Mental health stigma & physician well-being with Christine Yu Moutier, MD

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today’s AMA Update, in recognition of National Suicide Prevention Week to #StopSuicide, Christine Yu Moutier, MD, chief medical officer of the American Foundation for Suicide Prevention (AFSP) in New York, joins to discuss dismantling the stigma around seeking mental health treatment. AMA Chief Experience Officer Todd Unger hosts.

Register for AMA’s live webinar, “Dismantling Stigma for All: Addressing Physician and Patient Mental Health and Suicide Risk” on Thursday, Sept. 8, at noon, Central.

Dial 9-8-8 if you or anyone you know needs help. The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. It provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the U.S.

Speaker

- Christine Yu Moutier, MD, chief medical officer, American Foundation for Suicide Prevention

Transcript


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Unger: Hello, this is Todd Unger, your host for the past two and half years and over 400 episodes of our COVID-19 Update, helping you stay up-to-date and informed throughout the pandemic. But today marks the debut of a new name for our video and podcast as we expand our content outside of COVID-19. Welcome to the AMA Update.

Although we've dropped the COVID from our name, we're not dropping the COVID content that you've come to rely on. Instead, the new name reflects a broader focus on these videos and podcasts. We're going to cover many topics that you care about. And I'll continue to include COVID-related content that you need to know. We look forward to bringing you many more episodes in keeping our commitment to elevating expert voices. And we're excited about this programming change and truly appreciate the time that you spend with us each week. Thanks for watching and listening.

Hello and welcome to the AMA Update video and podcast. In recognition of National Suicide prevention week, today we're talking about dismantling the stigma around seeking mental health treatment. I'm joined today by Dr. Christine Yu Moutier, chief medical officer of the American Foundation for Suicide Prevention in New York. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Moutier, thanks so much for joining us today.

Dr. Moutier: Thanks, Todd, for having me on.

Unger: I know that you and several others are coming together for an AMA-hosted live discussion called "Dismantling Stigma for All, Addressing Physician and Patient Mental Health and Suicide Risk." And that's going to take place on September 8, so I appreciate you making some time in advance of that to give us a little bit of a preview of what you're going to be talking about.

I know that you have personal ties to this topic, unfortunately, as a lot of physicians do. And can you start just by telling us why you decided to dedicate yourself to fighting what has become a leading cause of death for both physicians and patients?

Dr. Moutier: Thanks, Todd, for giving me the opportunity to talk about my own background with this. I am a psychiatrist. And I also served as assistant dean for medical education and student affairs at the University of California San Diego School of Medicine. But unlike what you might assume, based on being a psychiatrist, who now I devote my whole life's work to suicide prevention at the national level, it's actually a little bit more, probably a combination of things.

But the fact that I had my own lived experience of struggle in medical school, followed by a series of tragic losses to suicide that we experienced as an academic medical community over a period of a decade or so—and there were numerous—that gave me that sort of lived experience, and then leadership opportunity to co-develop a program, to really dig deep and look at what does the science tell us about what is missing in the implementation, not just in terms of patient care but in terms of the way we approach our own culture, our own policies and procedures in training and work
And so that led to my, again, becoming chief medical officer at the American Foundation for Suicide Prevention, where my attention really shifted from just health care professional suicide prevention and, of course, patient care but then to the whole public health crisis at the national level in suicide prevention.

**Unger:** And we've heard so many of those heartbreaking stories over the past few years on our video. So this work is so important. And as you mentioned, you're the chief medical officer of the American Foundation for Suicide Prevention, where you're really championing a nationwide movement that, just what you said, is grounded in science but it's also got a big grassroots effort attached to that. Tell us a little bit about your approach.

**Dr. Moutier:** Right. We are probably unique. And it's an exciting place to be at AFSP because, yes, everything has to be scientifically-based and evidence-based. But the time to translate from, as we know, from bench to bedside but in this case, not just bedside clinically, but to the public health arena of community-based suicide prevention can take decades. And in fact, it has been really taking too long. It was 1999 when the surgeon general first—was David Satcher at the time—announced a national suicide prevention plan for the U.S.

And I would say just only now are we seeing the implementation starting to happen at scale across health systems, schools, workplaces, faith communities. And so the beauty of the way that we are organized at AFSP is that we have a chapter network across all 50 states. And this is a very active and highly organized way that we approach these tens of thousands of volunteers who have the connections to workplaces, to schools, to the community.

