Caring For Our Own:

Reducing Suicide Risk & Enhancing Mental Health

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@cmoutierMD
Silver Hill Hospital
October 22, 2025

American Foundation for Suicide Prevention

Disclosures

Full-time at AFSP, national org that funds suicide research, advocacy, programs.

AFSP developed & licenses the Interactive Screening Program, for which Dr. Moutier receives no monetary compensation.

Royalties: Moutier, Pisani, Stahl (2021). *Suicide Prevention,* Cambridge University Press.

Merck Manuals Consultant: Author of clinician and public facing sections on suicide prevention (2013-present)

Learning Objectives

- Describe barriers, especially in health professions, that impede proactive approaches to mental health and suicide prevention
- Utilize individual and organizational strategies to optimize mental health and prevent suicide
- Describe warning signs and risk factors for suicide in order to better identify colleagues and trainees who may be at risk
- Demonstrate how to approach a colleague when they might be struggling

Game Plan

- How I got here
- National landscape
- Public Health Approach:
  Understanding & preventing suicide
- Caring for our own, peer support

One Medical Center's History

- Our medical community experienced suicide losses
- Launched UCSD HEAR Suicide Prevention Program 2008
- Expanded HEAR program to nursing staff, then all staff

Norcross WA, Moutier C, Tiamson-Kassab M, et al. Update UC San Diego Healer Education Assessment and Referral (HEAR) Program. *JMR* 2018. Reinhardt T et al. Survey physician well-being, health behaviors at an academic medical center. *Med Educ* 2005

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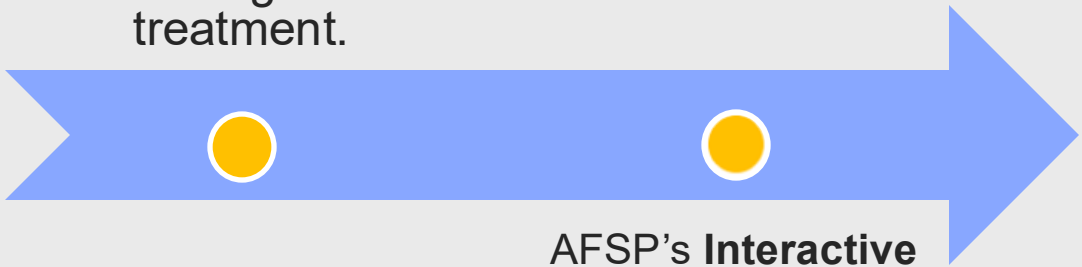
Healer Education, Assessment, Referral (HEAR)

EDUCATION CAMPAIGN:

Destigmatize help seeking and treatment.



AFSP's **Interactive Screening Program (ISP)**

Goals:

- Educate
- Destigmatize
- Optimize MH
- Connect to support
- Prevent suicide

Moutier C, …Zisook S. Suicide Prevention Depression Awareness Program at University of California, San Diego School of Medicine. Acad Med 2012

UCSD HEAR Program Outcomes

Since toxic environments psychological safety, support, proactivity

→ ***Impact is requiring sustained strategic effort***

Top down action- *Education, ISP, policy changes, leadership support & funding*

Grassroots- *Peer mentors, Trainee support, Process groups, Team debriefs*

Culture- *Address toxic elements eg workplace bullying, Support, Mindfulness, MH = Health*

RESULT: *40% increased help seeking, >1600 referrals of MDs and RNs (via ISP 2009-2025)*

Zisook S, Doran N, Moutier C, et al. Supporting Healthcare Workers Well-Being and Suicide Prevention: The HEAR Program May 2009 – April 2023. Journal of Medical Regulation. 2024;110(3):18–32

Wellbeing and Patient Care

- HCPs who protect their own health preserve optimal care of others
- Less likely to make errors or leave the profession
- Habits of practice to promote well-being and resilience need to be cultivated at all stages of career and are a shared responsibility
- A healthy professional culture will lead to improved healthcare for all- providers and patients

American Foundation *for* Suicide Prevention

National Initiatives Now Tackling Full Spectrum

From burnout to suicide risk

ACGME: Wellbeing Symposia, Resources Toolkit

National Academy of Science: Action Collaborative

AMA: Online modules to recognize and respond to physician suicide risk

ANA: Nursing suicide prevention/resilience resources

Federation of State Medical Boards

Dr. Lorna Breen Heroes Foundation: Advocacy, medical licensing reform

And more… AHA, FSPHP, Osteopathic Boards

American Foundation for Suicide Prevention

National Academy of Medicine. Action collaborative on clinician well-being and resilience. https://nam.edu/initiatives/clinician-resilience - and-well-being/; AMA https://www.stepsforward.org/modules/preventing-physician-suicide; ACGME Wellbeing http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources; AAMC https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html

According to a Recent AFSP-Sponsored Harris Poll


CLEVELAND


USA


FI
FES


SAN FRANCISCO
49ERS

Disclosure & Dialog Can Reduce Stigma

Esther Choo, MD MPH @choo_ek

I'm an ER doctor. I've seen a therapist and have been on antidepress
Our system considers this a red flag, instead of a positive signal that
taking the best care of myself possible. This needs to change.
twitter.com/choo_ek/status...

Javeed Sukhera MD PhD
@javeedsukhera

I'm a psychiatrist too. This tweet is the 1st time I have publicly shared that I have seen a therapist. Even though I research stigma, I have internalized so much shame from our toxic workplace culture in health care. It doesn't have to be this way. This needs to change.

> **Jessi Gold** @drjessigold
> I'm a psychiatrist. If I didn't see a therapist I wouldn't be able to see healthcare workers as patients because I wouldn't be healthy enough to help. Psychiatry supports it, but the system doesn't, even joking that psych is a weaker specialty, bc..feelings. This needs to change.
> twitter.com/choo_ek/status...

1:42 PM · Jul 11, 2020

Mimi Niles, Midwife, PhD, MPH
@mi_niles

I'm a midwife and nurse and have been in therapy for 5 ye
can we talk about how healthcare environments are
themselves quite intense and borderline toxic..and hence t
need & value for therapeutic care?
It makes me a more grounded and thoughtful professional.
🙏

Carrie Cunningham, MD, MPH (Photo credit: Kayana Szymczak)

PROFILE IN MEDICINE

Fighting Stigma for Her Colleagues

Carrie Cunningham, MD, MPH, is a problem solver — something she believes comes with the territory of being an endocrine surgeon. But she never guessed her career would evolve to exercise this skill and her personal experience with depression and substance use disorder to advocate for colleagues struggling with mental health issues.

