



1-Minute Pearls/Pitfalls for the Clinician

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QUESTION 1: HOW CAN WE SUPPORT COLLEAGUES WHO MAY NEED MENTAL HEALTH CARE?

When getting sign-out from your colleague who was working nights, they are uncharacteristically sarcastic and cynical. When you ask if everything is okay, they become tearful, tell you how exhausted they are, that they can't sleep, and that they can't stop thinking of a case where a patient had a bad outcome. They were a resident in the ICU when COVID overwhelmed the hospital and have worked many extra shifts since becoming an attending. When you ask if they've considered getting mental health care, they say they can't because they are afraid, they won't be able to keep their license. What role do credentialing and license applications have in facilitating or deterring physicians seeking mental health care? What can hospitalists do when a colleague cites fear of losing their job as a reason not to get mental health care?

A: The last few years have resulted in widespread stressors among physicians, and even before the pandemic depression was common among physicians. Despite encouragement to care for their mental health, physicians are often reluctant to seek mental health care for many reasons, including concerns about being able to practice.¹ Historically many medical licensing and credentialing applications have asked if physicians have a mental health diagnosis or have received mental health care.¹ However, asking questions about mental health on applications has not been shown to improve quality or safety of patient care, and may violate the Americans with Disabilities Act.² Many states and hospitals are no longer asking about mental health, and some include on their applications the encouragement that physicians seek out mental health care when needed.³

Every hospitalist can contact their hospital credentialing committee and medical board and request that their applications stop including questions asking about mental health. There are alternative questions that don't ask about mental health that hospital credentialing committees and medical boards can adopt instead, such as: "Do you currently have any condition that adversely affects your ability to practice medicine in a safe, competent, ethical and professional

manner?"⁴ Hospitalists can also share resources to support mental health, such as their Employee Assistance Program, professional society well-being websites, and state physician health program. For those experiencing a crisis, dedicated crisis lines such as 988 or organizational healthcare worker crisis lines should be shared.

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- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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