And they become our arms and legs. But it's highly coordinated and all, again, evidence-based through the programming interventions that we offer. And it's suicide prevention. And it also is a focus on what we call post-vention, which is support and healing for the aftermath of a tragic loss to suicide. And that's for families but it's also for schools. And now, of course, also health systems and medical training environments must also have that post-vention protocol solidly in place so that we can avoid a contagion effect and so that the community can heal.

And maybe that, like in my case and many others, that is the way that we become ready to do more with regard to suicide prevention, is moving through that highly motivating phase of after we've been personally touched by suicide in any way, either through loss or lived experience.

**Unger:** You mentioned Dr. Satcher in 1999. It's now 2022. Why does it take so long?

**Dr. Moutier:** You know, I think stigma is a huge reason that has been a barrier in place. And if you think about other complex health outcomes and leading causes of death, anything from cancer, even...
diabetes had tremendous stigma long ago, HIV/AIDS, it takes a while. And even after science is shedding light, you have to have voices speaking out at all levels, at the public policy level but also at the community level to help normalize a dialogue.

And I think, again, that is what's happening at the national level, across communities. And of course, it's a very uneven rate of change that this happens. But we also see it happening within the field of medicine. And it is so exciting that AMA is, in fact, part of that process of change, of introducing policies and language, making it fair and appropriate and safe for physicians and other health practitioners to seek mental health support. That's the way that we reduce stigma.

**Unger:** And that's a big issue. Because we've talked a lot about this issue of stigma and physicians. And there are structural kind of reasons why people are not apt to talk about this. And we've been fortunate as the AMA to be involved with things like the Lorna Breen Act to try to address some of those structural issues, to encourage folks to have that dialogue. Are there other ways that we should be working to combat drivers of stigma that make it OK for physicians to do this?

**Dr. Moutier:** Well, I think there's a lot there in that question. I'll just highlight a couple of things. At the sort of informal curriculum, if you will, at that level, I think we all have a role to play in learning how to create an environment, whether you're teaching on rounds or at any level of community or leadership level within a health system, that the way that you approach your teen dynamic, where there is a sense of humanity, where you even might take a risk of using self-disclosure in some selective, thoughtful ways, that it's not as much about your needs but it's about sending a signal to the environment, that it's safe to take care of your own health, your own mental health, your family's needs and that you support that in others too.

We can help encourage our colleagues in a number of environmental ways as well as more specifically. I would say that the biggest, however, the biggest linchpin that must change in order to create a safe way for help seeking to really occur is for the hospital privileging boards and state medical boards to very aggressively and rapidly review their policies and the language that, to date, there are still probably two-thirds of the states in their state medical boards that use, frankly, illegal language around the issues of mental health experiences, conditions and treatment, rather than keeping it focused around competency, safe practice with a tight timeline.

And the Federation of State Medical Boards, AMA, the Federation of State Physician health programs, there are a number of national bodies and also the Dr. Lorna Breen Health Care Provider Protection Act is encouraging a strong and swift action to change all of those. And it's harder at the local level with the hospital privileging boards. So that's where, again, it takes all of us to influence that change.

**Unger:** That is a huge structural problem. It's so important. You mentioned too just kind of the issues around support. And we've talked to the other health system leaders, in particular about the support of their fellow physicians, because they need to be able to identify when they or others are in need of
help and then have a process going forward to be able to act on that. How do you envision physicians
being able to identify that and be true supporters for their colleagues in this?

**Dr. Moutier**: I think for a long time—and even I'll speak for myself—we know when colleagues might
be struggling because we have an instinct. We work with folks side-by-side over long periods of time.
And you know their sort of patterns. And your gut instinct tells you when it kind of deviates outside that
usual range. And you know, I think what we can do is begin to have caring, supportive conversations
where we don't have to have all the answers.

We also don't need to be their doctor or their therapist. We are their colleague or mentor. And that has
a very, in a way, an easy role to play, like we would for any other thing that you might want to provide
support for. If your colleague told you that they were dealing with cancer or a family issue, you would
pour out a message of support and, what can I do to help, practical things but checking in.

And I think we've misunderstood and minimized that level of support, colleague to colleague, can be
huge for all of us. That is what helps create a sense of belonging and connectedness. And so opening
up a dialogue where, again, your job is not to probe or be a clinician but to simply say I've noticed that
you might not be feeling yourself lately. And this is not about any sense of judgment. I want to support
you and, in doing so, simply understand what you're going through or what you might be going
through.

