

Structural stigma and discrimination against medical students and residents with suspected mental disorders

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What does mental health “stigma” mean in the health professions literature?

Types of Human Characteristic With Which “Prejudice” and “Stigma” Are Associated in Journal Articles^a

Characteristic	“Prejudice” (N = 139)	“Stigma” (N = 162)
Race or ethnicity	62%	4%
Gender	7%	2%
Behavioral identity deviance		
Sexual orientation	3%	4%
Other deviance	4%	8%
Illness/disability		
Mental illness	0%	38%
Substance use	0%	4%
HIV/AIDS	1%	16%
Other illness/disability	6%	22%
Other characteristic	6%	0%
Unspecified characteristic	11%	2%

^aBased on a search of PsycInfo for 1955, 1960, 1965, 1970, 1975, 1980, 1985, 1990, 1995, 2000 and 2005.

Two Agendas for Reducing the Stigma and Discrimination Associated with Mental Disorders

Agenda	Rights Agenda	Services Agenda
Proponents	<ul style="list-style-type: none"> Victims of stigmatization and discrimination; advocates demanding social justice 	<ul style="list-style-type: none"> Medical and mental health service providers and their associated organizations
Rationale	<ul style="list-style-type: none"> Due to stigma, people are not able to achieve important personal goals related, for example, to work, independent living, and health 	<ul style="list-style-type: none"> Due to stigma, people do not seek out or remain in treatment
Task	<ul style="list-style-type: none"> Decrease stigma so people are better able to avail opportunities related to work, independent living, and health 	<ul style="list-style-type: none"> Decrease stigma in order to increase care seeking and engagement
Predominant types of stigma addressed	<ul style="list-style-type: none"> Structural stigma Public stigma—exclusionary sentiments, traditional prejudice, perceptions of dangerousness 	<ul style="list-style-type: none"> Public stigma—treatment carryover Self-stigma
Assumptions	<ul style="list-style-type: none"> Stigma is a social justice problem Persons with mental disorders and other stigmatized individuals have generally not earned the negative stereotypes to which they are assigned Mental health services may be helpful but will not address the underlying causes of stigmatization Stigma persists in spite of treatment 	<ul style="list-style-type: none"> Stigma is a public health problem There is a kernel of truth to the negative stereotypes that are associated with persons with mental disorders Service providers can fix persons with mental disorders and make them “normal” Treatment will reduce stigma
Associated models	<ul style="list-style-type: none"> Social 	<ul style="list-style-type: none"> Medical
Highlights contributions of which groups to stigma	<ul style="list-style-type: none"> Powerful institutions and individuals 	<ul style="list-style-type: none"> Stigmatized groups and individuals

Sources: Corrigan (2016); Corrigan et al (2017); Corrigan et al (2015)

What does mental health “stigma” mean to those who research medical student, resident, or physician burnout and wellbeing?

Characteristics of the 25 Included Articles on Mental Health Wellness of Medical Students, Residents, and Physicians

Characteristic	Discrimination	Treatment
Total word count	34	269
Median word count	0	7
No. (%) articles mentioning term	7 (28)	23 (92)
No. (%) articles with author recommendations related to the issue	0 (0)	20 (75)

Source: Lawson and Kalet, unpublished data

Articles surveying US medical students for their concerns about mental health discrimination, and authors' dismissals of their concerns as “distorted perceptions”

Survey results...

Dyrbye and colleagues surveyed 873 US medical students and found that 50.3% believed that residency program directors would pass over their application if they were believed to have a mental health problem such as depression or anxiety, and that 46.4% believed that faculty, residents, or deans would see them less favorably....

... And authors' interpretation

“Our finding of increased stigma scores among distressed students (suffering from depression and burnout) points to distorted perceptions that work against the distressed individual's ability to frame the problem and optimally problem solve.”

Survey results...

Wimsatt et al surveyed 769 US medical students and found that 53.3% believed that most people think depressed medical students will provide inferior treatment to patients; 50.3% believed their residency applications would become less competitive, and 85.9% believed it would be risky to reveal being depressed on an application.

... And authors' interpretation

“Our results identify depression stigmatization as perceived by medical students. Although stigmatization may raise concern that public disclosure of a medical student's depression could compromise a student's status, such concern should not outweigh the importance of confidential and robust care for depressed students.”

Etc....