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Out of the Straitjacket

Michael S. Weinstein, M.D., M.B.E.

Article Figures/Media Metrics

I SEE HIM, MAYBE NOT SO CLEARLY. HE IS IN ISOLATION, IN A STRAITJACKET. HE'S JUST been committed, given a shot of haloperidol after he resisted going to the locked ward. He kicked, screamed, yelled, threatened...and now he cries.

In the middle of elective inpatient electroconvulsive therapy for treatment-resistant depression, he had become profoundly depressed, delirious, and hopeless. He'd lost faith in treatment and in reasons to live. He withdrew to bed and would not get up or eat. He had to be committed for his own safety. Several security guards had to forcefully remove him from his bed.

He happened to be a 48-year-old surgeon who worked in an academic medical center. He had gone to medical school intending to become a family doctor like his father. He never imagined becoming a surgeon; he thought surgeons were pompous, and that's being kind. But he fell in love with surgery — the decisiveness, the immediate "cure," the bravado. He promised himself he would behave differently from some of his educators and emulate the many who inspired him.

I know all these intimate details because I am this surgeon-patient.

My training occurred before work-hour regulations were created. Every-third-night call was the norm; every-other-night was common. On one rotation, we were "rewarded" with being the operative resident on post-call days, which extended our shift to nearly 36 hours. On my trauma rotation, we took 48-hour shifts alternating with 48 hours off, to maximize the consecutive hours we could spend with family or friends. They call it "residency" for a reason, we were told.

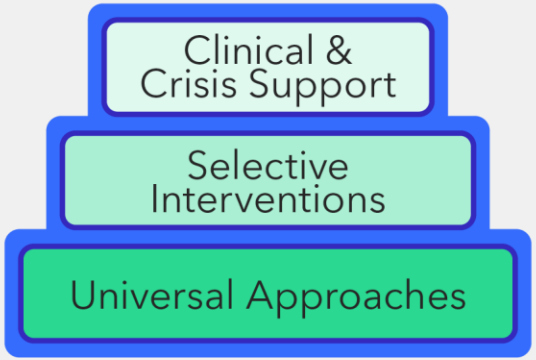
I became an acute care surgeon, commonly known as a trauma surgeon. We are the ones who respond on a

