2023 STFM CONFERENCE ON MEDICAL STUDENT EDUCATION

New Orleans

JANUARY 26-29, 2023

#MSE23
Closing General Session: "My Head is Bloody But Unbowed: Challenging Mental Health Stigma Within Ourselves and Systems"

Justin Bullock, MD
University of Washington
My head is bloody but unbowed: Challenging mental health stigma within ourselves and systems.

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University of Washington School of Medicine, Division of Nephrology
Disclosures

I have no disclosures.
Objectives

1. Explore barriers which discourage treatment of mental illness in medical trainees and providers.

2. Leverage Kotter's 8 stages of change management to examine how to create change within large institutions.

3. To develop a set of locally implementable actions to promote help-seeking for mental illness.
Who am I?

I have a confession
I have bipolar d/o & have truly struggled in residency
Despite a supportive program & people I love
I frequently consider leaving
I’m honored that @nejm gave me a platform to talk abt being NOT ok
Please read & RT

Suicide — Rewriting My Story | NEJM
Perspective from The New England Journal of Medicine —
Suicide — Rewriting My Story
nejm.org

1/ After a suicide attempt in 2020, Dr. Justin Bullock was put through a dehumanizing, month-long assessment by his employer.

It’s part of a larger problem of stigma around mental health in the medical field that needs to change:
bиск/3xlAeVe
We are more than just our struggles.
## Frameworks of Inclusion

<table>
<thead>
<tr>
<th>Framework</th>
<th>Key Features</th>
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| **Strict compliance** | - Disability is an individual, medical problem  
                         - Strict legal interpretation  
                         - Risk orientation |
| **Spirit of the Law** | - Disability is individual and social in nature  
                         - Liberal interpretation of “essential” technical standards  
                         - Must apply for accommodations |
| **Transformative**   | - Disability is normal human variation, a valued social identity  
                         - Social justice as guiding principle  
                         - Acknowledges that the environment must change |

Jain N. in Disability as Diversity. 2020
Mental Illness in Healthcare Workers

• Meta-analysis of 50+ studies found that a mean of 28.8% of physicians have depression or depressive sx at any point in time

• Before internship 3.9% of interns met PHQ-9 criteria for depression but by the end of internship, 41% of interns met criteria for depression at some point during the year.

Mata et al. JAMA. 2015.
Sen et al. Arch Gen Psych. 2010
PHQ-9 scores were assessed at baseline and then quarterly throughout the internship year.

Analysis adjusted for sex, surgical or nonsurgical specialty, personality trait of neuroticism, history of depression before the internship, early family environment, age, cohort calendar year, marital status, parental status, and time-varying factors of stressful life events and medical errors.

Fang et al. NEJM 2022
Disrupting the cycle

• What barriers prevent help-seeking?
• How do we encourage learners who are fearful of getting help?
• Is being vocal about one’s mental illness going to jeopardize their career?
Barriers to help seeking

1. Hero narrative/hidden curriculum
Barriers to help seeking

2. Systematic barriers to seeking and accessing accommodations
Barriers to help seeking

3. Default to leave of absence
Barriers to help seeking

4. Fear of jeopardizing physicianhood
Barriers to help seeking

Hero narrative/hidden curriculum

Systematic barriers to seeking and accessing accommodations

Default to leave of absence

Fear of jeopardizing physicianhood
Return to Work

• What type of evaluation, if any, should the institution complete to determine whether this resident is safe to return to work?

Provider Safety
Patient Safety
Institutional Liability
Impact on peers/colleagues
• I was sent to my institution’s Physician Well-Being Committee

• Committee determines that a formal fitness for duty (FFD) evaluation is necessary
My experience with the FFD evaluation

• Drug tests (hair, blood & urine)
• Extensive multi-day psychiatric evaluation
• ~600 item personality test
• Disclosure of all mental health/substance use records
• Return to work ‘agreement’
Why do we have FFD?

- Protect patients
- Protect providers from state medical boards and help them maintain their license
My concerns with FFD

• Currently in treatment with no performance concerns
• Forced to disclose many private details to be re-diagnosed
• Lack of transparency
• I saw no URM individuals on committee despite highly stigmatized process
• Felt institution overreach by providing specific psychiatric tx recs in order to return to work
Standing in my truth

- Knowing what is possible
- Cost of folks with mental illness/substance use disorders not coming forward.
- Those who complete FFD unlikely to speak up
- Consequences for speaking out
Change management

• Organizations must continually readapt their business model or they will fail
• Must ask questions about the strategies & tactics in use to reach their goals

Change management is the thoughtful and careful re-alignment of the organization based on the answers to these questions.
Kotter’s 8 Stages of Change

- **Establish a Sense of Urgency**
- **Form a powerful, guiding coalition**
- **Develop a vision & strategy**
- **Communicate the vision**
- **Remove Obstacles & empower action**
- **Plan and create short-term wins**
- **Don’t let up**
- **Anchor in the culture**
Establishing a sense of urgency

Justin Bullock @jbullockruns · 19 abr.
Despite never having any professionalism/clinical issues, next week I will be undergoing a fitness for duty evaluation re: my bipolar disorder. I'm disappointed to say the least. #docswithdisabilities

