

## **Episode 41 – Physicians on the brink: Suicidal ideation in NC**

**Intro music: 0:00**

### **Podcast introduction: 0:10**

Physician suicide is, sadly, not a new issue. For quite some time it's been recognized that physicians contemplate ending their own lives at least as often as non-physicians. But a recent survey of North Carolina doctors suggests that the problem may actually be much, much worse than we thought. This is Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. On this episode of the podcast, I am speaking with Joe Jordan, who is Chief Executive Officer of the North Carolina Professionals Health Program, or NCPHP. You may recognize NCPHP as the organization that helps physicians, PAs and other providers with substance use issues. What you may not know is that NCPHP also helps clinicians address professional burnout, depression and a wide variety of other behavioral health concerns. NCPHP recently conducted a survey of physicians in North Carolina as part of a larger suicide prevention initiative. The aim of the survey was to get a better baseline on how many North Carolina physicians are entertaining suicide. And the results are pretty jaw-dropping. Nearly one in five physicians surveyed said they had contemplated suicide in the last 12 months. That rate is about three times higher than previously documented. What's more, most of the physicians who thought about ending it all didn't tell a soul. Only about one in three told someone about their struggles. That needs to change if we want to prevent physician suicides. Dr. Jordan says if physicians aren't talking about suicide, then the people who care about them have to learn to ask about it. I recently spoke with Dr. Jordan about NCPHP's efforts to get spouses, friends, colleagues and others comfortable talking mental health with the physicians and other medical professionals in their lives.

### **Interview with Dr. Joe Jordan: 2:21**

JFB: Joe, thanks so much for joining me. It's great to have you on MedBoard Matters.

JJ: Thank you. And it's my pleasure to be here today.

JFB: You have been on the podcast before, but I don't know that I asked you really to say much about yourself. So, I was thinking, for our listeners' benefit, it might be nice for you to say a little bit about how you got into the work that you do.

JJ: Well, that's a bit of a story, but because I had dealt with my own issues and had been in a treatment center for a while and had seen the staff work with people there, I decided that perhaps that might be something that I would enjoy. And so, I went to undergrad for a psychology degree with a minor in social work and began working at a local treatment center and really enjoyed that work and decided to go ahead and pursue that avenue of employment and went back and got my master's and PhD in community counseling and worked as a, oh my goodness, I had a private practice for a while in Greensboro. I was teaching counseling classes at North Carolina State University, then joined a group practice, was working for Moses Cone doing emergency psych evaluations in the E.R. and then, actually, before I came to NCPHP, I was an ethics officer for a very large credentialing organization that credentialed 42,000 counselors across the country. And so, what I know now is all those experiences

really prepared me well. I didn't know it at the time, but when I got to PHP, I realized it really did prepare me for the role that I'm in today.

JFB: Well, thank you so much for sharing that, especially the bit about, you know, your own experiences. As you know, I've asked you here to talk with me about NCPHP's Physician Suicide Prevention Initiative. You attended the North Carolina Medical Board's July meeting to share highlights from the physician suicide survey that was completed as part of this project. Could you talk about it and talk about what motivated NCPHP to start working on the issue of physician suicide?

JJ: Well, I'm glad you asked that because I'm hoping that our listeners today will hear a little bit about this and maybe make the same decision that I'm going to talk about that a physician made. I was driving to work one day, Jean, and I got a phone call from a physician that I had never met. He had gotten the NCPHP information from a friend, and we began talking and I said, you know, "Hey, how are you doing? What's going on?" He said, "Well, I'm sitting outside in New York Dr. Jordan, and I'm trying to decide if I should go in here and get some help or if I should go home and just go ahead and kill myself like I planned." And I got to tell you Jean, you know, my...my heart skipped a beat and my blood kind of ran cold. And I pulled over to the side of the road and I said, "Well, tell you what, why don't we talk about that?" Now, I've had to evaluate people who were suicidal before and had to, you know, involuntarily commit people. I've had to do those things. But this was a gentleman that had been working in the field of medicine for 30 plus years. He, as we began talking, it was clear he was completely burned out and depressed as a result of his burnout, and he just felt like he had nowhere to go. And luckily, through us talking for a good amount of time, I convinced him to go into the hospital and get some help and told him that you know, there's no shame in asking for help. I think he had a lot of feeling like somehow he had failed and there was something wrong with him. And, that story has a wonderful ending because he ended up going inpatient for a little bit of time, stabilized and came out, met with me. We talked, we got him set up with a good psychiatrist, good outpatient therapy. We monitored him for about a year. And at the end of that year, his life, as he told me, was a 180-degree turnaround. He was happy about working. He had changed his environment and his jobs, and he was much happier and...and really felt like he had made a turnaround in his life. So, I mean, those are the types of stories that motivate me. But on the heels of that, and this was right around the fall of 2022, within the next six months, I heard the tragic story of three different physicians that committed suicide. They didn't reach out to people. I had to go talk to a county medical society about one of their beloved members that had taken his own life. I got a call from an orthopedic group. And I'm being specifically vague to-

