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Mental Health

Toolkit

Mental Health Toolkit Outline

The resources in this toolkit were compiled by the AOA Mental Health Workgroup to address physician and medical student mental health and suicide prevention. The toolkit is divided into four sections:

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The Current State of Mental Health Among Physicians and Medical Students

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Recognizing Burnout, Depression & Suicidal Ideation

- a. Attending Physician Well-Being
 - b. Resident and Fellow Well-Being
 - c. Osteopathic Medical Student Well-Being
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Suicide Prevention for Physicians, Residents, and Medical Students

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Resources and tools to address burn-out, depression, and suicide prevention

The Current State of Mental Health Among Physicians and Medical Students

Overview

Recent national surveys and peer-reviewed analyses paint a sobering picture of mental health across medical training and practice. While some indicators—such as burnout rates among practicing physicians—show modest improvement, levels of **stress, anxiety, and emotional exhaustion remain alarmingly high** for both clinicians and students. These trends carry significant implications for the stability of the healthcare workforce, the quality of patient care, and the wellbeing of the next generation of medical professionals.

Mental Health of Practicing Physicians

High Stress and Emotional Distress

The 2025 Physicians Foundation Wellbeing Survey reports that physicians continue to experience **pandemic-level emotional strain**, despite a slight decline in burnout. More than half of respondents reported **debilitating stress**, and large proportions reported **anger, tearfulness, or withdrawal from family and colleagues**.¹

Persistent Burnout, Even as Rates Fall

While burnout dropped from 60% to 54%, it remains widespread, signaling systemic issues in workload, reimbursement changes, and administrative burden.¹

Stigma Remains a Barrier

Approximately **73%** of physicians say there is stigma around seeking mental health care—slightly improved but still a major structural obstacle to getting help.¹

Independent Surveys Reinforce the Trend

Additional 2025 data from Medscape show:

- **47%** of physicians report burnout
- **24%** report depression
- A majority would take a pay cut for a more balanced life²

These findings underscore that even as health systems adapt, physicians continue to struggle under intensifying pressure.

54%

Burnout dropped from 60% to 54%, but remains widespread.

73%

Physicians reporting stigma around seeking mental health care.

2025

Physicians continue to experience pandemic-level emotional strain.

Mental Health of Medical Students

Burnout Begins Early—and Stays Steady

A 2025 longitudinal study of U.S. first-year medical students found:

- **73.5%** experienced work-related burnout
- **44.2%** experienced depression symptoms
- Burnout and depression levels remained **consistent year-round**, showing little relief around breaks or exam cycles³

These results suggest that curriculum changes such as **pass/fail grading** have not yet translated into meaningful mental health improvements.

JOM study of Osteopathic Medical Students

A 2023 study was published in the Journal of Osteopathic Medicine, entitled “Beyond burnout: a four-year survey of osteopathic medical student mental health and the implications for the development of wellness and mental health programs,”⁴ Ley, et al completed an annual prospective, voluntary, anonymous, cross-sectional survey of osteopathic medical students over a 4-year period in medical school from 2016 to 2019. The conclusion states “Symptoms of burnout, depression, and anxiety were observed throughout all four years of medical school, with increases starting after the first year. Early intervention is needed to support students’ mental health and increase access to care and resources.”

A Baseline of Elevated Risk

These studies align with broader evidence showing that medical students have higher rates of **major depression, generalized anxiety, and burnout** than their peers in the general population.³



73.5%

Experienced work-related burnout

Implications for the Healthcare Workforce

- 1. Workforce Stability**—High stress and emotional fatigue contribute to declining job satisfaction, early retirement, specialty switching, and reduced clinical productivity.
- 2. Patient Care Quality**—Burnout and untreated mental health conditions are associated with higher error rates, impaired communication, and lower patient satisfaction.
- 3. Pipeline Sustainability**—The fact that burnout is already entrenched in the first year of medical school suggests that the next generation of physicians may enter residency with **baseline levels of distress**, requiring early, structural interventions.
- 4. Importance of Destigmatization**—Across students and physicians, stigma around mental health persists—limiting help-seeking and exacerbating silent suffering.

The American Osteopathic Association’s Policy H330-A/24 Support for Safe Haven Non-Reporting Protection for Physicians⁵. AOA’s policy is based on the Federation of State Medical Boards’ (FSMB) Workgroup on Physician Wellness and Burnout 2018 Report⁶ and is aligned with the Dr. Lorna Breen Heroes’ Foundation policies⁷.

