

Overcoming Hesitancy to Revise Medical Applications to Stop Asking About Mental Health

Institute for Healthcare Improvement Help Healthcare Heal Coalition

Advocating for our organizations and medical boards to revise applications to remove questions that stigmatize receiving mental health care or have mental health diagnoses can seem daunting. To help you overcome common sources of skepticism or hesitation, we've created a list of common roadblocks and sample responses to overcoming those below.

Isn't there a patient safety issue if we remove these questions?

There is no data showing that asking questions about mental health improves patient safety. In fact, physician burnout - but not depression - has been tied to medical error. So we should be facilitating clinicians receiving treatment of their mental health diagnoses while we also address burnout.

What about the situations where someone has schizophrenia or psychosis? Aren't we worried about them being out there and endangering patients? I don't want an impaired physician.

We all care about patient safety. In this case, these questions on our applications are deterring physicians with diagnoses that don't affect their work from seeking care. In the cases you describe where there is impairment and an effect on the ability to practice, there are other processes for medical boards or a medical staff to take action. That's a different situation than when an applicant has a diagnosis that is not impairing them.

Is changing questions on applications not to ask about mental health *really* an issue?

It may not seem so, but it is. Several studies have shown that applications with questions on mental health act as a barrier to physicians seeking mental health care. It's such an important issue that consensus recommendations on physician suicide prevention include removing such questions from applications.

Do you think some of this talk of physician depression is that young doctors aren't as tough or as dedicated?

Younger generations are just as committed and as dedicated as older physicians, and many are putting in longer hours than their older counterparts. Medicine has become more complicated and more complex, with new unique challenges. Regardless of dedication, however, every physician and student deserves to receive necessary care without fear of impact on their ability to have a license or be credentialed. Mental illness is treatable and treatment is effective.

NCQA requires us to ask questions about physician mental health.

The NCQA asks about the ability to "perform essential functions," and does not require asking about the mental health of applicants.

If someone is going to kill themselves, nothing is going to stop them. So this won't really make a difference.

This is a common misperception. Treatment for mental health diagnoses can successfully treat suicidality - underscoring how important it is to reduce barriers to physicians and students seeking and receiving care.

Our current process is in compliance with CMS and the Joint Commission.

CMS doesn't have any requirements to ask about the mental health of applicants, and the Joint Commission issued a notice in 2020 recommending organizations not ask about a past history of mental health conditions or treatment.

Are you sure this isn't just *your* problem?

Thanks for your concern, but this is not about me. I'm here because I'm concerned for all of our peers. Studies have shown that passive suicidal ideation is more common than we previously thought in students and physicians, and -like all of us- I would like all of our peers to be able to get care they need.

We can't remove these questions because we are required to ask them by insurance companies.

Insurance companies have their own processes and procedures, separately from our own. In this case, asking about the mere presence of a mental health diagnosis may be a liability because it may run afoul of the Americans with Disabilities Act.

We changed our questions a few years ago, and what we're doing now is fine.

That's great to hear there were already changes, and I'm so grateful for that. More recently, recommendations have changed, and it's now recommended to consider not asking questions about mental health or mental health care at all. I hope we can follow those newer recommendations.