Science Is Shedding Light: AFSP's Public Health Approach

American Foundation for Suicide Prevention

AFSP's Public Health Approach

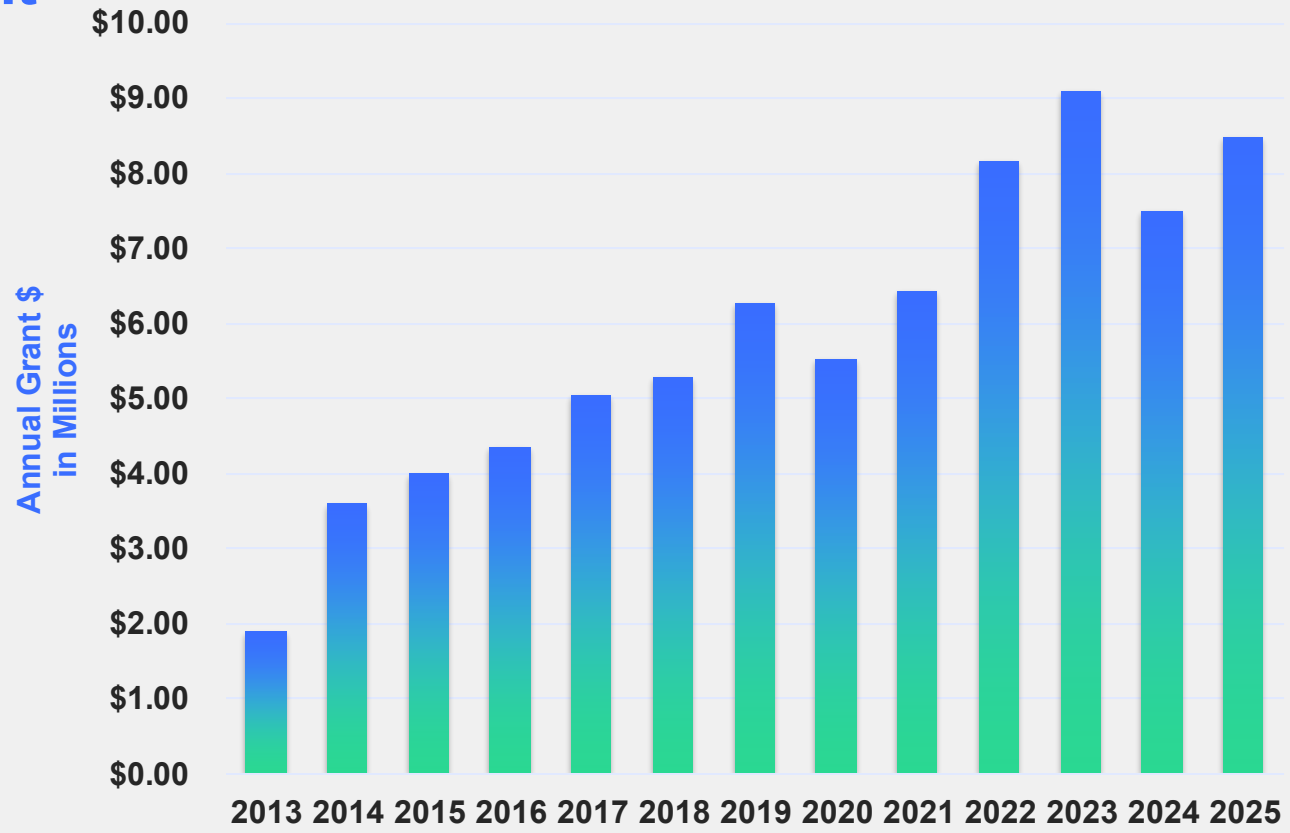
Research



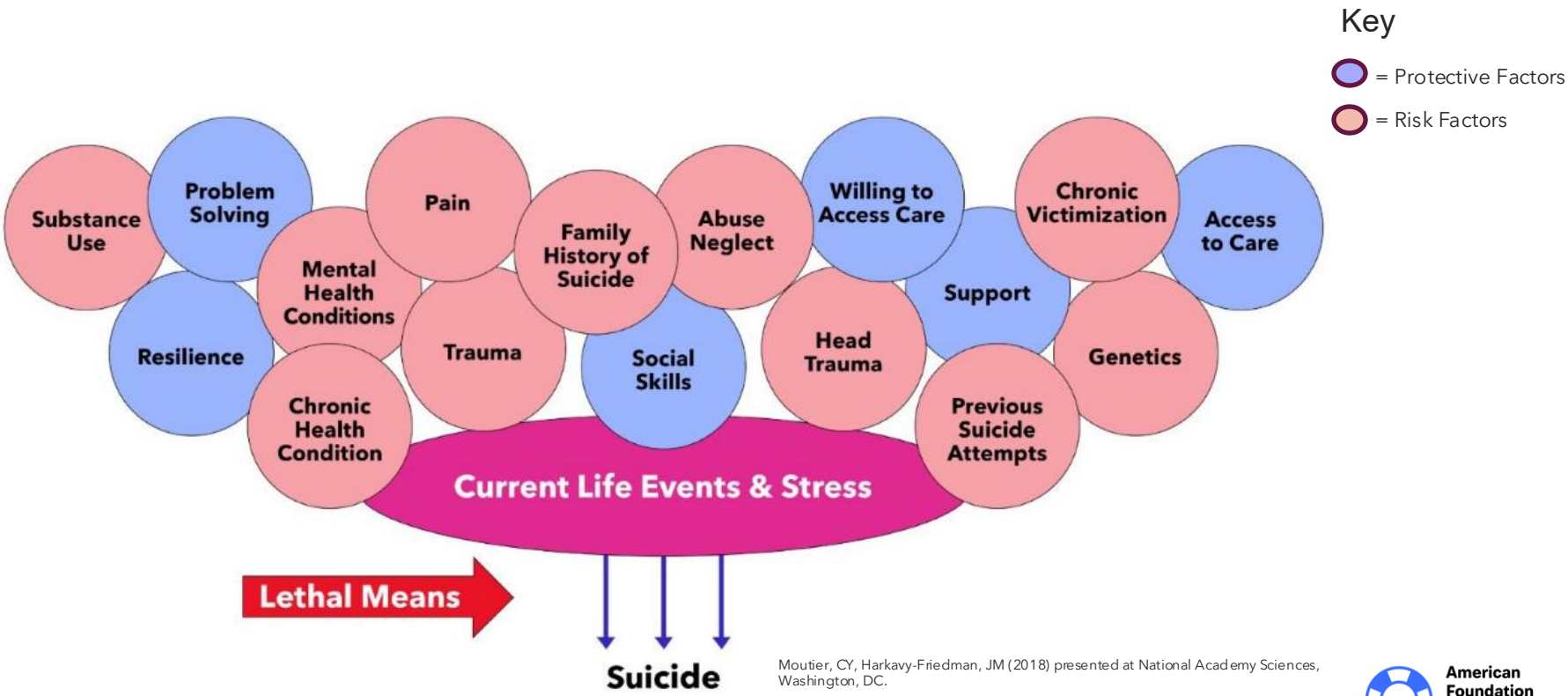
Mission

Save lives and bring hope to those affected by suicide.

AFSP Grant Funding 2013-2025



Interacting Risk & Protective Factors



Moutier, CY, Harkavy-Friedman, JM (2018) presented at National Academy Sciences, Washington, DC.

Owens D, et al. *Br J Psychiatry*. 2002. Bostwick JM, et al. *Am J Psychiatry*. 2016. van Heeringen K, et al. *Lancet Psychiatry*. 2014. Turecki G, et al. *Lancet*. 2016. Batty GD, et al. *Transl Psychiatry*. 2018.

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Suicide
is a **health**
issue.

RISK FACTORS AND WARNING SIGNS

What others see:

What they may not know:

- Genetic risk
- Depression
- Prolonged stress at work
- Drinking more than usual

Top Scientific Findings

- Multi-factorial risk, mental health key
- Genetics play a role but don't determine destiny
- Epigenetics
- Suicidal mindset
- Cognitive constriction
- Humiliation/shame/rejection

- Contagion is real, but asking abt SI is ok!
- Storytelling can also improve outcome
- Connection, processing are protective
- School-based education helps
- Effective MH treatment matters
- New suicide-specific interventions

Science dispels myths…

E/B Suicide Prevention Strategies

- Increase access to mental healthcare, substance use programs
- Train workplaces, schools, and esp healthcare in suicide prevention
- Increase interpersonal connectedness
- Reduce access to lethal means
- Identify emerging risk and provide support, link to treatment
- Postvention after loss = Prevention
- Examples: US Air Force, AFSP/AAP Pediatrics, UCSD HEAR

