

2023 STFM CONFERENCE ON MEDICAL STUDENT EDUCATION

New Orleans

JANUARY 26-29, 2023

#MSE23



2023 STFM CONFERENCE ON MEDICAL STUDENT EDUCATION

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

Justin Bullock, MD
University of Washington



NEW ORLEANS, LA

JANUARY 26-29, 2023 • MARRIOTT NEW ORLEANS HOTEL



My head is bloody but unbowed: Challenging mental health stigma within ourselves and systems.

Justin Bullock, MD, MPH

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?



Justin Bullock
@jbullockruns

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

2:03 PM · Mar 25, 2020 · [Twitter Web Client](#)

[View Tweet activity](#)

565 Retweets 2.5K Likes



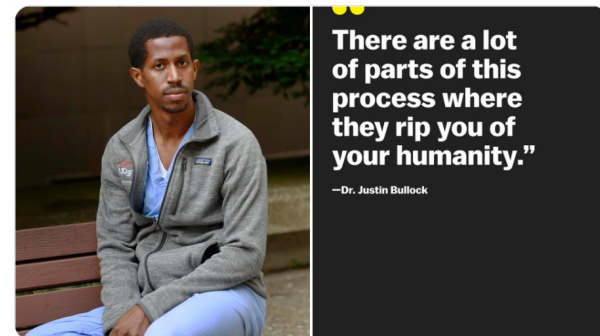
Vox
@voxdotcom

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:

bit.ly/3xIAeVe

[Traducir Tweet](#)



7:31 a. m. · 23 jun. 2021 · [Twitter Web App](#)

1.354 Retweets 228 Tweets citados 3.576 Me gusta





Frameworks of Inclusion

Framework	Key Features
Strict compliance	<ul style="list-style-type: none">-Disability is an individual, medical problem-Strict legal interpretation-Risk orientation
Spirit of the Law	<ul style="list-style-type: none">-Disability is individual and social in nature-Liberal interpretation of “essential” technical standards-Must apply for accommodations
Transformative	<ul style="list-style-type: none">-Disability is normal human variation, a valued social identity-Social justice as guiding principle-Acknowledges that the environment must change



Mental Illness in Healthcare Workers

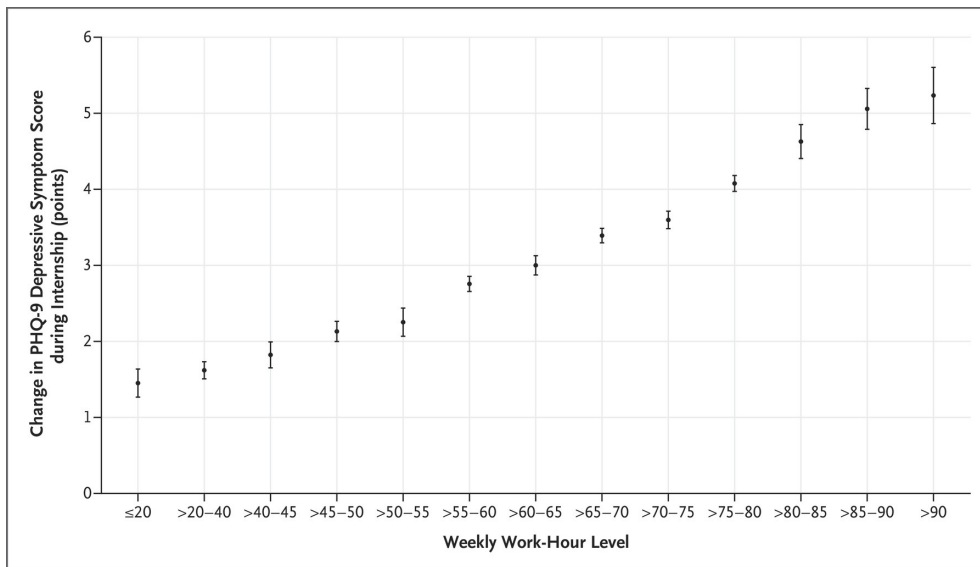
- Meta-analysis of 50+ studies found that a mean of 28.8% of physicians have depression or depressive sx at any point in time
- Before internship 3.9% of interns met PHQ-9 criteria for depression but by the end of internship, 41% of interns met criteria for depression at some point during the year.