Justin Bullock @jbullockruns · 19 abr.
My personal favorite part of this fitness for duty evaluation is the psychiatrist evaluating me who says "Unlike normal patient-provider relationships, I don't have your best interest in mind, I have the best interest of your institution in mind". He's got my vote of confidence
Trauma-Informed Transformation of Evaluation and Licensure for Physicians With Mental Illness

Justin L Bullock, MD, MPH1*, Leigh S Kimberg, MD1, Lisa M Meeks, PhD, MA2,3

**TABLE. Recommendations for Fitness for Duty (FFD) Evaluations Involving Mental Health**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Recommendation</th>
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<tbody>
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<td><strong>Limit scope</strong></td>
<td>Create an initial interview process in which FTD committees utilize established guidelines to reject referrals in the absence of evidence of patient safety risks or current workplace impairment.</td>
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<td></td>
<td>Conduct FDD evaluation plans to address patient safety and current workplace impairments. Specifically, FTD should not mandate investigation for substance use disorders when not suspected and should limit the scope of psychological evaluations to the current condition (other than following history).</td>
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<td><strong>Eligibility criteria</strong></td>
<td>Medical evaluations for FTD should not be done by entities that provide financial benefits to the FTD committee members or FTD instructions (oral or stated). FTD committee members who have a close personal, clinical, or supervisory relationship with the physician being evaluated should recuse themselves.</td>
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<tr>
<td><strong>Ensure clinical excellence</strong></td>
<td>Individuals with abundant clinical experience in treating patients with mental illness and substance use disorders should be part of the FTD committee. “Necessity as a duty” contracts should be flexible and modifiable in the event of the physician’s functional decline to adjust changes in the physician’s health condition, work responsibilities, or workplace accommodations and the development of new medication treatment options.</td>
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<td><strong>Create a trauma-informed, equitable process</strong></td>
<td>FTD committees should be diverse (including diversity related but not limited to racial/ethnic, gender, and sexual orientation identities and members with lived experience of mental illness). Require FTD committee members to do periodic training in trauma-informed care, anti-racism, and disability justice that includes training by people with lived experience and welcome the contribution of physicians with mental illness to improve the quality of medical care. During the FDD evaluation, the physician should be expected as the expert in their own condition and given opportunities to provide guidance and correct misdiagnosis. Physicians should be invited to include a peer support person throughout the entire process. “Necessity as a duty” contracts that delineate treatment and screening plans should be written collaboratively with the physician and, if valid, their treating physician. The physician should be given time and opportunity to propose alternative plans. Detailed information about the FTD process should be disseminated to all physicians; this should include descriptions of the inclusion criteria for FTD evaluations, each step of the FDD process, any limits of confidentiality, roles and responsibilities of committee members, and the rights of the physician to appeal decisions. Internally, FTD process should be maximally transparent. The physician should be provided with descriptions of the patient safety and workplace impairments alleged, the full text of the evaluation, and the key factors used to determine the recommendations for the treatment and monitoring plan. FTD process should allow physicians the option of choosing a peer advocate to accompany them throughout the process.</td>
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<td><strong>Ensure a high-quality process</strong></td>
<td>Establish a FTD continuous quality improvement (CQI) program. Institute anonymous surveys distributed to all participants and analyzed by an external evaluator who provides aggregate data to inform the CQI. Reward service on FTD committee appropriately and provide adequate resources to maintain a high-quality program.</td>
</tr>
</tbody>
</table>

*Bullock et al. J Hosp Med. 2021*
Powerful guiding coalition
Communicate vision & empowering action

Petition of Support for Dr. Justin Bullock & Reforming the Physician Well-Being Committee

UCSF Community:

Recently we have seen UCSF and the world take an unprecedented stand against institutional racism and police violence against Black people. As part of our commitment to

Sign a petition to reform to UC

Surabhi Nirkhe and Ilana Garcia-

To: Bullock, Justin

Dear Housestaff,

We have received a petition to reform to UC

Improving mental health support

Bullock, Justin

To: Wachter, Bob; Bcc: Jacob, Anjali
Kotter’s 8 Stages of Change

1. Establish a Sense of Urgency
2. Form a powerful, guiding coalition
3. Develop a vision & strategy
4. Communicate the vision
5. Remove Obstacles & empower action
6. Plan and create short-term wins
7. Don’t let up
8. Anchor in the culture

Slide adapted from Schwartz and Souza 2020, Kotter 1995
Impact of all this

- Institutional Task Force on Mental Health and Suicidality
- Institutional Task Force for Physician Well Being Committee
- Formal recommendations have been made by multiple task forces, awaiting chancellor approval
- National awareness on the topic
Disrupting the cycle

• What barriers prevent help-seeking?
• How do we encourage learners who are fearful of getting help?
• Is being vocal about one’s mental illness going to jeopardize their career?
What can you do?

• Help learners with the accommodations process
• Seek care for your own mental illness
• Model how to leverage one’s narrative
• Show up
• Use your influence to drive institutional change
Objectives

1. Explore barriers which discourage treatment of mental illness in medical trainees and providers.

2. Leverage Kotter's 8 stages of change management to examine how to create change within large institutions.

3. To develop a set of locally implementable actions to combat mental health stigma.
Evaluation

Please be sure to complete an evaluation for this presentation.
Thank You
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