counseling

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- ...

emotionalppe.org

"I was ready to quit my job ... and walk away from a career that I had once loved so much. Then I discovered Emotional PPE. I just completed 10 sessions with the therapist and I wanted to say thank you from the bottom of my heart. I did not think it would work, but I feel like a weight has been lifted off my shoulders and I have found new joy. I never knew therapy could be so beneficial. It saved me, my career, and improved my relationships. Thank you for doing what you do. I will forever be grateful to you!"

- Krista

Solutions

> "[ISP] was a lifeline. I felt lost in life,unhappy with my status and direction... I felt like a failure professionally and personally...I needed help...This program started my journey."
>
> ~Physician in Training

Education & Leadership

- Education emphasizing 1) commonality of MH conditions, 2) benefits of help-seeking, 3) skills to recognize distress in self and others, 4) how to access available resources
- Leaders role-modeling vulnerability, use of resources, and showing compassion
- Anonymous screening programs: confidential, self-initiated assessment of well-being

Systems & Policy Reform

- External oversight (e.g., *ACGME, Wellbeing First Champion, national survey benchmarks*)
- Licensure and credentialing reform to replace invasive questions with supports
- Funding and federal legislation (e.g., Dr. Lorna Breen Health Care Provider Protection Act)

Accessible Support Programs

- Peer support programs to decrease isolation and support at critical times
- Confidential counseling options: 988, EAPs, The Emotional PPE Project, ...
- Opt-out programs: normalizing engagement by pre-scheduling mental health appointments

TAKEAWAYS

1. Healthcare workers have high mental health needs, resulting in significant morbidity and increased risk of suicide. Treatment works, but they are very unlikely to seek help.

2. Barriers include the normalization of inadequate self-care, stigma and professional fears, and logistical challenges.

3. We can remove these barriers with education and leadership, systemic and policy reform, and innovative support programs

JAMA | Special Communication

Reducing Barriers to Mental Health Care for Physicians
An Overview and Strategic Recommendations

Daniel Saddawi-Konefka, MD, MBA; Christine Yu Moutier, MD; Jesse M. Ehrenfeld, MD, MPH

IMPORTANCE Mental health challenges among physicians represent a critical public health issue with profound implications for health care delivery and workforce sustainability. Despite the proven effectiveness of mental health treatment in improving outcomes, most physicians with mental health conditions do not seek help. This treatment gap is particularly concerning given that physicians experience elevated rates of burnout, depression, anxiety, and suicide risk compared with the general population, with resulting effects on physician well-being, patient care quality, and health care system stability.

OBSERVATIONS Barriers to accessing mental health care services among physicians stem from

THANK YOU TO MY ePPE BOARD

AnnMarie Papa,

DNP, RN

Kate Hicks, MPH

Melissa Tilton

OTA, MS, COTA, ROH

Kimberly Johnson,

PhD, LMHC

Eileen Barrett, MD,

MPH

Jina Sinskey, MD

DeOnna Clark

MOT, OTR/L

Lucy Li, MD

Jack Schnirman, MPP

Kimberly Johnson,

PhD, LMHC

THANK YOU TO MY HOME TEAM

Thank you!

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Talk References

988 SUICIDE & CRISIS LIFELINE

Dr. Lorna Breen Health Care Provider Protection Act - Advocacy

Reflections on BLC Learning Collab Registrant Questions