Mata et al. JAMA. 2015.

Sen et al. Arch Gen Psych. 2010



Hours worked correlate linearly with depression scores



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



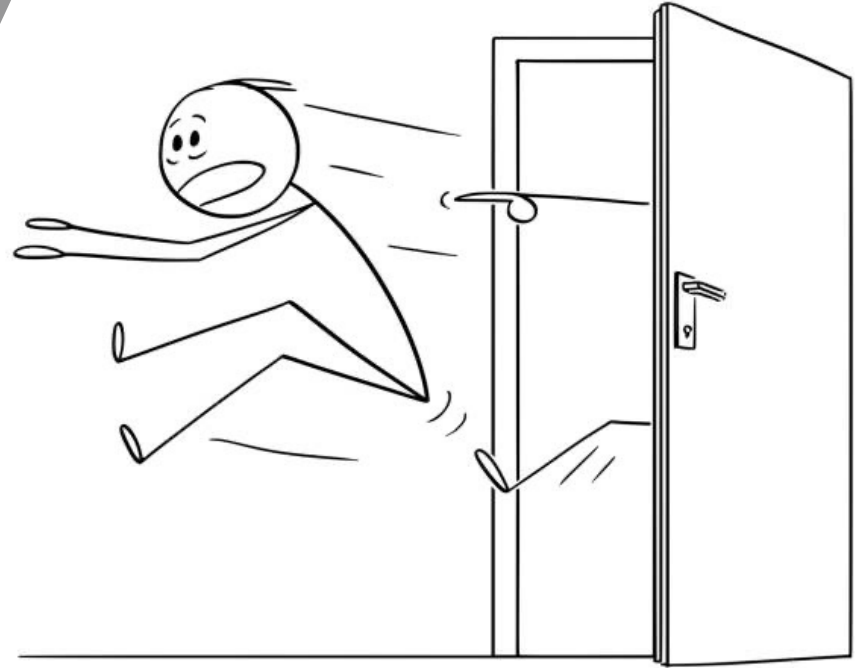


Barriers to help seeking

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'

Copy requested:yes ..

Specific Authorization for Information Related to:

XX.....Drug/Alcohol Abuse

XX.....Mental Health Condition

I acknowledge that data to be released may include
Federal Law and that it is applicable to either or both of

MMPI-2
Minnesota Multiphasic
Personality Inventory-2

Blood Drug & Alcohol Tests



Hair Drug Tests



Urine Drug & Alcohol Tests





Why do we have FFD?

- Protect patients
- Protect providers from state medical boards and help them maintain their license



