



The Surprising New Victim of Mental Health Stigma: Doctors

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The mental health toll among first responders is devastating: In 2017, more police officers and firefighters died by suicide than were killed in the line-of-duty, according to a study by the Ruderman Family Foundation. On-the-job stress weighs heavily on those in the line-of-fire, who suffer PTSD and depression at five times the rate of the general population.

The report reveals a dire healthcare emergency among first responders, yet the picture is incomplete. A similar crisis is festering among doctors — critical players in the first responder chain — for whom depression and suicide are growing epidemics. While myriad pressures associated with practicing medicine today have precipitated growing rates of depression, it is mental health stigma which prevents doctors from seeking treatment and has ultimately led to a surge in suicides.

Cauldron of pressures

It's little wonder why depression among doctors is growing: Doctors face incredible stress, where failure can mean the difference between life and death. But even those professionals who face less urgent care scenarios are still under intense pressures:

- **Administrative strain**, driven largely by electronic record keeping mandates, have forced doctors to spend far greater time *administrating* healthcare rather than *administering* treatment. This is not only a time and productivity drain, but it pulls physicians away from the patient care that inspired them to get into the field of

medicine.

- **Financial pressures** have always been significant, with student loans running into the hundreds of thousands of dollars, providing doctors with little financial freedom. Additionally, many doctors who previously practiced independently now work instead for a hospital or large healthcare organizations, a loss of autonomy that also brings ROI-based expectations: See more patients. See more patients. See more patients.
- **Malpractice concerns** are also rising, with the prospect of 35% contingency fees fueling an onslaught of lawsuits. Not only does the practice add financial pressure to the provider, but it hampers professional mobility, as state licensing boards verify whether a physician has been involved in litigation before granting reciprocity.
- **Personal time** for doctors has diminished, with many too busy to exercise, spend quality time with family or do any of the things that they often prescribe to their patients.

All of these factors can have devastating effects on confidence and self-esteem, while exacerbating depression. These feelings are compounded by working in a profession where death is a real, tangible phenomenon. Some ER providers, especially, when routinely exposed to people dying by suicide or dying of overdoses, undergo an existential examination of their work and purpose: Are they helping people? Are they doing something meaningful? Can they make a difference? A chorus of “no’s” inflicts significant, emotional and behavioral damage.

Stigma that suppresses treatment

Self-imposed: While these (and other factors) have led to a surge in depression among doctors, more profound in this crisis is a stigma that many mental professionals associate with depression — unconsciously or not. They bury their health issues under an ongoing litany of denials, assuming that to do otherwise would diminish their self-control. Others place undue pressure on themselves, assuming that with the public looking up to those in the healthcare profession, they must shoulder mental health burdens alone. In either case, they deny themselves the very accessible and attainable care that they need. The end result? A tragic rise in suicides.

Societal: Even when they seek support, their options are meager and often unsatisfactory. New York and California, for instance, offer assistance, but the results can be punitive, often making it difficult for a physician to maintain (or regain) a license. As a psychiatrist, I’m required to report any doctor who is dealing with mental health issues, a Scarlet Letter-like stigmatization that deters many from seeking treatment.

It’s not surprising, then, that the suicide rate among doctors is disproportionately high. Change is needed and eminently attainable. The following are actionable steps that industry leaders should consider to break this alarming cycle:

- Incentivize depressed healthcare practitioners at every type of facility and institution —

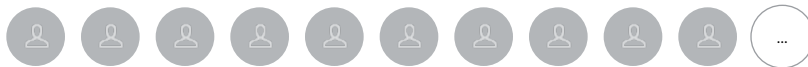
residency programs, hospitals, private practice — to seek help when needed. For instance, medical schools must incorporate curricula that address this very real phenomenon, informing them about the importance of treatment.

- Hospital executives must provide their staff similar directives, pointing out warning signs and recommended treatment protocols.
- Consider financial incentives that encourage mental health days to help alleviate job-related stresses.
- Eliminate the stigma associated with depression while providing treatment. Depression must be considered the same as any other disease — diabetes, for instance — ensuring that one may resume practice or residency training when conditions allow.
- Establish a network where doctors can receive confidential, non-punitive treatment that does not jeopardize one's career.

As we continually seek to refine our healthcare system, let us not overlook the emotional burdens that providers endure. Depression is highly treatable, but only if we remove the stigma attached to it so that those suffering can seek treatment without fear of personal or professional repercussions.

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Stephen Walter • 3rd
Relief Pharmacist with RPH on the Go

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That is our society for you, a person does the right thing and seeks help and they have to worry about having a stigma attached to them. Unless there is a threat of violence this should be confidential. Same reason why most Pharmacist don't report errors unless they have to, because even though a company will say and the government will say we need the data to make things safer, the truth is it is held against you and may lead to being fired.

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Executive Director at PA Health Care Cost Containment Council

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beautiful, brace comment, Jennifer Zampogna (edited)

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Jennifer C. Zampogna, M.D. • 3rd
Director of Operations at Lawyers Concerned for Lawyers of Pennsylvania, Inc.

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Thank you Joe!

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