The AOA policy positions include:

- Presence/history of mental health disorder does not equal inability to safely practice;
- State licensing boards should pose questions on physical health and mental health similarly, focusing on current impairments;
- Licensing boards should offer a “safe haven, non-reporting” option for physicians undergoing “appropriate treatment;”
- “Appropriate treatment” such as Federation of State Physician Health Programs (FSPHP), or similar programs plus adherence to treatment recommendations; and
- Medical educational and professional entities should educate students and physicians about “safe haven, non-reporting” options, to encourage treatment-seeking.

Conclusion

The evidence is clear: **mental health challenges among physicians and medical students remain critical, persistent, and systemic.** Although some indicators show improvement, rising stress and emotional strain highlight the need for coordinated action across medical schools, training programs, health systems, and policy landscapes.

Investments in mental health resources, reductions in bureaucratic burden, structural curricular reforms, and normalization of help-seeking must be prioritized to support current clinicians and ensure the long-term resilience of the medical workforce.



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Attending Physician Well-Being

Recognizing Burnout, Depression & Suicidal Ideation

Why Attending Physicians Are at Risk

- Administrative and EHR burden
- Productivity and performance pressures
- Leadership isolation
- Malpractice concerns or adverse events
- Personal life stressors accumulating over time

What Helps

- Peer-to-peer support (often most effective)
- Confidential care outside one's own institution
- Addressing licensure and credentialing fears directly

Common Warning Signs

- Chronic emotional exhaustion labeled as “just tired”
- Growing cynicism or irritability
- Withdrawal from colleagues or leadership roles
- Increased substance use
- Statements like:
 - “Everyone would be better off without me”
 - “Nothing I do matters anymore”

What Burnout Can Look Like

- Loss of meaning or joy in work
- Detachment from patients or colleagues
- Feeling ineffective despite experience

Immediate Help & Confidential Support (U.S.)

- 988 Suicide & Crisis Lifeline — Call/Text 988
- Physician Support Line: (free, confidential, psychiatrist run): 1-888-409-0141
State or specialty Physician Health Programs (voluntary options)

You don't have to carry this alone—and help can remain confidential.

Resident & Fellow Well-Being

Recognizing Burnout, Depression & Suicidal Ideation

Why Residents Are at Risk

- Long work hours and sleep deprivation
- Intense responsibility with limited autonomy
- Exposure to death, errors, and moral distress
- Fear of repercussions related to program status or licensure

What Burnout Can Look Like

- Emotional exhaustion
- Depersonalization
- Feeling ineffective or trapped

Common Warning Signs

- Emotional numbness or cynicism toward patients
- Increased errors or near-misses
- Irritability, detachment, or absenteeism
- Escalating alcohol or substance use
- Statements like:
 - “I can’t keep doing this”
 - “There’s no way out”

What Helps

- Talk early with someone you trust—chief resident, faculty mentor, peer
- Use protected time for appointments when available
- Clarify confidentiality protections before seeking care

Immediate Help & Confidential Support (U.S.)

- 988 Suicide & Crisis Lifeline — Call/Text 988
- Physician Support Line (free, confidential, psychiatrist-run): 1-888-409-0141
- ACGME Well-Being Resources <https://dl.acgme.org/pages/well-being>

Seeking help does not make you weak or unfit for medicine.

Medical Student Well-Being

Recognizing Burnout, Depression & Suicidal Ideation

Why Students Are at Risk

- High academic pressure and constant evaluation
- Identity development + imposter syndrome
- Financial stress and debt
- Fear that seeking help will affect residency prospects

What Burnout Can Look Like

- Emotional exhaustion
- Detachment or cynicism during clinical work
- Loss of meaning or motivation

Common Warning Signs

- Persistent anxiety or sadness lasting >2 weeks
- Social withdrawal from classmates
- Sleep or appetite changes
- Perfectionism mixed with shame or hopelessness
- Statements like:
 - “I don’t belong here”
 - “I’ve ruined everything”

What to Do If You’re Struggling

- Talk to campus counseling services (confidential, usually separate from academic files)
- Reach out to a trusted faculty advisor or peer
- Use anonymous or confidential supports listed below

Immediate Help & Confidential Support (U.S.)

- 988 Suicide & Crisis Lifeline — Call/Text 988
- Physician Support Line (free, confidential, psychiatrist run, Students Welcome): 1-888-409-0141
- AAMC: [Medical Student Mental Health and Well-Being | Students & Residents](https://students-residents.aamc.org/attending-medical-school/medical-student-mental-health-and-well-being) - <https://students-residents.aamc.org/attending-medical-school/medical-student-mental-health-and-well-being>

Asking for help is a sign of professionalism—not weakness.