CDC, SAMHSA, SPRC, NIMH, AFSP

CDC. (2022). Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

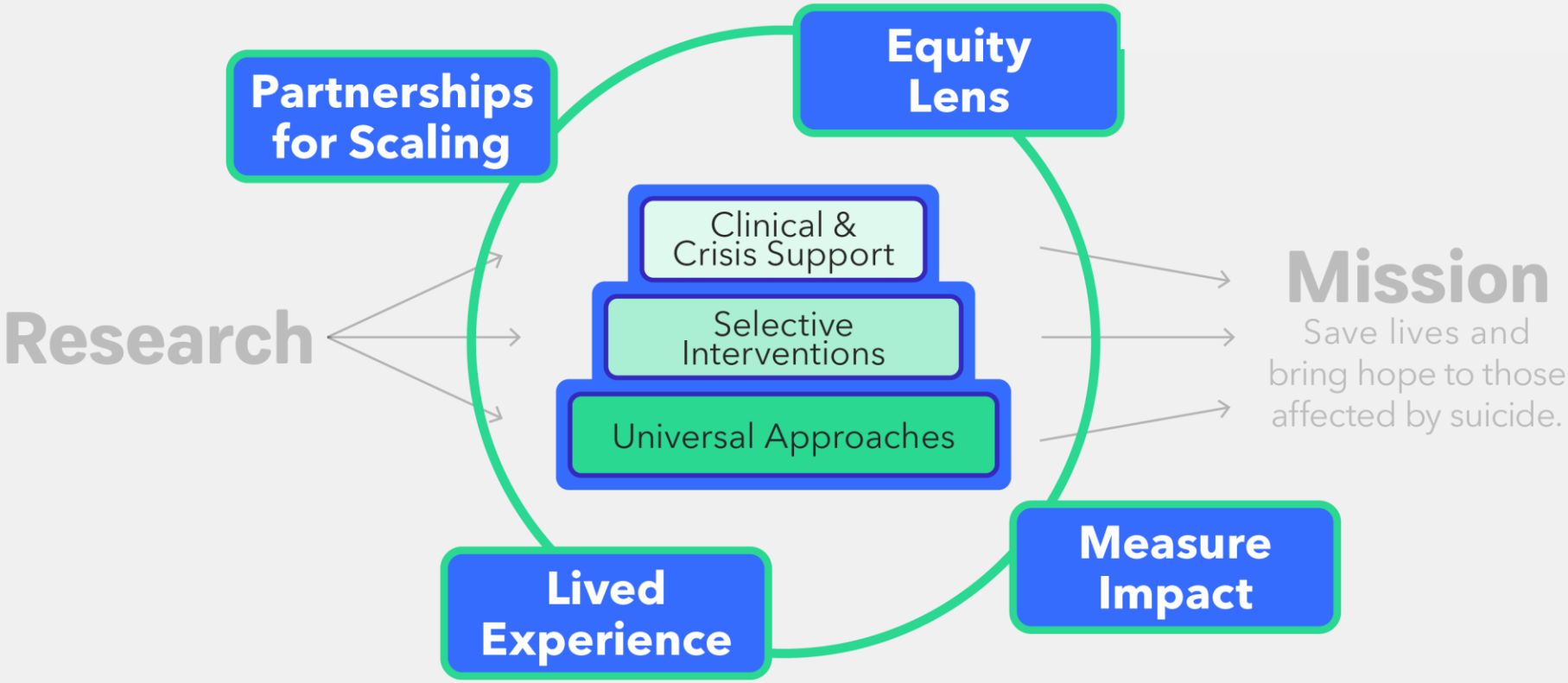
Language Matters

Avoid

- Commit suicide
- Successful/failed attempt

Say

- Died by suicide
- Attempted suicide


Partnerships for Scaling
Equity Lens
Research
Clinical & Crisis Support
Selective Interventions
Universal Approaches
Mission
Save lives and bring hope to those affected by suicide.
Lived Experience
Measure Impact


TALK
SAVES
LIVES

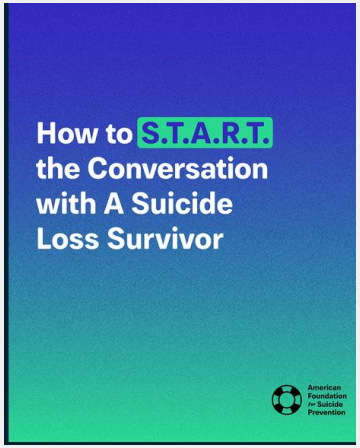

TALK
SAVES
LIVES
An Introduction to
Suicide Prevention
For Latinx and Hispanic Communities


HABLANDO SE
SALVA
VIDAS
Una Introducción a la Prevención del
Suicidio


L.E.T.S.
SAVE
LIVES
Listening. Empathy. Trust. Support.
An Introduction
to Suicide Prevention
for Black and African American
Communities


TALK
SAVES
LIVES
afsp.org/lgbtq


Finding Hope
Guidance For Supporting Those At Risk


How to S.T.A.R.T. the Conversation with A Suicide Loss Survivor
American Foundation for Suicide Prevention


IT'S REAL:
TEENS AND MENTAL HEALTH
afsp.org
American Foundation for Suicide Prevention


soul shop
for Black Churches


Caring Communities
Guidance for Supporting Survivors of Suicide Loss
American Foundation for Suicide Prevention


Clinical Approach to Preventing Suicide: An Introduction
afsp.org
American Foundation for Suicide Prevention

Partnerships for Scaling

Blueprint for Youth Suicide Prevention

American Foundation for Suicide Prevention

NIMH National Institute of Mental Health

aap.org/suicideprevention

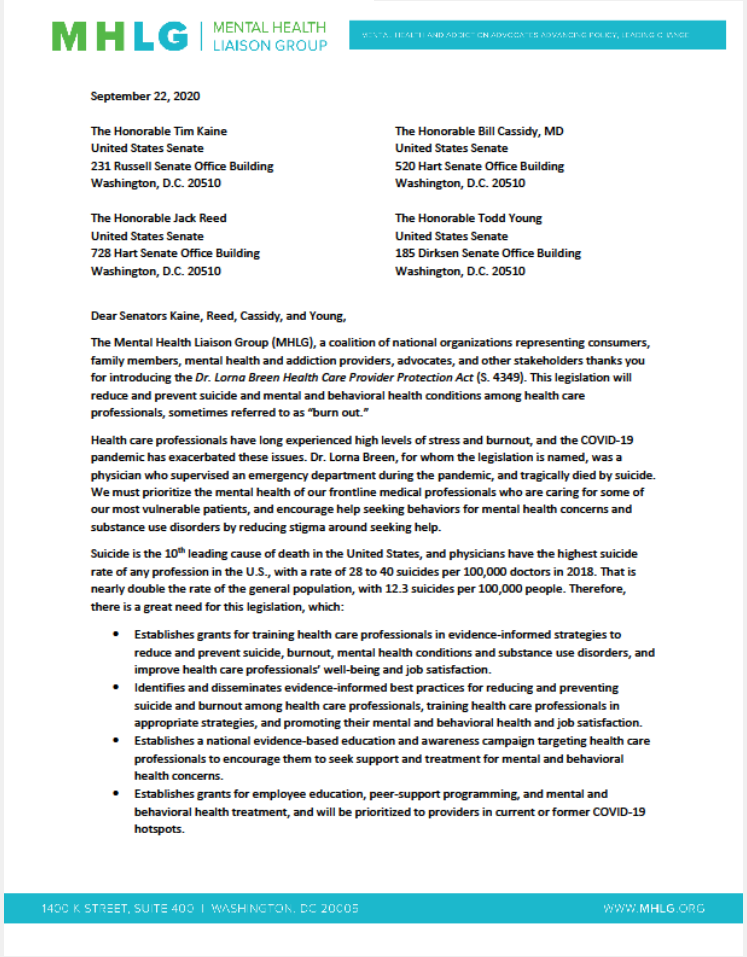
Public Policy for Suicide Prevention

- AFSP mobilizes 60k field advocates, 50 states
  - State SP Advocacy Days, National Advocacy Forum
- Unprecedented: 55 state bills, 12 federal bills enacted into law (since ’24)
  - Secured passage of National Suicide Hotline Designation Act, designating 988 call number for distress, enables crisis system reform
  - Highest ever appropriated for MH, crisis response & suicide ($1.4B)
  - Dr. Lorna Breen Health Care Provider Protection Act passed, reauth pending
  - State LGBTQ, telehealth, 988 state activation, K12/higher ed SP
  - ERPO Extreme Risk Protection Orders


HOPE HAS A NEW NUMBER
988
988 SUICIDE & CRISIS LIFELINE

Dr. Lorna Breen
HCP Protection Act

- Grants for training HCPs in evidence-informed strategies
- Grants for peer-support programming, MH treatment
- Evaluation of programs



MHLG | MENTAL HEALTH LIAISON GROUP

MENTAL HEALTH AND ADDICTION ADVOCATES ADVANCING POLICY, FUNDING & PRACTICE

September 22, 2020

The Honorable Tim Kaine
United States Senate
231 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
United States Senate
520 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Jack Reed
United States Senate
728 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Todd Young
United States Senate
185 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senators Kaine, Reed, Cassidy, and Young,

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, and other stakeholders thanks you for introducing the *Dr. Lorna Breen Health Care Provider Protection Act* (S. 4349). This legislation will reduce and prevent suicide and mental and behavioral health conditions among health care professionals, sometimes referred to as "burn out."