JFB: Of course.

JJ: Protect confidentiality. And they had...had a very loved member. And no one, no one even knew there was anything going on with this individual. And then there was another person that got some bad health news and...and took their life. And that for me, galvanized me at the end of 2022 to do something. And what I decided to do was this prevention initiative, which is, okay, let's figure out what is going on with physicians in North Carolina. You know, you probably have seen that physicians have rates of suicide comparable to the general population, but that was a lot of tragedy in a short period of time. So, in working with some of your colleagues at the Medical Board and finding out that the Board was dedicated to finding ways to help improve the health and wellness of physicians in North Carolina, I

managed to put together a team. Some professors from UNCG, that I went to school with, and we decided that we would look at this and figure out, first, what are the things that are associated with feeling suicidal in physicians in North Carolina? And two, if we can figure out what those are, what can we do about those? So, the survey has been done with the help of the Medical Board. We were able to send out surveys to roughly about 24,000 licensed physicians in the state of North Carolina. And that survey was really it was kind of a two-section survey. The first section was asking about suicidality, and it didn't take much time. There was some demographics in there. And then, and some of your listeners may have taken that survey because we actually got right around 14,1500 responses back. And that is certainly enough to have the statistical power needed to draw some conclusions. And what we found from those responses was that 18% of those respondents had experienced feeling suicidal in the last 12 months, and that is almost three times the amount that had been previously reported, in the literature for physicians.

JFB: Wow.

JJ: Yeah. It struck us that that many physicians are experiencing some suicidal ideations going on. And, you know, the other part about that is we said, well, okay, have you told anyone about this? And what we found out is that of the people that had suicidal ideation, only a third had actually told someone about having those feelings, meaning that two thirds did not disclose that. They did not talk to anyone about what was going on with them. It was quite concerning. And we immediately started thinking about, okay, what is associated with this? Are there any, you know, first of all, well, who are they going to reach out to if they have these thoughts? And what we found from asking about that is that most times a physician, 64% of the people that did reach out when they had suicidal ideation reached out to an intimate partner or spouse. You know, they might also, reach out to a mental health professional. And this is in descending order of frequency. Mental health, professional friend, medical professional, family member, parents and then colleagues. So, colleagues are really far down on that. And that amazed us because we thought, well, you know, there's a collaborative effort in medicine. People, you know, have their colleagues to depend upon. Now, interesting, too though, that some of the physicians said that a colleague reached out to them and asked them if they were experiencing suicidal ideation. And we thought that was a good thing to hear about. But of the physicians that said they had experienced suicidal ideations, 244 said no one reached out to them. What this means is that people are not recognizing, Jean, when their colleague is suicidal. The spouses are not realizing when or recognizing when someone is experiencing suicidal ideation and that became our next focus.

JFB: So, let's transition to what opportunities there are to do something about this. And these are pretty startling headlines. You know, 20% of physicians experiencing suicidal thoughts in the last year. Obviously, we've talked about how it's significantly higher than previously measured. That sounds like a crisis.

JJ: It feels like one to us as well. And, as I mentioned, I'm talking back and forth with the Medical Society, doing this podcast, talking about these results whenever I go out and do speaking engagements about PHP and our work for the Medical Board and for the physicians of North Carolina. So, I'm trying to get the word out with the idea of helping people who love and care about physicians, which are often other physicians, if they can learn to recognize depression and burdensomeness and that, someone is maybe

