

Facts about Mental Health and Suicide Among Physicians

For many individual, environmental and health reasons, physicians have high rates of burnout, depressive symptoms, anxiety, and suicide risk. Prevalence rates are provided below where possible, based on research, ACGME and CDC data. Despite physicians' and trainees' experiences of high degrees of mental health distress, research shows they tend to be less likely than other members of the public to seek mental health treatment. Physicians report several barriers to seeking mental health care, including hesitancy to draw attention to self-perceived weakness, concerns about reputation, confidentiality, and potential negative impacts on licensure.

Other facts include:

- Suicide generally is caused by the convergence of multiple risk factors – the most common being untreated or inadequately managed mental health conditions¹
- 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 groups²
- While two older meta-analyses have suggested that physicians are at an increased risk of suicide, [Dutheil 2019, Schernhammer 2004] newer research based on 5 years of data from the CDC's National Violent Death Reporting System (NVDRS) find the suicide rate among physicians is higher among female physicians (by 1.5) and lower among male physicians (by 0.8) compared to sex-matched nonphysicians in the general population; therefore, the gender gap is narrowed among physicians, with males still having higher suicide rates than females, but less so than for the general population⁵
- 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, with either prescription medications or other substances or alcohol, may seem to reduce some symptoms in the short-term, the underlying health problem is not effectively treated; this can lead to a tragic outcome
- Reasons for the higher suicide rate among female physicians compared to nonphysician females are thought to include disparities in work-family responsibilities, stigma around utilizing supportive, flexible policies, some mental health conditions being more prevalent, and continued gender disparities in pay, policies and culture; all of these experiences combined with traits of high personal drive and perfectionism may push suffering underground with less engagement with mental health and social supports⁶
- Suicide is the leading cause of death for US resident physicians. However, their suicide rate is significantly lower than that of the age-matched general population⁷

- Twenty-eight percent of residents experience a major depressive episode during training versus 7-8 percent of similarly aged individuals in the general population; improvements in resident rates of depression have occurred over recent years, mitigated by improvements in work hours and sleep – two major drivers of mental health distress⁸
- 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 percent⁹
- 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.

There is good news:

State medical licensing policies are changing to safeguard physicians seeking treatment for any health condition, including mental and physical health conditions. See **Dr. Lorna Breen Heroes Foundation** work on this important issue.

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 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
- ³ Dutheil F, Aubert C, Pereira B, et al. . Suicide among physicians and health-care workers: a systematic review and meta-analysis. *PLoS One*. 2019;14(12):e0226361. doi:10.1371/journal.pone.0226361
- ⁴ Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004 Dec;161(12):2295-302. doi: 10.1176/appi.ajp.161.12.2295.
- ⁵ Makhija H, Davidson JE, Lee KC, Barnes A, Choflet A, Zisook S. National Incidence of Physician Suicide and Associated Features. *JAMA Psychiatry*. 2025;82(5):451-458. doi:10.1001/jamapsychiatry.2024.4816
- ⁶ Frank E, Sen S, Guille C. Female Physician Suicide Compared to the General Population. *JAMA Psychiatry*. 2025;82(5):440-441. doi:10.1001/jamapsychiatry.2024.4786
- ⁷ Yaghmour NA, Bynum WE, Hafferty FW, et al. Causes of death among US medical residents. *JAMA Netw Open*. 2025;8(5):e259238. doi:10.1001/jamanetworkopen.2025.923
- ⁸ Guille C, Sen S. Burnout, Depression, and Diminished Well-Being among Physicians. *N Engl J Med*. 2024;391(16):1519-1527. doi:10.1056/NEJMr230287
- ⁹ 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