Federation of State Physician
Health Programs





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

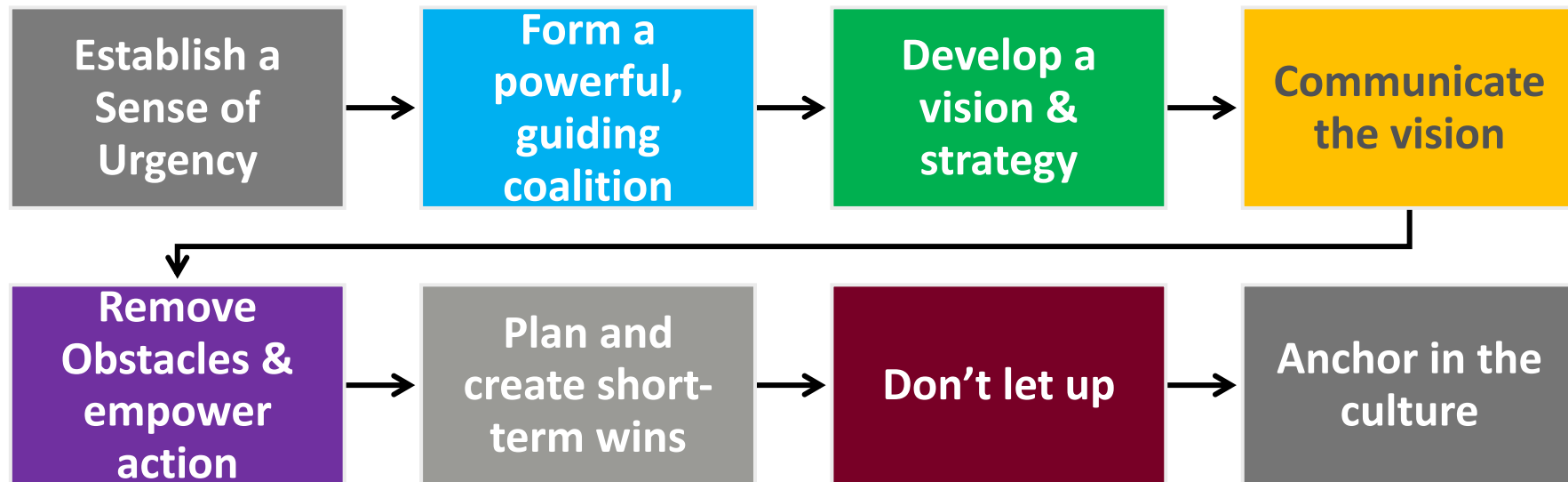
- Knowing what is possible
- Cost of folks with mental illness/substance use disorders not coming forward.
- Those who complete FFD unlikely to speak up
- Consequences for speaking out



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



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. [REDACTED] [#docswithdisabilities](#)



39



42



505



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



8



6



190





PERSPECTIVES IN HOSPITAL MEDICINE

Trauma-Informed Transformation of Evaluation and Licensure for Physicians With Mental Illness

Justin L Bullock, MD, MPH^{1*}, Leigh S Kimberg, MD¹, Lisa M Meeks, PhD, MA^{2,3}

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

Goal	Recommendation
Limit scope	<p>Create an initial review process in which FFD committees utilize established guidelines to reject referrals in the absence of evidence of patient safety risks or current workplace impairment.</p> <p>Craft FFD evaluation plans narrowly to address patient safety and current workplace impairments. Specifically, FFD should not mandate investigation for substance use disorders when not suspected and should limit the scope of psychological evaluations to the current condition (rather than lifelong history).</p>
Eliminate conflicts of interest	<p>Medical evaluations for FFD should not be done by entities that provide financial benefits to the FFD committee members or FFD institutions (local or state). FFD committee members who have a close personal, clinical care, or supervisory relationship with the physician being evaluated should recuse themselves.</p>
Ensure clinical excellence	<p>Individuals with abundant clinical experience in treating patients with mental illness and substance use disorders should be part of the FFD committee.</p> <p>"Return-to-duty" contracts should be flexible and modifiable at the request of the physician and/or treating clinician to adapt to changes in the physician's health condition, work responsibilities, or workplace accommodations and the development of new evidence-based treatment options.</p>
Create a trauma-informed, equitable process	<p>FFD 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).</p> <p>Require FFD committee members to do periodic training in trauma-informed care, antiracist practices, and disability justice that includes training by people (including physicians) with lived experience and celebrates the contributions of physicians with mental illness to improving the quality of medical care.</p> <p>During the FFD evaluation, the physician should be respected as the expert in their own condition and given opportunities to provide guidance and correct misinformation. Physicians should be invited to include a peer-support person throughout the entire process.</p> <p>"Return-to-duty" contracts that delineate treatment and monitoring plans should be crafted collaboratively with the physician and, if they wish, their treating clinician. The physician should be given time and opportunity to propose alternative plans.</p> <p>Detailed information about the FFD process should be disseminated to all physicians; this should include descriptions of the inclusion criteria for FFD evaluations, each step of the FFD process, any limits of confidentiality, roles and responsibilities of committee members, and the rights of the physician to appeal decisions internally and externally when in disagreement with process or outcomes.</p> <p>FFD process should be maximally transparent. The physician should be provided with descriptions of the patient safety and workforce impairments alleged, the full text of the evaluation, and the key factors used to determine final recommendations for the treatment and monitoring plan.</p> <p>FFD process should allow all physicians the option of choosing a peer advocate to accompany them throughout the process.</p>
Mandate external oversight	<p>Create an external appeal process to an independent oversight body authorized to require changes to the FFD process.</p> <p>Specifically, physicians should have the right to appeal when they disagree with the terms of a "return-to-duty" contract.</p>
Ensure a high-quality process	<p>Establish a FFD continuous quality improvement (CQI) program.</p> <p>Institute anonymous surveys offered to all participants and analyzed by an external evaluator who provides aggregate data to inform the CQI.</p> <p>Reward service on FFD committee appropriately and provide adequate resources to maintain a high-quality program.</p>

