

Over 6 in 10 physicians (61%) [report](#) experiencing feelings of burnout, yet only 14% of physicians report they sought medical attention for their mental health symptoms.

Why? There are **6 key structural barriers** that prevent physicians from seeking the mental health care services they may need.

1. State Medical Licensure and Renewal Applications

State medical license applications often ask broad questions about mental health history or its hypothetical effect on competency, influencing physicians' decisions not to seek [help](#). As of 2018, 32 state medical boards continue to ask mental health questions on licensing forms inconsistent with the Americans with Disabilities Act. Also in 2018, the Federation of Medical State Boards developed [10 recommendations](#) regarding mental health licensure questions that balance medical boards' mission to protect patients from impaired physicians, while allowing physicians to seek care without fear of losing their license or right to practice.

2. Hospital and Health System Privileging and Credentialing Applications

Like state medical boards, hospital and health system privileging and credentialing applications ask intrusive mental health questions that influence physicians' decisions not to seek help. In May 2020, the Joint Commission [strongly encouraged](#) organizations not to ask about the history of mental health conditions or treatment. As an alternative, they backed recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that currently impair physicians' ability to perform their job.

3. Commercial Insurance Credentialing

Commercial insurance credentialing, like hospital and health system credentialing, are often very invasive. A HIPAA waiver, granting an institution access to a physician's health records, has become a standard part of credentialing packages. Such required disclosures can prompt a demand to appear before a state medical board, a petition for medical records

or even a psychiatric evaluation. In the worst of scenarios, medical boards can restrict physicians from practicing medicine or even cause them to lose their licenses.

4. Malpractice Insurance Applications

All physicians are required to maintain malpractice insurance. Yet many insurance applications ask similar intrusive questions about the history of mental health conditions or treatment. This discourages physicians from seeking the mental health care they need because it creates the fear of losing their right to practice.

5. Legal Discovery Process During Lawsuits

Physicians are often deterred from seeking mental health care out of fear that their own mental health records might be shared in the discovery process in malpractice lawsuits in which they are defendants. States should adopt the “[SafeHaven](#)” model Virginia uses, which ensures physicians can “seek support for burnout, career fatigue, and mental health without the fear of undue repercussions.”

6. Mental Health Insurance Requiring Treatment Where the Physician Works

Currently, physicians seeking mental health care are required to seek treatment in the same health or hospital system where they work. This exact requirement is what forced [Dr. Scott Jolley](#), an emergency room physician in Utah who ultimately sought mental health care, to be treated by his own colleagues. Jolley was admitted to the psychiatric unit at his hospital, the same place he had sent dozens of his patients over the years. His wife remembers him being cared for “by the colleagues from whom he wanted to conceal his mental health condition,” creating a new, immense source of stress and shame. Earlier this year, Dr. Scott Jolley died by suicide.

This #NPSADay and beyond, health organizations can help address these underlying, structural barriers physicians face when accessing the mental health care they may need. Every health and hospital systems should circulate their institution’s and state’s facts on each of these 6 structural barriers to mental health. Knowledge is power, and in this case has lifesaving potential. This action is a transparent and measurable way that every health and hospital system can support its most valuable resource—its physician workforce.

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