And it might not be a big deal or they might not be ready to tell you about it but you've opened up that
space. And I think that's a very significant sort of intervention, if you will, or step to take that starts to
create culture change as well. And you can ask if someone is having thoughts of suicide. If someone
is having suicidal thoughts, that's true of a certain percentage of your colleagues and the population in
any given space you're in. It doesn't mean that they're at imminent risk. It doesn't mean they're about
to act on those thoughts. So you can just hear them out.

And almost by not overreacting, you send a message that you care, you can handle it. It's also
important then that you check back in and, of course, help them, encourage them to seek those next
steps of possible professional mental health support. If you've been somebody who's had therapy or
been in treatment or had ways that you've dealt with mental health struggles before, that is a time
where you can use that experience to normalize and give permission to them to take that next step.

**Unger**: And I know you're going to talk about this on the webinar and just kind of related to this. I
mean, you're a psychiatrist and you are you're equipped from your experience to deal with that for
those who are not necessarily educated on the topic. I think one of your positions is you need to get
educated because it's not just the realm of a psychiatrist, it's something that all physicians really need
to know how to deal with. How do you advise folks on how to start that process?
Dr. Moutier: Right. And we just talked about how you might just be a colleague. And I think if you keep yourself in the frame of a health-related situation, it will help ground you in your behavior and how you can respond and really just keeping in mind that you're not going to elevate their risk by asking and letting them talk about it and providing a sense of support and a non-judgmental space.

It can also mean that in your patient care roles, even as a non-psychiatrist, there is a role to play. And you don't have to become a mental health condition to do that. You can simply—Just like you would, let's say, if you're in primary care, you might be doing all sorts of screening and initial care steps for a host of different types of health conditions. But when it reaches a certain point of acuity, of course you make a referral. But you also continue to follow up with them and ask them about how that's going.

So that same model can be utilized for suicide risk and prevention. But we do realize that this is very new being introduced into primary care. It is true that pediatricians and the American Academy of Pediatrics and the Bright Futures' periodicity table have now embraced suicide prevention and the role of pediatricians. So there's training that will be coming that you can obtain. And also, it's important to realize this is not just on individual clinicians, that health systems actually need to reorganize a little bit around this as a workflow issue, as a team approach.

And so all of those changes are a part of what I would say that are really exciting and happening that is translating science into practice and implementation. And we're about to embark on some larger scaling initiatives to allow health systems and clinicians to get that training in a learning collaborative process with IHI actually. So there's some exciting things coming.

Unger: Well, just kind of last question. Particularly physicians are under a great deal of time pressure and, as we talked about, the structural issues there. How do we do a better job of creating kind of a, we'll call it a safe space, for physicians and for patients, for that matter, to be able to share their stories without kind of a fear and to kind of build a knowledge and acceptance around this topic?

Dr. Moutier: I mean, there's a lot of structural things that still need addressing and issues of all of the aspects we've heard about that relate to physician burnout that have to do with administrative duties and really onerous paperwork and documentation and fractured systems with payers and all of that. That is related. And that does create that sort of moral distress.

But I think what we can also do is start selectively and intentionally tuning in to this movement of change that's happening. So if you're on social media, if you follow particular health professionals and other sort of influencers who are really talking about their own experiences of mental health and how they're receiving support that's life changing, I think that can really help empower you to realize that we don't have to remain in the status quo in keeping those issues sort of stigmatized.

Of course, they are private health issues. But we choose to speak about other private health matters in a way that empowers us and those around us, where we can receive support from colleagues, from
family, from friends. So that is the kind of sweeping sort of culture change that is happening. I think just tapping into some of that might really be a way to encourage people to realize that the world is changing in some really good ways. It's not all bad news.

Unger: Well, thank you so much, Dr. Moutier, for being here today and sharing that perspective. To hear more from Dr. Moutier and other experts on this topic, definitely check out AMA's live webinar, "Dismantling Stigma for All, Addressing Physician and Patient Mental Health and Suicide Risks." It's going to take place on Thursday, September 8 at noon, Central time. And you can find a registration link in the description of this episode or on the AMA website at ama-assn.org.

This live event is part of the AMA's behavioral health integration, quote, "Overcoming Obstacles Webinar Series." And that is a really great series that you should check out. We'll be back soon with another AMA Update. You can find all our videos and podcasts at ama-assn.org/podcasts Thanks for joining us. Please take care.

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