

Title: American Medical Women’s Association Position Statement on Prohibiting Stigmatizing Mental Health Care Questions from Healthcare Worker Licensing Applications, Credentialing, and Malpractice Insurance Applications

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Position Statement: The American Medical Women’s Association (AMWA) believes licensure, credentialing, and insurance for medical professionals should exclude questions that stigmatize mental healthcare; and we should instead focus on supporting healthcare workers in need of mental health assistance.

Background: Though healthcare workers know the importance of maintaining their mental health, they are often dissuaded from seeking help due to stigmatization in various applications and credentialing processes in their professions.¹ Many States still require health care professionals to answer unnecessary or stigmatizing questions about their mental health.² In those States, more physicians are less likely to receive help.³

The Federation of State Medical Boards (FSMB) issued recommendations on this problem in 2018 to reduce the personal and professional harm to health care professionals seeking mental health services.⁴ One study indicates that only one state is consistent with all of FSMB’s licensing recommendations, and five states were inconsistent with all licensing recommendations.⁵ FSMB’s recommendations relating to licensing include utilizing specific question types:

- [1] “[O]nly if impaired” (if mental health questions are asked, they are limited to conditions resulting in impairment),
- [2] “only current” (if mental health questions are asked, they are limited to questions about conditions within the last 2 years),
- [3] “safe haven non-reporting” (if mental health questions are asked, safe haven nonreporting is offered [ie, allowing physicians to not report diagnoses or treatment history if they are being monitored by and are in good standing with a Physician Health Program]), and

¹ Gold, J. (2020, July 13). *It is time to stop stigmatizing mental health among healthcare workers*. Forbes. Retrieved February 17, 2022, from <https://www.forbes.com/sites/jessicagold/2020/07/13/it-is-time-to-stop-stigmatizing-mental-health-among-healthcare-workers/?sh=6415da0c7709>.

² Saddawi-Konefka, D., Brown, A., Eisenhart, I., Hicks, K., Barrett, E., & Gold, J. A. (2021). Consistency between state medical license applications and recommendations regarding physician mental health. *JAMA*, 325(19), 2017-2018. doi:10.1001/jama.2021.2275.

³ Saddawi-Konefka et al., 2021.

⁴ Saddawi-Konefka et al., 2021.

⁵ Saddawi-Konefka et al., 2021.

[4] “supportive language” (inclusion of supportive or normalizing language regarding seeking mental health care).⁶

Health system and clinic employers are not generally accountable to the FSMB or state government, so they may ask unnecessary mental health questions on their internal credentialing documents.⁷ Further, medical malpractice insurers may take such mental health information and require physicians to pay more or may even not provide insurance to the physician at all.⁸

This issue does not just affect practicing physicians. It is also harmful to medical students during their education, especially women. One study indicated that female medical students had much higher levels of depression, anxiety, and psychological distress than their male peers.⁹ Another survey of over 2,000 female medical students found that half believed they had a psychiatric disorder at some point in their education, but they did not receive treatment for fear of licensing application issues.¹⁰ This means that female medical students are experiencing unnecessary difficulties with their mental health during medical school as opposed to their male counterparts as a result of these licensing questions. This could affect female medical students’ performance in their education thereby affecting their opportunities in residency and beyond.

Recommendations: AMWA recommends encouraging health care professional credentialing and licensing bodies to implement FSMB’s recommendations regarding mental health. At a minimum, credentialing and licensing applications must be nonjudgmental and avoid stigmatizing mental health care and diagnoses.¹¹ Credentialing and licensing applications should also strive to “avoid distinguishing between physical and mental health conditions;” “focus on present abilities, such as since the last application or within the past two years;” include only questions asking about impairment or effect on practice, not merely the presence of a condition or diagnosis;” and “clearly differentiate content related to an individual’s physical and mental health conditions and content related to criminal or unethical activity.” Medical malpractice insurance should not penalize seeking treatment for mental health in physician premiums and applications. Health care workers should not be penalized professionally for seeking help. If anything, they should be supported for doing the right thing for their health.

⁶ Saddawi-Konefka et al., 2021.

⁷ Loehrer, S., Allen-Dicker, J., & Barrett, E. (2020, Jan. 12). *The connection between credentialing and physician mental health: a call to action*. Modern Healthcare. Retrieved February 21, 2022, from <https://www.modernhealthcare.com/opinion-editorial/connection-between-credentialing-and-physician-mental-health-call-action>.

⁸ Weiner, S. (2020, December 10). Doctors forgo mental health care during pandemic over concerns about licensing, stigma. AAMC. Retrieved February 26, 2022, from <https://www.aamc.org/news-insights/doctors-forgo-mental-health-care-during-pandemic-over-concerns-about-licensing-stigma>.

⁹ Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. (2006). Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. *Academic medicine*, 81(4), 354-373.

¹⁰ Gold, K. J., Andrew, L. B., Goldman, E. B., & Schwenk, T. L. (2016). “I would never want to have a mental health diagnosis on my record”: a survey of female physicians on mental health diagnosis, treatment, and reporting. *General hospital psychiatry*, 43, 51-57.

¹¹ Loehrer, Allen-Dicker, & Barrett, 2020.