## Facts about Mental Health and **Suicide Among Physicians**

Physicians have higher rates of burnout, depressive symptoms, and suicide risk than the general population. Physicians and trainees can experience high degrees of mental health distress and are less likely than other members of the public to seek mental health treatment. Physicians report several barriers to seeking mental health care, including time constraints, hesitancy to draw attention to self-perceived weakness, and concerns about reputation and confidentiality. Other facts include:

- Suicide generally is caused by the convergence of multiple risk factors the most common being untreated or inadequately managed mental health conditions.<sup>1,2</sup>
- Physicians who took their lives were less likely to be receiving mental health treatment compared with nonphysicians who took their lives even though depression was found to be a significant risk factor at approximately the same rate in both groups.<sup>3</sup>
- The suicide rate among male physicians is 1.41 times higher than the general male population. And among female physicians, the relative risk is even more pronounced 2.27 times greater than the general female population.<sup>2</sup>
- Twenty-eight percent of residents experience a major depressive episode during training versus 7–8 percent of similarly aged individuals in the U.S. general population.<sup>1</sup>
- Among physicians, risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. Although self-medicating, mainly with prescription medications, may reduce some symptoms, the underlying health problem is not effectively treated. This can lead to a tragic outcome.
- In one study, 23 percent of interns had suicidal thoughts. However, among those interns who completed four sessions of web-based cognitive behavior therapy, suicidal ideation decreased by nearly 50 percent.
- · Drivers of burnout include workload, work inefficiency, lack of autonomy and meaning in work, and work-home conflict.
- Unaddressed mental health conditions, in the long run, are more likely to have a negative impact on a physician's professional reputation and practice than reaching out for help early.

Physicians who proactively address their mental health are better able to optimally care for patients and sustain their resilience in the face of stress.

Mental health problems are best addressed by combining healthy self-care strategies (which should not include self-medicating) along with effective treatment for mental health conditions.

Suicide statistics are released each year from the Centers for Disease Control & Prevention. More information about statistics can be found at **afsp.org/statistics** 

## References

- 1. Mata, D. A., Ramos, M. A., Bansal, N., Khan, R., Guille, C., Angelantonio, E. D., & Sen, S. (2015). Prevalence of Depression and Depressive Symptoms among Resident Physicians. JAMA, 314(22), 2373. doi:10.1001/jama.2015.15845
- 2. Schernhammer, E. S., & Colditz, G. A. (2004). Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis). American Journal of Psychiatry AJP, 161(12), 2295-2302. doi:10.1176/appi.ajp.161.12.2295
- 3. 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. doi:10.1016/j. genhosppsych.2012.08.005
- 4. Guille, C., Zhao, Z., Krystal, J., Nichols, B., Brady, K., & Sen, S. (2015). Web-Based Cognitive Behavioral Therapy Intervention for the Prevention of Suicidal Ideation in Medical Interns. JAMA Psychiatry, 72(12), 1192. doi:10.1001/jamapsychiatry.2015.1880

