

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 2
(A-19)

Introduced by: International Medical Graduates Section

Subject: Addressing Depression to Prevent Suicide Epidemic

Referred to: Reference Committee
(, Chair)

Whereas, Major depressive disorder affects approximately 14.8 million American adults in a given year, approximately 6.7 percent of the U.S. population age 18 and older and is the leading cause of disability in the U.S. for ages 15-44; and

Whereas, Roughly 40 million American adults ages 18 and older in a given year, or about 18.1 percent of people in this age group, have an anxiety disorder which is frequently coincident with depressive disorders; and

Whereas, Suicide is the 10th leading cause of death each year in the U.S., claiming the lives of nearly 45,000 people and accounting for \$50.8 billion in cost; and

Whereas, Suicide is the 2nd leading cause of death for people aged 10–34 and more than 90% of people who die by suicide show symptoms of mental illness especially major depressive or bipolar disorder, and substance use disorders; and

Whereas, One doctor per day or 300-400 U.S. physicians die by suicide each year, according to the American Foundation for Suicide Prevention; therefore, be it

RESOLVED, That our American Medical Association collaborate with the Centers for Disease Control, the National Institute of Health and other stakeholders to increase public awareness about symptoms, early signs, preventive and readily available therapeutic measures including antidepressants to address depression and suicide; (Directive to Take Action) and be it

RESOLVED, That our AMA work with the Centers for Disease Control, the National Institute of Health and encourage other specialty and state medical societies to work with their members to address the epidemic of depression and anxiety disorder and help to prevent death by suicide by promoting services to screen, diagnose and treat depression. (Directive to Take Action)

References:

1. U. S. Department of Health and Human Services, <https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-depression-increase-risk-of-suicide/index.html>, "Does depression increase the risk for suicide?"
2. The National Institute of Mental Health, <http://www.nimh.nih.gov>, "Major Depression" and "Suicide."
3. Data on behavioral health in the United States <https://www.apa.org/helpcenter/data-behavioral-health>
4. Mental health by the numbers <https://www.nami.org/learn-more/mental-health-by-the-numbers>

AMA RELEVANT POLICY

Awareness, Diagnosis, and Treatment of Depression and other Mental Illnesses H-345.984

Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills, and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by a reduction in the demand for services should be based on scientifically sound outcomes research findings.

2. Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

3. Our AMA: (a) will advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; (b) encourages graduate medical education programs in primary care, psychiatry, and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and (c) will advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.

4. Our AMA recognizes the impact of violence and social determinants on women's mental health.

Res. 502, I-96 Reaffirm & Appended: CSA Rep. 7, I-97 Reaffirmation A-00 Modified: CSAPH Rep. 1, A-10 Modified: Res. 301, A-12 Appended: Res. 303, I-16 Appended: Res. 503, A-17

Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination D-420.991

Our AMA: (1) will work with stakeholders to encourage the implementation of a routine protocol for depression screening in pregnant and postpartum women presenting alone or with their child during prenatal, postnatal, pediatric, or emergency room visits; (2) encourages the development of training materials related to maternal depression to advise providers on appropriate treatment and referral pathways; and (3) encourages the development of state-based care coordination programs (e.g., staffing a psychiatrist and care coordinator) to assure appropriate referral, treatment and access to follow-up maternal mental health care.

Res. 910, I-17

Depression and Physician Licensure D-275.974

Our AMA will (1) recommend that physicians who have major depression and seek treatment not have their medical licenses and credentials routinely challenged but instead have decisions about their licensure and credentialing and re-credentialing be based on professional performance; and (2) make this resolution known to the various state medical licensing boards and to hospitals and health plans involved in physician credentialing and re-credentialing.

Res. 319, A-05 Reaffirmed: BOT action in response to referred for decision Res. 403, A-12

Senior Suicide H-25.992

It is the policy of the AMA to (1) educate physicians to be aware of the increased rates of suicide among the elderly and to encourage seniors to consult their physicians regarding depression and loneliness; and (2) to encourage local, regional, state, and national cooperation between physicians and advocacy agencies for these endangered seniors.

Res. 107, I-90 Reaffirmed: Sunset Report, I-00 Reaffirmed: CSAPH Rep. 1, A-10

Fiscal Note: Not yet determined

Received: