



CARING FOR OUR HEALERS

PREVENTING SUICIDE AMONG PROVIDERS

MAY 6, 2020

ABOUT US

The **Association of Clinicians for the Underserved** is a nonprofit, transdisciplinary organization of clinicians, advocates, and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations.

HOUSEKEEPING

- We are recording.
- Everyone is muted.
- Use the Q&A box to ask questions.
- If you are having any technical difficulties, please use the chat box and direct your message to Mariah Blake.

POLL

What type of organization are you representing?

- Hospital
- Federally Qualified Health Center
- Public Health Department
- Rural Health Clinic
- Centene network provider
- Other (please list)

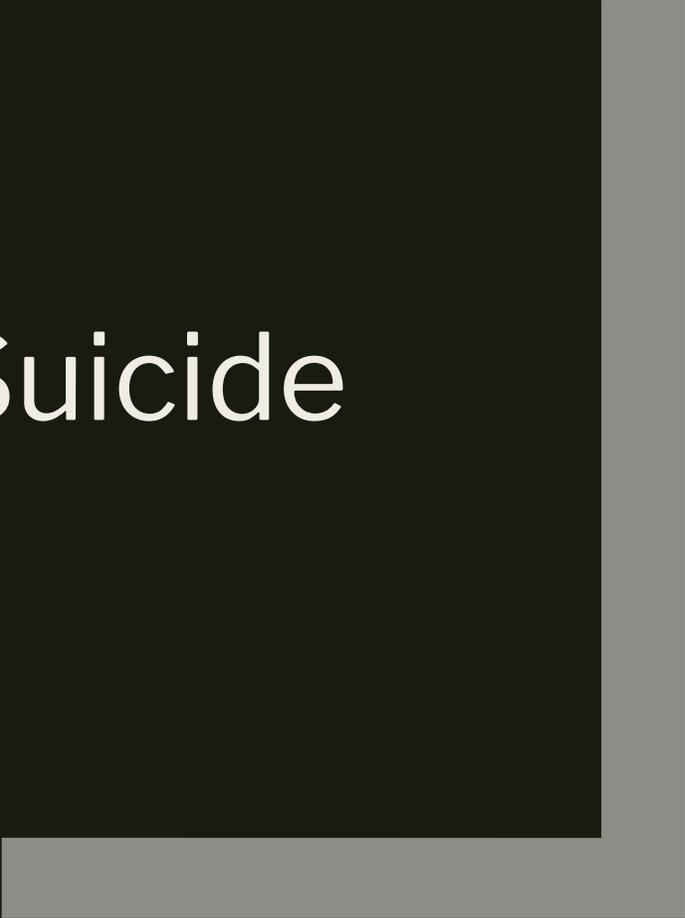
MEET YOUR PRESENTERS



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Healthcare Provider Suicide



Providers, of all disciplines work to improve the health of others, and often sacrifice their own well-being to do so.



Systemic barriers and stigma can discourage self-care and help-seeking behaviors among workers, physicians in particular.

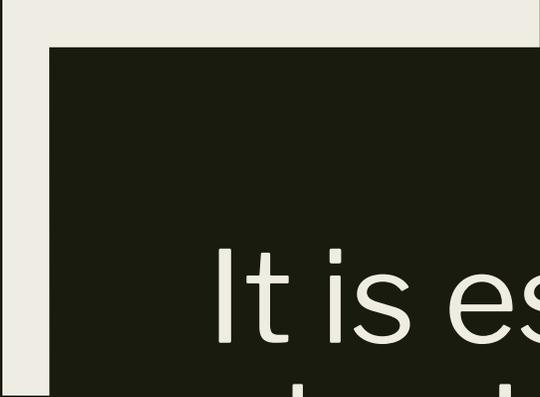
Suicide is the 10th leading cause of death in the United States overall.

Rates are particularly high among physicians and healthcare providers.

Most people with mental illnesses are untreated or inadequately treated—and physicians are no exception.

ACU project did not go to a residency program.....





It is estimated that 300
physicians die by
suicide each year, that
is almost one a day

Past to Present

- For more than 150 years, it has been known that physicians have an increased propensity to die by suicide.
- A recent meta-analysis of 54 studies examined the prevalence of depression and depressive symptoms in physicians across decades.
 - *15.8% increase in depressive symptoms during the first year of residency, across all specialties and countries of training.*
 - *Over the course of training, 20.9% to 43.2% of residents reported depressive symptoms, with symptoms increasing over time.*

Medical Students and Residents

Suicide is the second leading cause of death among individuals age 10-34.

- The average age of matriculating medical students in 2017-2018 was 24.¹

20% of medical residents meet criteria for depression

74% meet criteria for burnout

27.2% of medical students exhibit depressive symptoms, yet only 15.7% percent sought treatment.

28% of residents experience a major depressive episode during training,
• versus 7-8% of similarly aged individuals in the U.S. general population.

Physicians who died by suicide were less likely to be receiving mental health treatment than non-physicians who died by suicide...

...even though depression was found to be a significant risk factor at approximately the same rate in both groups.

Sharing the Information

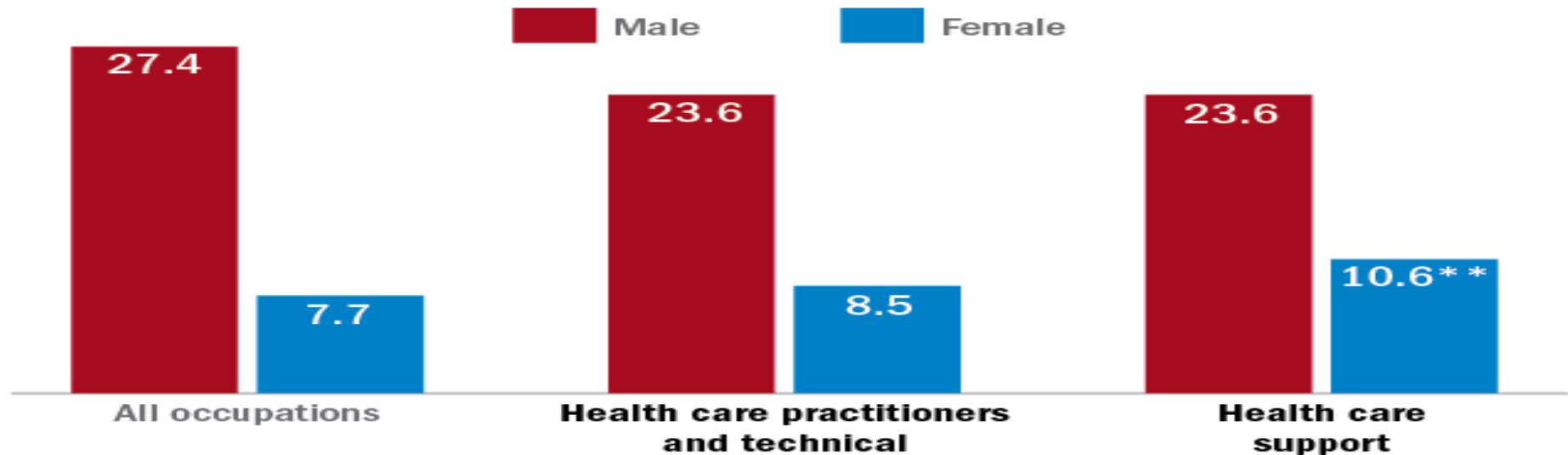
“The news of her suicide was sent in an email to the department.....We all went about our business as if suicide by a young colleague was usual...and in a way it is.”

Suicide Among Nurses

- In July 2019, suicide among nurses was reviewed for the first time in 20 years.
- High rates of depression and anxiety
- Medications most common for women and guns for male nurses
- Female nurses are 23% more likely to die by suicide than women in the general population

Suicide Higher Among Those in Healthcare

Suicide rates* for those working in health care occupations, 2016



* Per 100,000 civilian, noninstitutionalized working persons aged 16-64 years

** Statistically higher than rate for all occupations

Note: Based on data for 32 states participating in the National Violent Death Reporting System.

Source: MMWR. 2020 Jan 24;69(3):57-62

Many barriers impede access to mental health care across the demographic spectrum.

- Physician suicide is poorly understood
- Despite training, physicians can struggle to identify depression and mental illnesses
- Stress and distress can be normalized in physician culture and training
- Lack of social support among peers, sometimes due to competition
- Stigma in the medical condition
- Physicians are less likely to receive routine medical care
 - *25% of physicians have no primary care provider¹ - Confidentiality concerns*
- Mental health issues seen as a weakness
 - *Shame, fear being outed by peers, reputation, fears of impact on medical licensure- seen as a weakness*

Health Care Team Members

- Are likely to experience burnout
- Are less likely to seek help
- Are at the front lines, between patient care and providers, systems

Suicides of two health care workers hint at the Covid-19 mental health crisis to come

By WENDY DEAN / APRIL 30, 2020



An ER doctor who continued to treat patients after she recovered from Covid-19 has died by suicide

By Taylor Romine, CNN

Updated 2:53 PM ET, Tue April 28, 2020



INCREASED SUICIDE RISK DURING COVID-19

Organizational Response

- Most do not include training on suicide safer care never mind suicide among staff
- Organizations do not ask employees specifically or do not train managers in how to respond
- Perhaps somewhere in an HVA is a place for staff suicide response? Ties in with what communities are doing.....
- Zero suicide often does not include staff or human resources
- Is your EAP specifically aware of and trained in evidence-based suicide care?
- The best response is one that is planned beforehand