feeling like they would be a burden if they talked about themselves, that would be great. So, to that end, Jean, we've come up with the idea that funding avenues to go out and educate either the colleagues or the loved ones, the spouses, the partners, the other providers, hey, how do they recognize these factors of burdensomeness and depression or feeling like people don't have support? Those factors that we identified as being associated with suicidal ideation. And then, and this is critical, for training people to make it okay for them to ask someone and to be asked by someone if they're experiencing suicidal ideation. We see that is the goal of these interventions. The goal of the trainings that we want to do and to expand a little bit, the idea would be that we would work in conjunction with either county medical societies or hospital groups, or large practice groups would be to come in and try to plant some seeds that, hey, you know, it's okay to ask someone if they're feeling really down. It's okay to ask someone, are you thinking about hurting yourself? Or are you thinking that it would be better if you weren't here? Because there's, you know, very few people will come out and admit and say, yeah, I'm feeling suicidal. They will say, you know, I just feel like there's it's just not worth it anymore. And there's a method called question, persuade, and refer. It's called QPR. And Doctor Matthews, that did this study with me who's a master trainer at that. And so, my plan, Jean, is to find avenues, find ways to go out and present the data as I've talked about with you today, not spend a whole lot of time on that, but enough to help people understand what this is an issue. But then have Doctor Matthews come in and train people in how to question people about are they feeling suicidal, persuade them to get some help somewhere, and then refer them to a professional that can assist them in addressing their feeling of depression. And they're feeling that they're a burden, feeling that they're overwhelmed by work or the electronic health record, feeling that they don't have social support. Being worried about a medical error or malpractice risk. Any of those factors that we identified as being associated with someone experiencing suicidal ideation, we've got to get out there and get people to recognize when people may be experiencing that, or ask about it, or if they find out about like, oh, you know, so-and-so, you know, I heard that they got written up about a medical error or something. You know, I'm just making just pulling stuff out of air here. Well, does anybody go to them and say, hey, how are you dealing with that? Are you okay? Are you, you know, are you feeling like you can't go home? I mean, learning to ask that question. And that's the Q of the QPR is question.

JFB: I think that training would be very valuable because even as you say it, I'm sort of I'm not a clinician, but I'm imagining myself in a situation asking somebody how they're doing or having somebody ask me. I would imagine that would be rather awkward because you've talked about creating an environment or creating a culture in medicine where you make it okay to ask those questions and to talk about those things and to be honest, which sounds wonderful. I think we both know we're pretty far away from that right now. I'm just imagining, is someone coming up to a doctor and saying, are you feeling like you the world would be better if you weren't there? I don't personally think I could say those words to someone.

JJ: Well, if you've never asked it or said it to someone, it is daunting. You know, as you're saying it, I'm sure you're thinking, how would I ever say that to someone? And we know that. We know that that is a, you know, it sounds like, well, it may be easy for you to say that, Doctor Jordan, you've done that hundreds of times. Well, I'll tell you, Jean, it doesn't matter. There's always a little bit of anxiety about it. But having done it and having helped people get help as a result of doing it, I am much more likely to do that. And so, if we can get out there and...and help people to be comfortable with their discomfort, I know that sounds illogical, but to be comfortable with the discomfort of asking. Now here's the second

part of that is when someone plants that seed of doing that the first time and the person says, "Oh no, I'm not. No, I'm not feeling like hurting myself at all." We never know where that's going to take root. And by that, I mean, what if later on in their life something does happen and they are feeling that way and they remember that so-and-so asked them and said, "Well, if you ever start feeling like that, please don't hesitate to say something to me. You know, I just I care about you and I wanted you to know that." They might reach out to that person. And here's the case in point. The guy that called me called me because he had heard about PHP from one of his colleagues and they had helped him.

JFB: That's fantastic.

JJ: Exactly. And that's what this is about, is getting the word out. And who knows? I'm, you know, if I'm out talking to a group of 100 or a group of 15 or a group of 20, doesn't really matter to me. What I know from this survey is 1 in 5. So, if there's 20 physicians in there, four of them have probably thought about suicide in the last year. They may not have thought about it a lot. It may have been a passing thought. But if they hear that "A" we know that and "B" we care to help them through that, then I've had a great day and I've gotten done what I wanted to do from this prevention initiative.

JFB: And that's where you are now, is really looking to get the word out and get as many of those opportunities to present and share this information as you can.

JJ: Exactly.

JFB: All right. Now, let me ask you this. So, people who are listening to this right now, what's 1 or 2 things they can do if they've not had this type of training before? What can somebody who is like, wow, I'm stunned to hear that 1 in 5 physicians are feeling this way. I want to be one of those good colleagues who says, hey, how are you doing? I really want to know, do you have any advice for how somebody could start being the change that you're looking to create?