Health care professionals have long experienced high levels of stress and burnout, and the COVID-19 pandemic has exacerbated these issues. Dr. Lorna Breen, for whom the legislation is named, was a physician who supervised an emergency department during the pandemic, and tragically died by suicide. We must prioritize the mental health of our frontline medical professionals who are caring for some of our most vulnerable patients, and encourage help seeking behaviors for mental health concerns and substance use disorders by reducing stigma around seeking help.

Suicide is the 10th leading cause of death in the United States, and physicians have the highest suicide rate of any profession in the U.S., with a rate of 28 to 40 suicides per 100,000 doctors in 2018. That is nearly double the rate of the general population, with 12.3 suicides per 100,000 people. Therefore, there is a great need for this legislation, which:

- Establishes grants for training health care professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions and substance use disorders, and improve health care professionals' well-being and job satisfaction.
- Identifies and disseminates evidence-informed best practices for reducing and preventing suicide and burnout among health care professionals, training health care professionals in appropriate strategies, and promoting their mental and behavioral health and job satisfaction.
- Establishes a national evidence-based education and awareness campaign targeting health care professionals to encourage them to seek support and treatment for mental and behavioral health concerns.
- Establishes grants for employee education, peer-support programming, and mental and behavioral health treatment, and will be prioritized to providers in current or former COVID-19 hotspots.

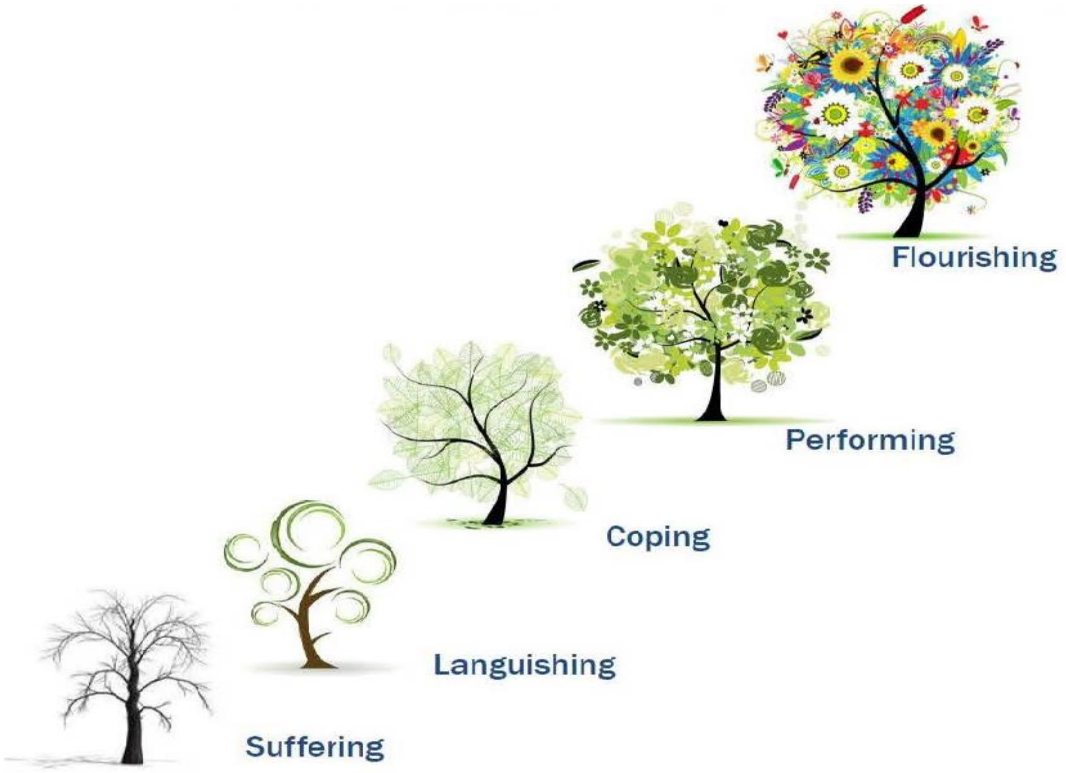
1400 K STREET, SUITE 400 | WASHINGTON, DC 20005 WWW.MHLG.ORG

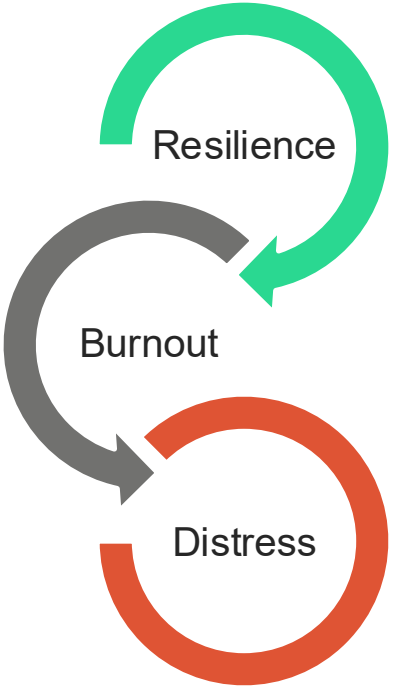
Health Professionals

Distress, Stigma & Suicide

American Foundation for Suicide Prevention

Mental Health: A Dynamic Model





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Culture/Characteristics → Increase Risk