Management Training

- “As a workplace manager, you play a significant role in creating a culture of health that includes supporting the mental as well as physical health of your workers. You are also well-positioned to notice if your employees are struggling with overwhelming issues that may prompt warning signs that they are considering suicide. While it is not always easy to approach the topic of suicide with an employee, by recognizing and acting on these signs, you can help the employee find professional assistance to become healthier, happier and more productive”

Give Managers a Guide

- Know the Warning Signs
- Often, people considering suicide feel overwhelmed by stressful situations such as financial or legal pressures, a loss of a relationship, marital dispute, or a chronic illness. Or, they may have a history of depression or another mental health disorder.
- Whatever the underlying reason, people who are considering suicide often give hints about their intentions through comments to co-workers, or display certain behavior changes.
- Be alert to the following warning signs:
 - Talking about wanting to die or end their life
 - Making comments like “There’s really no reason for living” “Soon you won’t have to worry about me” and “Who cares if I’m dead, anyway?”
 - Changes in behavior or mood, such as sadness or depression; uncharacteristic withdrawal; neglect of work or appearance
 - Suddenly talking about funeral preferences or making a will
 - Giving away favorite possessions
 - Looking for ways to end their life, such as buying or borrowing a gun
- Reach Out – Act Quickly
- There is no foolproof way of knowing that someone may be thinking of taking his or her life. However, if you become aware of the threats of suicide or notice the warning signs, you should act quickly to approach the issue with the employee. Approaching the employee with concern, support and understanding can have an impact on their willingness to receive professional help.
- Here’s what to do:
 - Reach out to the person. Meet privately. Ask how he or she is doing. Give them time to share their thoughts and listen without judging.
 - Mention that you have noticed changes in the person’s behavior or how you became aware of their possible intentions. Ask if they have thoughts about ending their life.
 - Show your concern, but don’t ask about their personal problems or offer advice. Offer hope that with appropriate support, there is help for their problem. Mention that you are not trained to help them but that they have access to Health Advocate EAP+Work/ Life Licensed Counselors who are trained experts in helping with personal problems.
 - Get them to agree to accept help by talking with an EAP Counselor and to not hurt themselves.
 - Mention that you will protect their privacy, but don’t promise confidentiality. Say you will only share information as necessary to protect their safety.

Questions Employers Don't Often Answer- A Barrier for Those in Need

- "Will my employer have access to my counseling records?"
- "Will a diagnosis hinder my chances for a promotion?"
- "What will this cost?"
- "Who will know if I use the employee assistance services provided by my workplace?"
- "What does counseling entail? What should I expect?"



CENTERSTONE

Preventing Staff Suicides

Becky Stoll, VP, Crisis & Disaster Management

Delivering Care That Changes People's Lives

A decorative header consisting of a complex, low-poly geometric pattern in various shades of blue, ranging from light sky blue to deep navy blue. The pattern is composed of numerous triangles and quadrilaterals, creating a textured, crystalline appearance.

Targeted Focus on *Prevention*



Delivering Care That Changes People's Lives

Focus on Wellness: Personal

Benefits Focused on Physical & Mental Wellness

- Generous Paid Time Off & Observed Holidays
- Wellness Resources: Gym memberships, BC/BS Deals, Equipment
- Access to 24/7 Employee Assistance Program
- Other “life” benefits
- In building food services
- Dry cleaning services



Focus on Wellness: Professional

Work Environment Focused on Physical & Mental Wellness

- Weekly Supervision
- Weekly or monthly “Decompressing” opportunity
- Intranet landing spot with resources
- Training opportunities
- Fostering a fun environment
- Community service opportunities





Suicide Prevention Knowledge

- Imperative to know trends in your profession
- Acknowledge & educate on the trend
- Offer education opportunities
- Help seeking opportunities easy to access



Suspicion of Potential for Staff Suicide

- Staff self disclosure
- Supervisor suspicion
- Information/Concern from other staff
- Social media posts



Mandates Action

This happened to me just last week!



Targeted Focus on *Postvention*



CENTERSTONE

Delivering Care That Changes People's Lives

Post Suicide Considerations

- Good postvention is good prevention!!
- Survivor family members
- Patients as survivors (happened to me)
- Staff as survivors



Staff Survivors: Post Suicide

- Good communication post staff suicide
- Process for staff support
- Voluntary versus mandated
- Monitoring of high risk individuals



Staff Support: Post Suicide

- Opportunity for individual & group assistance
- Established Response Team versus single responder
- Self Referral versus active outreach





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Delivering Care That Changes People's Lives

QUESTIONS?

- Please complete the short evaluation.
- You will receive the slides and recording for this webinar via email.
- Also look for it on the ACU Coronavirus webpage <http://clinicians.org/coronavirus-resources/>

THANK YOU!

Join us for our next webinar:

Thursday, May 21st, 12PM ET

ACU Policy and Practice Series - Your Voice, Your Power: Effective Advocacy in the Face of COVID-19

Learn more and register at www.clinicians.org.