JJ: Right? Oh, I may steal that from you. I may steal it.

JFB: Feel free, feel free.

JJ: That's a great, that's a great because that's what we want. We want people to be the change. And so, consider it stolen for right now. And I'm glad you asked this question, because I was thinking about this earlier. About what, what the listeners that for whatever reason this strikes a chord or, you know, something it tugs at something internal. So, number one, they can call PHP and talk with us or refer someone to us always. You know, the North Carolina Professionals Health Program is a resource for every licensed physician and PA in North Carolina. And we're, we're happy to help. If for some reason they want to do something else, there's a couple of really good resources that I would put out there. And the first would be the American Foundation for Suicide Prevention, AFSP. And in fact, I'm going to be talking with them about how we can partner with them in North Carolina to address this issue. And they have some wonderful resources on their website about how to ask someone about not feeling suicidal. And how do you do that, what do you do if they say yes. And then also they do trainings, and there is a North Carolina Foundation for Suicide Prevention. The American Foundation actually has a chapter in North Carolina. And, interestingly, they had a training on what's called the "Assist Model," which is a model like QPR, of how to help someone that's experiencing suicidal ideation. So, they do free

trainings, they do workshops, they have information, their website is wonderfully informative. So that's, you know, AFSP, American Foundation for Suicide Prevention. Think about them right away. And of course, there's always, always, always 988. You know we all know about 911 the call that for any kind of emergency. Well for a mental health emergency you can call 988. And there will be a trained counselor on the phone that will help you figure out how to get the help you need. So, you can just dial that number and talk to someone anytime, day or night.

JFB: Well, thank you for that, Joe. We will certainly put links to those resources as appropriate on our show page so that we can direct people there so they can find these resources. But thank you for mentioning that. I don't really have any more questions. I think obviously it's really important that you're doing this work. I want to thank you for sitting down and talking with me about it. And we will certainly do everything that we can to get the word out to help you with this.

JJ: Well, just one last thing I have to say that it's because of the Medical Board's concern for physicians in North Carolina that we have a PHP. They and the Medical Society working together, but especially the Board's dedication to protecting the public and helping physicians, which created us. So, I always say thank you to the Board for their support.

JFB: Well, thank you. That's very, very gracious of you. Did you have anything else that you wanted to say before we close about the survey about the Physician Suicide Prevention Initiative? Any final thoughts.

JJ: Just that anyone, any time, any physician or PA that is struggling with pretty much any issue can always call us. We've got somebody on call 24/7 and we're available to help when help is needed. So, it's you know, our phone number is (919) 870-4480 or our website NCPHP.org. And thank you for this opportunity to get the word out Jean, I really appreciate it.

JFB: Joe. Thank you so much. I really appreciate you and your time.

### **Episode closing: 21:52**

That brings us to the end of another episode of MedBoard Matters. I hope you gained some insight and feel ready to start having some of those awkward but extremely important conversations Dr. Jordan and I talked about. If you are interested in learning more about NCPHP's suicide survey, you can find a document that presents detailed findings on our podcast show page at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast). There's some interesting stuff there, including insight into traits associated with physicians who experience suicidal ideation. For example, many physicians who become suicidal feel they would be a burden to others if they acknowledge they are struggling. If you are wondering why this episode focuses on physician suicidal ideation alone, the answer is that NCPHP's survey was limited to physicians. NCMB's own licensee surveys have found that PAs are just as likely as physicians to experience burnout, depression and related challenges. It seems possible that NCPHP's findings apply to PAs and to all medical professionals generally. Dr. Jordan indicated that NCPHP may do a PA suicide survey too. If you would like to invite NCPHP to present on intervening to prevent physician suicide, perhaps with training in the QPR method, you can find contact information for Dr. Jordan on our show page. If you are not familiar with QPR Training, here's a very brief explanation. Q stands for questioning the person about suicidal thoughts, P is for persuade to get help, and R stands for refer for help. QPR

training is actually widely available and can be completed through a variety of organizations either in person or online. We have linked some options on the show page which, again, you can find at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast). If you have comments, questions or suggestions, email them to us at [podcast@ncmedboard.org](mailto:podcast@ncmedboard.org). And thank you for listening. I hope you will join us again.