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

Meeting Regarding FFD and Physician



Hargrave, Anita

To: Berman, Rebecca; Cc: Bullock, Justin

Improving Mental Health Suppo



Hargrave, Anita

To: Roberts, John; Bullock, Justin; Cc:

Sign a petition to reform to UC



Heads up about petition



Bullock, Justin

To: Lucey, Catherine



Surabhi Nirkhe and Ilana Garcia-

To: Bullock, Justin

Dear Housestaff,

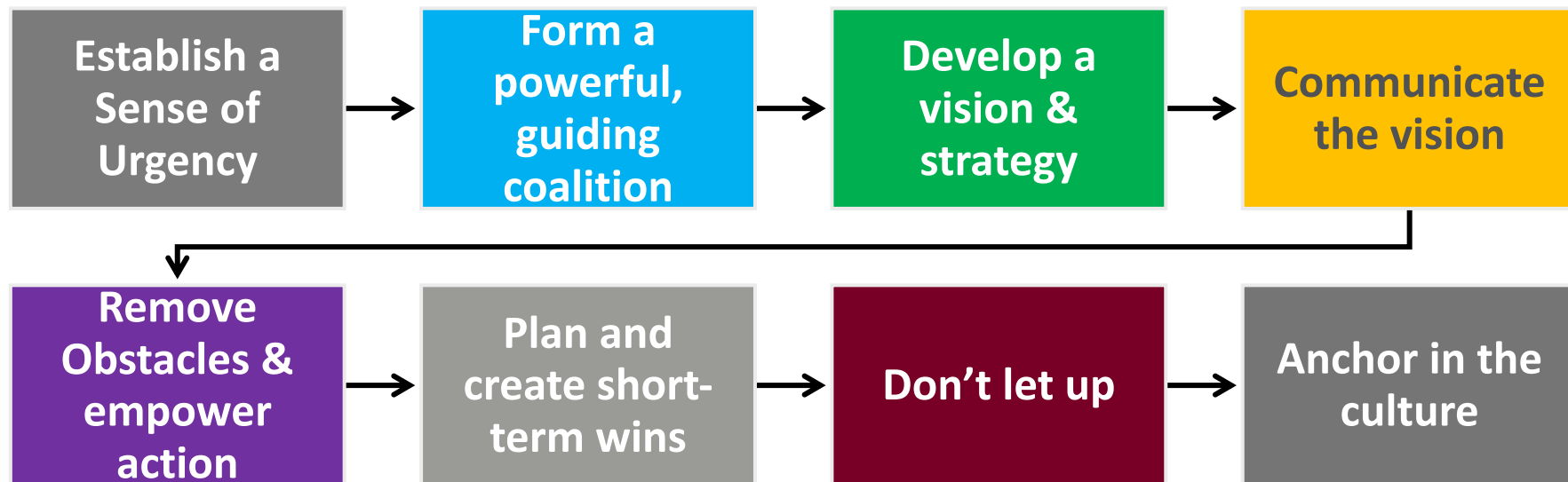


Improving mental health sup



Bullock, Justin

To: Wachter, Bob; Bcc: Jacob, Anjali



Kotter's 8 Stages of Change

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



2023 STFM CONFERENCE ON MEDICAL STUDENT EDUCATION

New Orleans

JANUARY 26-29, 2023

#MSE23