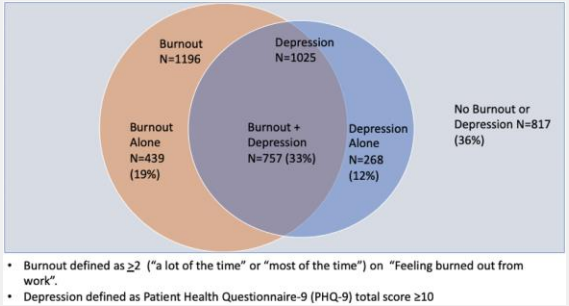
- Perfectionism/ Compulsiveness/ Rigidity
- Need for control: *"If I just push myself harder, get more disciplined…"*
- High need for achievement
- Exaggerated sense of responsibility
- Need to please everyone
- Difficulty asking for help
- Excessive, unrealistic guilt
- Suppressing feelings, minimizing distress
- Culture of self-sufficiency

Myers M & Gabbard G "The Physician as Patient" 2008; Gabbard G JAMA 1985

American Foundation for Suicide Prevention

Depression (v Burnout), RF for Suicide

- N= 2281 ISP participants
- 52% burnout, 45% depressive symptoms, 33% both burnout & depression
- 14.6% thoughts of being “better off dead” or of harming themselves at least some of the time
- Depression had much stronger association w/ SI, suicide risk factors
- ➢ **Caution against overly focusing on burnout at expense of missing depression**



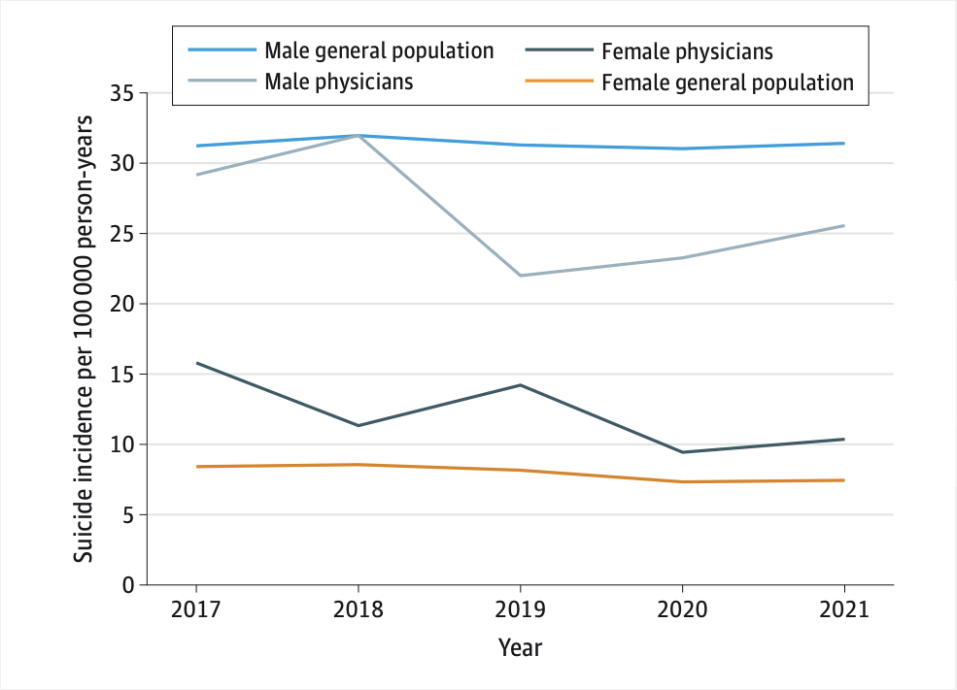
Zisook S, et al. Relationship between burnout and Major Depressive Disorder in health professionals: A HEAR report. *J Affect Disord*. 2022

Picture Physician Suicide v General Pop

- Less likely to have had a recent death of friend/family
- 3X more likely to have had a job problem, legal
- 20-40x rate measurable levels of benzodiazepines, barbiturates and antipsychotics
- Higher prevalence of depressed mood, but less formal treatment
- ➢ ***Major barriers to help-seeking and treatment due to stigma***

Gold, Sen, Schwenk. Details on suicide among US physicians: Data from the Natl Violent Death Reporting System. *Gen Hosp Psych* 2013

National Incidence of Physician Suicide



Male O.R. = **0.84**

Female O.R. = **1.54**

Makhija, H., Davidson, J. E., Lee, K. C., Barnes, A., Choflet, A., & Zisook, S. (2025). National incidence of physician suicide and associated features. *JAMA Psychiatry*.

Update on Resident Suicide

Study compared deaths for US medical residents and fellows between 2000 to 2014 and 2015 to 2021

Specialty	Deaths, No.	Rate, No./100 000 person-years	IRR (95% CI)
Pediatrics	4	2.15	0.54 (0.16-1.43)
Emergency medicine	3	2.46	0.62 (0.15-1.80)
Family medicine	6	2.54	0.64 (0.24-1.49)
Internal medicine	21	3.97	1 [Reference]
Obstetrics and gynecology	5	4.52	1.14 (0.38-2.80)
Diagnostic radiology	5	5.14	1.30 (0.43-3.18)
Surgery	13	7.60	1.92 (0.93-3.78)
Psychiatry	9	7.91	2.00 (0.87-4.23)
Anesthesiology	10	8.14	2.05 (0.93-4.25)
Pathology[a]	10	19.76	4.98 (2.25-10.32)

Yaghmour, et al. Causes of Death Among US Medical Residents
JAMA Network Open. 2025;8(5):e259238. doi:10.1001/jamanetworkopen. 2025.9238

- Death by suicide now #1 cause of death
- Rates of death by suicide did not change
- Deaths by suicide were most frequent during the first academic quarter of the first year of residency.
- Resident death rates, including rates of suicide, were **lower** than age- and gender-matched peers across causes.
  - But sample did not include residents who withdrew, were dismissed or did not graduate.
- The highest specialty suicide rate was for **pathology.**
- The highest death rate from accidental poisoning was **anesthesiology**.
- Calls for research, interventions that proactively address distress before it escalates to suicide. Focus on mitigating distress during transition periods and addressing challenges, eg depression, burnout, and shame.