Do US academic medical centers include trainees with mental disorders within their definitions of underrepresented minorities?

Definition of Underrepresented Minority (URM) at 78 U.S. Academic Health Centers (AHCs), According to Diversity Leaders at Those Institutions, 2010

Definition	No. (% of 78)
Racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population (Association of American Medical Colleges' current definition)	24 (30.8)
Racial and ethnic populations that are underrepresented at the AHC relative to their numbers in the local community or state	16 (20.5)
Individuals whose personal characteristics, such as race, ethnicity, socioeconomic status, sexuality, health condition, or disability , are underrepresented in the medical profession relative to their numbers in the general population	13 (16.7)
Only African Americans, Mexican Americans, Native Americans, and mainland Puerto Ricans (pre-2003 Association of American Medical Colleges' definition)	11 (14.1)
Individuals whose personal characteristics, such as race, ethnicity, socioeconomic status, health condition, or disability , place them at risk for conscious or subconscious bias or discrimination	6 (7.7)
Individuals from disadvantaged socioeconomic backgrounds regardless of race, gender, or ethnicity	4 (5.1)
Any individual who self-identifies as underrepresented in medicine	0 (0.0)
No working definition of URM	4 (5.1)

May include only physical disabilities and not include persons with mental disorders at all

Do US academic medical centers include trainees with mental disorders within their diversity and inclusion commitments?

Target Population for Diversity Programs at 58 U.S. Academic Health Centers, According to Diversity Leaders at Those Institutions, 2010

Target population	No. (% of 58)
African Americans	56 (96.6)
Blacks (regardless of nationality)	53 (91.4)
Native Americans/Alaskans	55 (94.8)
Asians/Pacific Islanders	33 (56.9)
Mexican Americans	51 (87.9)
Puerto Ricans	49 (84.5)
Hispanics or Latinos (regardless of nationality)	52 (89.7)
Women	43 (74.1)
Individuals from a low socioeconomic status	31 (53.4)
Lesbian, gay, bisexual, or transgendered individuals	24 (41.4)
Individuals with disabilities	17 (29.3)

May include only physical disabilities and not include persons with mental disorders at all

What are the most commonly reported reasons for firing US residents?

Results From Two Surveys of US Psychiatry Program Directors Reporting Primary Reasons for Resident Attrition

Study	Russell	Roback and Crowder
Study characteristics		
Year surveyed	1971-1972	1981-1985
Survey respondents	Psychiatry residency program directors	Psychiatry residency program directors
Items in survey, No.	68	14
Response rate	207/251 (82%)	106/204 (52%)
Residents represented in survey, No. (%)	3,737/4,085 (91.5%)	5,591 ^a
Attrition data		
Type of attrition	<ul style="list-style-type: none"> • Did not distinguish voluntary from involuntary attrition • Reported on residents who “did not complete the year” 	<ul style="list-style-type: none"> • Involuntary attrition only • Reported on residents who were “terminated or persuaded to resign by the responding training institutions”
Attrition, No. (%)	259/3,737 (6.9%)	184/5,591 (3.3%)
Attrition with a reported primary reason, No. (%)	92/3,737 (2.5%)	184/5,591 (3.3%)
Attrition with a reported primary reason of mental disorder, No. (%)	68/3,737 (1.8%)	32/5,591 (0.57%)
Most common primary reasons for attrition reported, No. (%)	<ul style="list-style-type: none"> • Emotional illness in 68/92 (73.9%) • Academic reasons in 19/92 (20.7%) • Unethical behavior in 5/92 (5.4%) 	<ul style="list-style-type: none"> • Lack of acceptable professional skills in 66/184 (35.8%) • Serious psychological disturbance in 32/184 (17.4%) • Irresponsible behavior in 31/184 (16.8%)

^aNumber of residents during years of survey not reported.

Do US state medical licensure applications ask about mental disorders?

Percentage of US Initial Medical Licensure Applications with Questions Related to Mental Health

Question Type	1996	2006
Have you ever had a history of functional impairment due to mental health?	22%	36%
Have you ever received mental health treatment?	10%	56%
Have you ever been hospitalized for mental health reasons?	2%	24%

A 2005 study determined that 34 of 49 (69%) initial US state medical licensing applications were inconsistent with the Americans with Disabilities Act.

What is the “impaired physician movement”?

