Background

Physicians have one of the highest suicide rates of any profession. More than half of physicians know a physician who has either considered, attempted or died by suicide in their career. Physicians are experiencing practice environments like they never have before — early physician retirement, health care worker shortages and a growing inequity experienced by patients. Understandably, this has taken a toll on their mental health and contributes to burnout rates.

National Physician Suicide Awareness Day

National Physician Suicide Awareness Day (#NPSADay) is here to help everyone prevent physician suicide — including health systems, hospitals, medical societies and practices. We need to come together and break down the culture of silence around physician mental health. It’s time to talk — and to act — so physicians’ struggles don’t become mental health emergencies.

Together, we can shift the paradigm from a system where physicians think that burnout, depression or suicidal thoughts are something they must overcome by themselves to one where they see the support system around them willing to help them seek mental health care. This can start today. All health care organizations can take action to help prevent physician suicide on #NPSADay and beyond.
How to Engage Others

1. Communicate about #NPSADay throughout Your Organization

Make sure that everyone in your organization knows about #NPSADay and knows that your organization is a committed supporter of preventing physician suicide.

   - Showcase the importance of physician mental health and wellbeing by having it come from the top. Get your leadership involved – have them share their own stories, talk about #NPSADay and highlight the organization’s ongoing and upcoming efforts to create a culture of wellbeing, such as implementing the five actions from ALL IN: WellBeing First for Healthcare’s Rescue Package that can build the foundation for a long-term wellbeing strategy.
   
   - Health organizations can serve as a pivotal resource for physicians. There are programs you can implement for workforce wellbeing, such as the Practice Transformation Initiative, the Interactive Screening Program, Schwartz Rounds, and Stress First Aid.

   - Utilize the NPSADay.org Toolkit to spread the word about #NPSADay in your newsletter, by hanging posters or sending postcards to remind leadership and your organization about the importance of preventing physician suicide.

2. Encourage Physicians to Consider their Own Mental Health

It can be hard for physicians to reach out for support when they are struggling, whether it’s with stress, feelings of burnout or another challenge. On #NPSADay, encourage them to block some time in their day to take action to support their own mental health. Share the mental health support resources to arm them with the necessary information and tools they may need to prevent a mental health emergency. If a physician is in a crisis, make sure they know they can call or text 988 or chat 988lifeline.org for free 24/7 support. For ongoing support, direct them to Therapy Aid Coalition, The Emotional PPE Project, PeerRXMed, and your state’s Federation of State Physician Health Programs.

3. Educate your Community about #NPSADay

Tap your organization’s platforms and expertise to reach your broader communities with messages about preventing physician suicide and #NPSADay. Examples may include running digital ads on your website, posting across your social media channels and distributing handouts to your community partners to distribute at their locations or events.
What You Can Do

Because suicide is a complex health outcome with many drivers of risk, preventing suicide requires a strategic, multipronged, longitudinal, evidence-based plan. The following are evidence-based actions different health organizations can do to help prevent suicide.

**Regulatory Agencies, Licensing Boards and Hospital Privileging Boards**

- **Remove structural barriers** that prevent physicians from seeking the mental health services they need by removing licensing and credentialing questions about physicians’ mental health. This practice of asking intrusive questions about diagnoses and treatment history has been shown to be an ineffective way to detect impairment and protect public safety; it is also at odds with the Americans with Disabilities Act in many instances. Moreover, it has driven physicians to hide their treatable mental health issues and prevented scores of physicians from accessing effective treatment that can protect both patient safety and their own health and careers.

- **Launch communication strategies** so physicians in each organization’s jurisdiction are aware of the protections afforded to them should they seek therapy, psychiatric treatment and addiction recovery. Policies and procedures related to matters of health must be transparent and effectively communicated.

- **Develop initiatives** that help physicians safely address their own suicide risk factors and health concerns (e.g., the American Foundation for Suicide Prevention’s [Interactive Screening Program](#), which many academic institutions, health systems and state associations have already implemented).

**Specialty Boards, Professional Associations and Continuing Education Organizations**

- Within each discipline, **identify and address specific barriers** to seeking treatment. Workgroups with members at all levels of seniority and from all settings can optimally accomplish this goal.

- **Incorporate questions related to self-care** into board certification and continuing education to emphasize that, alongside medical knowledge, technical skills and empathy for others, the ability to optimize one’s own mental health, including availing oneself of mental health care, is an essential component of professional responsibility.
What You Can Do (continued)

Medical Educators

- Ensure policies at the undergraduate and graduate medical education levels provide trainees with the greatest access to mentors, support and mental health care without punitive consequences (e.g., build in debriefs following critical incidents, encourage therapy, allow for access to treatment within and outside the institution when feasible).

- Be transparent. Communicate clearly about how trainees’ mental health challenges are handled by the institution.

- Prioritize and promote a growth mindset (e.g., “Every physician struggles at times. It’s a sign of strength to address challenges. It’s commendable not to wait until the point of crisis to get help.”).

- Continuously provide information about how trainees can access support, guidance and mental health treatment. List resources on the back of I.D. cards, on program websites, etc.

- Introduce self-care early in the curriculum as a practice linked to professionalism that can be cultivated throughout one’s career.

- Model mental health self-care by disclosing personal struggles when appropriate and explaining that everyone needs to lean on others for support or treatment.

- Provide opportunities for storytelling to set new norms with hopeful narratives for addressing struggles.

- Enhance peer support by teaching trainees how to reach out and respond to distressed peers, cultivate active listening skills and use available resources for support.

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Become a Supporting Organization

#NPSADay supporting organizations are committed to raising awareness of the physician suicide epidemic and creating a culture of wellbeing that prioritizes reducing the burnout that can lead to it. Complete the form to be a supporting organization on September 17, and beyond.

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2 Moutier, Christine Yu MD; Myers, Michael F. MD; Feist, Jennifer Breen JD; Feist, J. Corey JD, MBA; Zisook, Sidney MD Preventing Clinician Suicide: A Call to Action During the COVID-19 Pandemic and Beyond, Academic Medicine: May 2021 - Volume 96 - Issue 5 - p 624-628. Accessed at https://journals.lww.com/academicmedicine/Fulltext/2021/05000/Predicting_Clinician_Suicide__A_Call_to_Action.24.aspx.