Many Studies
Point to Barriers to Help Seeking

- Mental health problems equally or more prevalent among suicide decedents BUT fewer physicians were in treatment (K Gold et al, 2013)
- Physicians tend to self-prescribe or obtain psychotropic prescription from colleague
- 60-85% concerned formal treatment could affect licensure (Shanafelt et al, 2011, K Gold et al, 2016)

Barriers to seeking support/treatment = stigma, fear of negative repercussions, cost, time

Self-Stigma

Stigma Variable	% non-depressed students saying "yes"	% depressed students saying "yes"
Telling a counselor I am depressed would be risky	17	53
If I were depressed, I would seek treatment	87	46
Seeking help for depression would make me feel less intelligent as a medical student	21	46
If depressed, fellow students would respect opinions less	24	56
If depressed, application for residency would be less competitive	58	76
Medical students with depression can snap out if it if they wanted to	1	8
Depression is a sign of personal weakness	7	17

Schwenk et al, JAMA 2010

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Prevention/
Best Practice

Individuals
AND
Organizations
have a role to play

Health, Performance & Competence

- Mental health conditions conflated w weakness/incompetence in the past
- *Do physical health conditions always impair work?*
- In the same way physical health conditions, especially when well managed don't necessarily lead to impairment, same for mental health conditions
- Effective treatment can improve performance, prevent impact on function
- The key is becoming more proactive about health
    - Elite athletes
    - Executives

American Foundation for Suicide Prevention

Resilience Reservoir

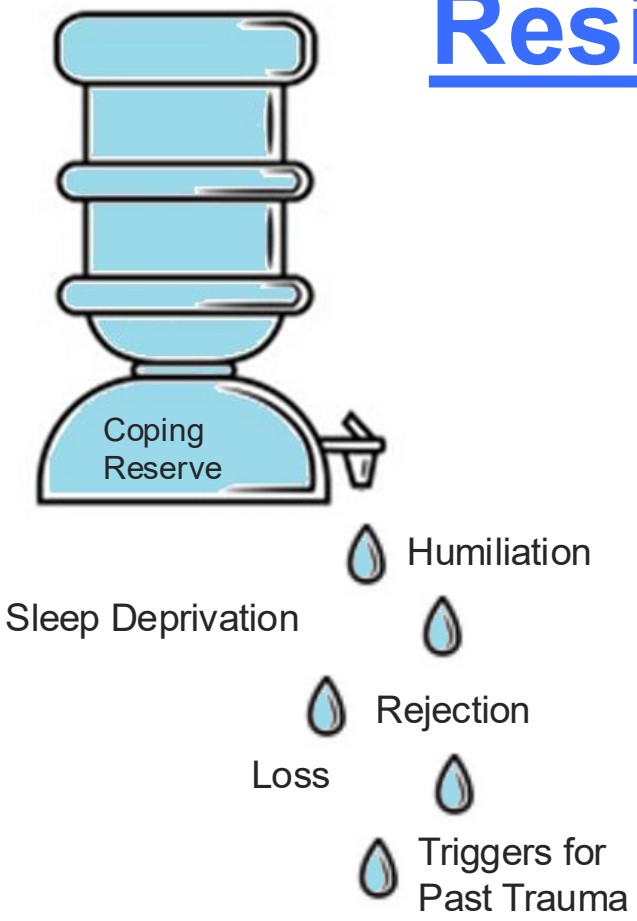
Therapy/Tx

Social connection

Processing Conflict

Affirmation

Sleep & Exercise



What *drains* your reservoir and what *fills* it (your psychological PPE)?

Dunn, Iglewicz, Moutier. A conceptual model of medical student well-being: Promoting resilience and preventing burnout. *Acad Psychiatry* 2008

“4Ps” Actionable Strategies for Workforce Wellbeing

“4 Ps”

1) **P**eer Support/Connection
2) **P**sychological/Mental Health Care Access
3) **P**rocessing & Purpose
4) **P**sychological Safety: *Culture of Safety & Respect*

Organizational Strategies

Peer Connection

Mayo Faculty Process Grp → decreased burnout

Peer/Mentors

Schwartz Rounds (425 hospitals)

Employee Resource Groups

Processing & Purpose

MGH Resilience Building

Mindfulness Curriculum

Stigma reduction

Healthy striving v perfectionism

Psychological/MH Access

UCSD HEAR Program

OHSU Wellness/Suicide Prevention Program

CopeColumbia

The Ohio State Wellness/ "Health Athlete"

Reform state medical board questions

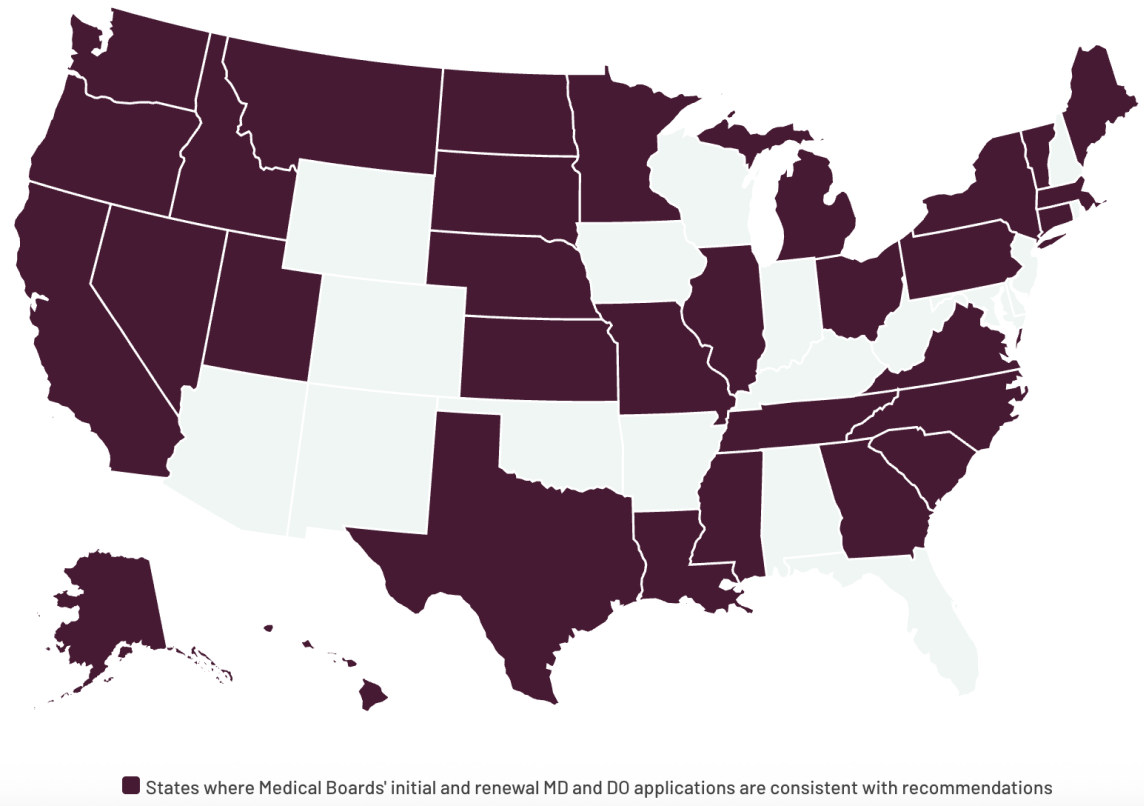
Psychological Safety (Cx of Respect)