Timeline of the “Impaired Physician Movement”

Year(s)	Event(s)
Early 1970s	Public concerns that the medical profession is underregulated
1972	Two psychiatrists write <i>The Sick Physician</i> , adopted by the AMA, that blames physicians with mental disorders
	AMA creates policies to identify, report, and refer physicians with suspected mental disorders for evaluations and possible treatment
Mid 1970s	State laws adopt AMA policies
1986	HCQIA
1990	ADA
2005	PSQIA

US federal laws passed following extensive lobbying efforts that make it much more difficult for physicians and residents to defend themselves against a hospital’s peer review committee

Abbreviations: AMA, American Medical Association;
 ADA: Americans with Disabilities Act; HCQIA, Health Care Quality Improvement Act; PSQIA, Patient Safety and Quality Improvement Act

How is physician impairment defined in 2017?

“The AMA defines physician impairment as any physical, mental or behavioral disorder that interferes with ability to engage safely in professional activities....”

-American Medical Association

“‘Impaired’ or ‘impairment’ means the presence of the diseases of alcoholism, drug abuse, or mental illness.”

-Arkansas State Law

“Impairment reaches across a spectrum, ranging from mild forms to more severe. Worry and preoccupation with day-to-day problems may go largely unnoticed but may prevent a clinician from being optimally empathic. More severe impediments to effective practice include addictions and mental illnesses; such conditions are unlikely to resolve without appropriate treatment.”

-Laura Weiss Roberts, Editor-in-Chief, Academic Psychiatry; Editor-in-Chief, Books, American Psychiatric Association; Editor, *A Clinical Guide to Psychiatric Ethics*; recognized as the foremost leader in psychiatric education in the United States and Canada

Categories of the 571 Descriptions of Physician Impairment Provided on the Websites of State Physician Health Programs in the US

%	Category	Example
Most	Have nothing to do with mental disorders or performance	“Frequent trips to the bathroom” “Working long hours”
27	Denial Asserting one’s rights or complaining about the hospital Overtly discriminatory Could discriminate against persons with ADHD or SLDs Could discriminate by association Could discriminate against past victims of discrimination Social withdrawal Unemployment Financial	“Denying or expressing guilt or shame about personal use” “Involvement in litigation against hospital” “Continual seeking of special accommodations” “Making rounds at unusual hours” “Spouse in therapy or taking psychoactive medication” “Isolative, withdrawn” “Unexplained gaps in resume” “Financial problems”
<4	Could provide legally sufficient evidence to request a mental health examination in some situations under the ADA	“Reports of positive urine drug screens”

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; SLD: specific learning disorder; ADA: Americans with Disabilities Act

Common Ways That Key Terms Are Interpreted and Used by Proponents of the “Impaired Physician Movement”

Term	One interpretation	Proponents' interpretation
Advocacy	Protecting physicians with suspected mental disorders from unwarranted hospital discipline	Identifying, evaluating, and removing physicians with suspected mental disorders for possible treatment
Physician suicide	Risk is increased by creating a culture of vigilance	Risk will be reduced by identifying, evaluating, and removing physicians with suspected mental disorders for possible treatment
Self-regulation	Providing physicians with sufficient due process in hospital peer reviews to ensure fair outcomes	Allowing the profession to discipline physicians with little to no government oversight
Whistleblowing	Reporting illicit hospital activities to external authorities	Reporting physicians with suspected mental disorders to hospital management
Enablers	Those who provide hospital management with the names of physicians with suspected mental disorders	Those who do not provide hospital management with the names of physicians with suspected mental disorders
Stigma	Something that results in discrimination against those stigmatized	Something that prevents compliance with hospital management recommendations to submit to evaluations and possible treatments

Take home messages for stigma researchers

Think hard before you use the word *stigma* (rather than *discrimination*) when talking to persons in the health professions.

Addressing the discriminatory behaviors of those at the top of the medical hierarchy may be particularly important in light of the medical model's central role in mental health stigmatization.

The inclusion of persons with disclosed mental disorders in the medical profession could break a glass ceiling that would empower many individuals with these conditions.

The very high prevalence of mental disorders in the medical community (above the 31-44% 12-month prevalence in the general adult US population) presents an opportunity to recruit important allies in the fight against mental health stigma, as almost anyone can potentially be branded as impaired by the management of a hospital.

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