

Medical boards probe mental health; doctors pause in getting help

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Two-thirds of U.S. medical boards fail to meet recommendations from the AMA, the American Psychiatric Association (APA) and the Federation of State Medical Boards (FSMB) regarding questions about physicians' mental health on licensure application forms, according to a recent analysis of initial and renewal application forms.

Questions about medical licensure applicants' history of mental health diagnoses or treatment can constitute a violation of the Americans with Disabilities Act, according to the FSMB, and have real-world effects on physicians' willingness to seek care. A new study, published in *Mayo Clinic Proceedings*, reports that physicians working in a state where the initial or renewal application probes overly broadly about mental health history were 20 percent likelier to be reluctant about seeking help. Overall, about 40 percent of physicians reported reluctance to seek formal medical care for treatment of a mental health condition.

"State medical boards are trying really hard to protect the public, to make sure that physicians are competent and are going to provide compassionate care to patients," Liselotte N. Dyrbye, MD, lead author of the study, told *AMA Wire*®. "However, questions regarding past or current diagnosis or treatment for a mental health problem are misdirected because decisions regarding licensure should solely be based on professional performance."

"We should be asking questions that don't pose an unnecessary barrier for physicians to seek care," said Dr. Dyrbye, professor of medicine and medical education at Mayo Clinic in Rochester, Minnesota. She co-wrote the *Mayo Clinic Proceedings* study with general internist and AMA Vice President of Professional Satisfaction Christine A. Sinsky, MD, and others.

The study cites data suggesting that physicians often self-treat for depression and avoid care for other mental health conditions because they are concerned it will affect their license to practice.

Dr. Dyrbye and colleagues examined medical licensure application questions for initial and renewal applications related to physicians' mental health. Data were obtained from a nationally representative sample of 5,829 physicians who completed a survey in 2014. Initial applications were received from all 51 medical licensing boards, while renewal applications were received from 48.

The concerns raised by the study are not new. In a previous study of almost 8,000 U.S. surgeons also conducted by Dr. Dyrbye and published in *JAMA Surgery*, 6 percent of physicians had thoughts of suicide in the last year. Of those who had suicidal thoughts, three-quarters had not sought help because they were concerned that doing so would affect their license to practice.

Keep questions in line with policies

The APA says impairment and potential risk of harm to patients cannot be concluded from a diagnosis or treatment of a mental health condition.

“We know that there is a high prevalence of burnout and other forms of psychological distress in physicians and that mood disorders often go untreated,” Dr. Dyrbye said. “This contributes to the higher level of suicide in physicians than other U.S. workers.”

“Part of the reason mood disorders often go untreated is physicians are really worried about the ramifications,” she added. “If you check the box on your medical license application form that you have a mental health problem, have ever had one, currently have one or are being treated for one, it sets off this domino [effect].”

Changing licensure applications to restrict questions to current functional impairment is a simple, but important step in reducing the barriers to mental health treatment facing physicians, Dr. Dyrbye said.

“Whether or not you should be allowed to practice in the state should depend on your performance,” she said. “Any condition you have—whether it is a mental health condition or a physical health condition—if it’s not impairing your ability to deliver competent care, then it really shouldn’t be relevant.”

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