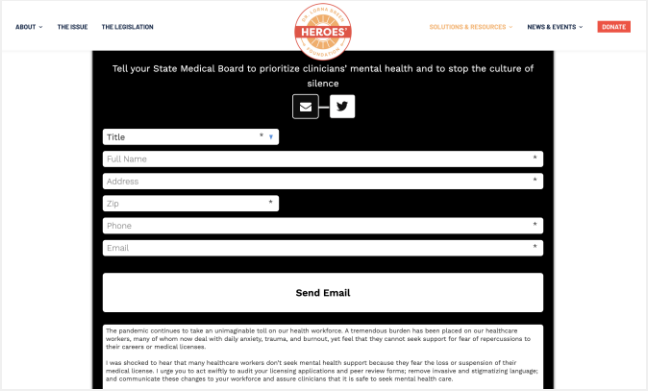
Critical Incident Debrief

Postvention (= Prevention)

Address toxic behaviors/culture

Medical Licensure: Dr. Breen Heroes Toolkit





Trust Your Gut If Concerned About A Colleague

Suicide Warning Signs

Talk

- Ending their lives
- Having no reason to live
- Feeling hopeless
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behavior

- Increased use of alcohol or drugs
- Issues with sleep
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looking for a way to kill themselves
- Giving away possessions
- Missed work or declining work or school performance

Mood

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety
- Sudden, unexplained happiness

Learn more: afsp.org/signs

Importance of Reaching Out

- Support and connection matter
- Have a conversation
- You can ask directly about suicidal thoughts
- Just because someone is thinking about suicide does not mean they are at risk of dying by suicide
- Together you can make a plan

Care--Ask--Listen

Coffee chat

> *“I’m concerned because I noticed… and I’m here to support you.”*
>
> *“I’d like to learn more about what you’ve been experiencing.”*
>
> *“When you say ___, it makes me wonder if you’ve had thoughts about ending your life.”*

You will not make someone suicidal by asking about it

You might miss an opportunity to save someone’s life by not asking

Supportive Actions with a Colleague

You can encourage the person to seek MH support.

(Remind them ISP counselor is there to dialog anonymously.)

Check back in with them later that day or later in the week.

If you're not sure if they are at imminent risk of self-harm, get guidance from 988 Lifeline- for distressed individuals or the helping person.

Your role isn't to be their doctor/therapist, but to be a caring colleague/mentor.

Are you in a crisis? Call or text 988 or text TALK to 741741. Accessibility

American Foundation for Suicide Prevention

Real Stories | Get Help | Make a Difference | Join a Local Chapter | Learn the Facts | Donate

Suicide prevention for healthcare professionals

Doctors, nurses, veterinarians and other health care professionals who proactively address their mental health are better able to optimally care for patients and sustain their resilience in the face of mental health concerns such as burnout, depression, stress, and suicide risk.

Below you'll find a listing of crisis resources for immediate support for healthcare professionals; resources and programs for institutions and organizations interested in preventing suicide and enhancing the mental health of their healthcare professionals; as well as resources for support after a suicide loss for individuals and communities.

I'm looking for mental health support and crisis resources

Learn more

I want to help prevent suicide among health care professionals

Learn more

I'm looking for support after a suicide loss

Learn more

I'm looking for patient or family resources from my local AFSP chapter

Learn more

afsp.org/HCP

National Crisis Resources

988 call, text, chat

Crisis Text Line, Text TALK to 741741

Clinician Support

Physician Support Line 888-409-0141 physiciansupportline.com

Emotional PPE Project emotionalppe.org

Therapy Aid therapyaid.org/

PeerRxMed peerrxmed.com

American Acad Experts in Traumatic Stress aaets.org/frontline-groups

Safe Call Now safecallnowusa.org/

Org Resources

afsp.org/HCP

AHA *HCW Suicide Prevention Toolkit*

IHI *Preventing HCW Suicide*

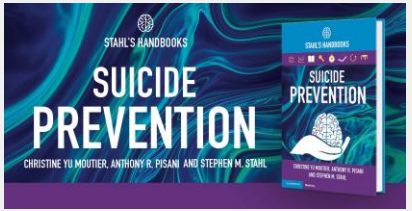
Surgeon General *Advisory HCW Burnout*

Prevention & Postvention Resources

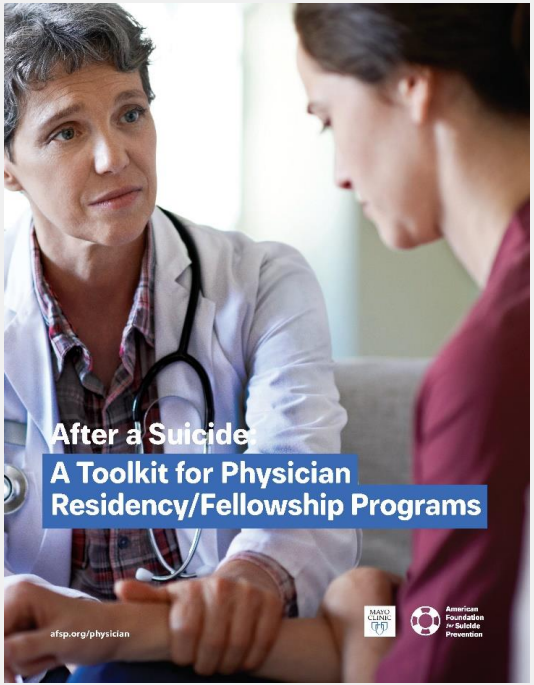
Healthcare professionals' mental health and suicide risk

https://afsp.org/healthcare-professionals-mental-health-and-suicide-risk/

Suicide Prevention: Clinical Handbook
Moutier, Christine Yu MD; Pisani, Anthony PhD; Stahl, Stephen M. MD, PhD, DSc.



Postvention Guides: After Suicide



We ALL Have a Role to Play

- Organizational Leaders
  - Policies should treat mental health as health
  - Be transparent, role model authenticity, vulnerability
- Hospital Privileging & State Medical Boards
  - Remove questions abt mental health
  - Preserve confidentiality w help seeking, eg AFSP's ISP
- Individuals
  - Cultivate habits that prioritize mental health
  - Look out for and support colleagues

THANK YOU!

@afspnational

@cmoutierMD

afsp.org

American Foundation for Suicide Prevention