EM Physician Organizations Form Mental Health Collaborative, Issue Joint Statement and Call to Action Regarding Mental Health Care Stigma in EM

Each year in the U.S., roughly 300 to 400 physicians die by suicide[1] — approximately double the suicide rate in the general population.[2] More than half of physicians know of a physician who has either considered, attempted, or died by suicide and 20 percent know of a physician who has either considered, attempted, or died by suicide since the start of the COVID-19 pandemic.[3]

Moreover, when it comes to COVID-19 impacts, particularly on the mental health of EM physicians during the COVID-19 pandemic, nine in ten EM physicians say they are more stressed since the start of the pandemic: 72 percent report experiencing more professional burnout and more than half report inappropriate feelings of anger, tearfulness or anxiety.[4]

Yet, despite COVID's growing toll on the mental health and well-being of EM physicians, nearly half are hesitant to seek mental health treatment due to stigma in the workplace. Beyond the local workplace, information about seeking mental health treatment is frequently part of staff privilege applications and for some states, required disclosure for obtaining/renewing the medical license. As a result, more than a quarter (27 percent) of emergency physicians have avoided seeking needed mental health treatment for fear of professional repercussions.[5]

In response to this, a coalition of emergency medicine (EM) organizations have come together to form an EM Mental Health Collaborative to stimulate education, awareness, advocacy, and policy action related to breaking down barriers to mental health care in EM. The partners in the collaborative agree to participate in a "Stop the Stigma EM" campaign that promotes the following key messages:

- Every EM physician is vulnerable to mental illness, just like any other medical problem. It is not a sign of weakness nor a reflection on one's ability to do one's job
- Attending to one's mental health and psychosocial well-being is as important as managing one's physical health
- EM physicians who are proactive about their own mental health protect their ability to maintain optimal, safe patient care
- Institutional leaders, colleagues, and peers can have a powerful influence on those struggling with mental health issues by normalizing the seeking of mental health care
- Policies and procedures that make it safe for individuals to seek support, including formal mental health care, are critical to encouraging EM physicians to get the help they need
- Regularly and supportively monitoring the well-being and psychosocial status of staff to identify risks and respond to needs should be a priority of institutional leadership
- Knowledge and positive attitudes about mental health is critically important to addressing fears about mental health and treatment

CALL TO ACTION

The EM Mental Health Collaborative also calls on policy makers, EM department chairs, residency program directors, and other institutional leaders, health care professionals, and advocates to commit to and assiduously work toward the following campaign objectives:

1. Establish a professional norm that EM is an emotionally demanding profession and that it's common, even normal, to need help at times
2. Develop initiatives that help clinicians safely address their own suicide risk factors and health concerns
3. Educate EM physicians regarding the protections afforded to them should they seek therapy, psychiatric treatment, and/or addiction recovery
4. Foster a work culture where mental health is viewed and addressed openly and without fear
5. Urge educators to model mental health self-care and set new, hopeful norms, by disclosing personal struggles and providing opportunities for others to tell their "lived experience" stories
6. Encourage peers and mentors to play an active role in identifying, encouraging, and supporting individuals in distress to get help when needed
7. Recommend that EM educators teach trainees how to reach out to distressed peers, engage in active listening, have caring conversations that invite deeper disclosure, and respond helpfully with resources
8. Provide tools and resources for hospitals, academic EM institutions, EM department chairs, residency program directors to support the mental health of their physicians and staff
9. Advocate for policies and procedures on the institutional level that encourage the open discussion of mental health issues and provide time, opportunities, and resources for

those experiencing these issues to seek help without fear of punitive consequences; and to urge the effective and transparent communication of these policies and procedures

10. Discuss and address widespread perceptions — both real and perceived — concerning discriminatory practices related to mental health by regulatory agencies, licensing boards, and hospital privileging boards

Society for Academic Emergency Medicine
Residents and Medical Students (RAMS)
Association of Academic Chairs of Emergency Medicine (AACEM)
American Academy of Emergency Medicine (AAEM)
AAEM Resident and Student Association (AAEM/RSA)
American Board of Emergency Medicine (ABEM)
American College of Emergency Physicians (ACEP)
Council of Residency Directors in Emergency Medicine (CORD)
Emergency Medicine Residents Association (EMRA)
American College of Osteopathic Emergency Physicians (ACOEP)

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