

Breaking the Silence Video Discussion Guide

March 2021

Dear Leader,

We are glad that you are interested in sharing the video we created as part of our efforts to support our provider community. We strongly believe that creating time to honestly talk with each other about the impact of depression and suicide on our medical community is the best way to lessen the stigma of seeking support.

In the video, Emily, a NICU Nurse Practitioner, and Tricia, a General Internist, bravely share their own true stories. They model vulnerability, acknowledging that sometimes we are not okay and benefit from support.

The video is most impactful when 15-30 minutes is allowed for discussion after viewing. Included here is a recommended introduction and some suggested discussion questions. Additionally, we have found it useful to include local data about burnout and suicidal ideation when available.

Discussion Guide

Introduction

We are all aware of the challenges of being a provider – aware of the high rate of burnout, depression, drug and alcohol use, and of suicide within the provider community. And, we are also aware of the professional code of conduct that encourages us to always appear strong and positive – feeling that “our patients need us,” “our colleagues need us,” and “our families need us.” We may hold our suffering and our vulnerability inside.

Possible Discussion Prompts

- Do you think the feelings expressed by Emily and Tricia are common?
- Have you had colleagues express similar stories?
- Have you noticed colleagues about whom you wondered if they were depressed or suicidal? What did you do?
- Feeling suicidal is one end of a spectrum of distress (3.4% of PSJH providers [include local data here if available] in the recent AMA survey reported suicidal ideation). How do we identify/support providers prior to them reaching this extent of distress?

Facts

Providers at all stages of career are reluctant to seek support.

Only 24% of physicians *bothered* by suicidal thoughts sought support

(Shanafelt, Archives of Surgery 2011)

5.2% of physicians identified as moderate to high risk on screening had sought support

(J. Medical Regulation 2018)

Medical residents were half as likely as age-matched contemporaries to seek “professional help for serious emotional concern”

(Dyrbye, Academic Medicine 2021)

Providers are at increased risk for dying by suicide

At a minimum 300-400 physicians die by suicide each year

(Dutheili, PLOS One Dec. 2019)

Physicians have relative risk death by suicide 1.5-2.0 X age matched population

(Brooks, Arch Surg. Research 2017)

Relative risk highest in female providers and older male physicians

(Schernhamer, Am. J. Psychiatry 2004)

Providence data from AMA survey, October 2020

Burnout 51.7%

Suicidal Ideation in past 12 months 3.4% (system average); 6.9% (highest market area)

We hope that this video will be useful to your group. We appreciate you using the video to normalize and destigmatize the suffering of providers. We welcome your feedback. It has been a work of passion for our team. We hope it is a small step toward decreasing the negative impact of depression and suicide on our community.

With hope for the future,

Providence Compassion Team