Suicide Prevention for Physicians, Residents, and Medical Students

Supporting the Well-Being of Our Medical Community

Physicians and medical trainees face extraordinary emotional, psychological, and professional demands. Research consistently shows higher rates of depression, burnout, and suicidal ideation among these groups than in the general population. Addressing these risks openly—and with compassion—is essential to fostering a culture of safety, support, and well-being.

Understanding the Risk

Among Physician

Female physicians experience significantly *higher* suicide rates than female nonphysicians (2017–2021 IRR 1.53), while male physicians show slightly lower rates than their nonphysician peers.

At least **1 in 6 physicians** report having contemplated or attempted suicide, and 66% say the demands of their career are a major contributor.^{1,2}

Among Medical Residents

Suicide is the **leading cause of death among U.S. medical residents**, responsible for **29.2%** of trainee deaths between 2015–2021. The highest-risk period is the **first academic quarter** of intern year, with another spike late in PGY-2.³

Among Medical Students

- Anxiety and depression among U.S. medical students have **increased significantly** (anxiety: 21.6% → 33.9%; depression: 14% → 27.1%).
- **Suicidal ideation remained stable**, but remains higher than general student populations. Counseling utilization increased but still indicates a treatment gap.⁴

How We Can Help: Recommendations for Prevention

- 1. Reduce Stigma and Barriers to Care-**
Physicians and trainees often avoid seeking help due to fears of professional repercussions and stigma surrounding mental health. Confidential pathways for care, including anonymous screening tools and private counseling, are essential.²
- 2. Strengthen Early Detection and Support-**
Warning signs often include depressed mood, emotional exhaustion, substance-use concerns, and impaired relationships. Encouraging regular check-ins and peer support can help identify distress early.⁵
- 3. Address Workload and Systemic Contributors-**Job-related problems significantly increase suicide risk among physicians. Reducing administrative burden, ensuring adequate staffing, and supporting work–life boundaries are critical steps.¹
- 4. Provide Targeted Support for High-Risk Groups**
 - New residents (especially July–September).
 - Trainees in high-risk specialties, including pathology and anesthesiology.³
 - Female physicians, who remain disproportionately affected.¹
- 5. Invest in Long-Term Wellness Infrastructure-**Medical schools and health systems should convert temporary wellness initiatives into permanent programs—expanding counseling access, peer support, and faculty development around well-being.⁴

Creating a Culture of Care

Suicide prevention requires more than crisis response—it demands sustained institutional commitment. By reducing stigma, improving access to mental health care, and fostering supportive environments, we can protect the well-being of the clinicians and students who care for others every day.

You can make a difference by:

- Checking in when someone seems overwhelmed
- Encouraging help-seeking and offering to walk with someone to resources
- Modeling healthy boundaries and self-care
- Advocating for structural changes that reduce burnout and distress

If you or someone you know is struggling, please reach out.
Help is available, and you are not alone.



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Resources to address burn-out, depression, and suicide prevention

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline provides everyone with help to prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. NSF has over 200 local crisis centers providing local resources with innovative best practices and quality care across the United States.

CALL: 1-800-273-8255

<https://suicidepreventionlifeline.org/> Find Your Local Crisis Center

<https://suicidepreventionlifeline.org/our-crisis-centers/>

988 Suicide & Crisis Lifeline

At the 988 Suicide & Crisis Lifeline, we understand that life's challenges can sometimes be difficult. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you. You are not alone.

<https://988lifeline.org/> Call. Text. Chat. Deaf/HoH

Federation of State Physician Health Programs, Inc. (FSPHP)

The FSPHP is a confidential resource for physicians, other licensed healthcare professionals, or those in training suffering from addictive, psychiatric, medical, behavioral, or other potentially impairing conditions.

<https://www.fsphp.org/state-programs>

Veterans Crisis Line

You're not alone—the Veterans Crisis Line is here for you. You don't have to be enrolled in VA benefits or health care to call. 24/7 Confidential Crisis Support for Veterans and their Loved Ones.

TEXT TO 838255

CALL: 1-800-273-8255 | <https://www.veteranscrisisline.net/>

National Alliance on Mental Illness

Healthcare Professionals resources to review signs that indicate it is time to consider asking for support and resources created especially for healthcare professionals.

TEXT TO NAMI 741741 HELPLINE: 1-800-950-6264

<https://www.nami.org/Your-Journey/Frontline-Professionals/Health-Care-Professionals>

Physician Support Line

The Physician Support Line consists of psychiatrists helping US physicians and medical students navigate the many intersections of personal and professional life. This support is free and confidential, and no appointment is necessary.

CALL: 1 (888) 409-0141 | <https://www.physiciansupportline.com/>

PeerRxMed

A free, peer-supported program designed to support clinicians with peer-to-peer support by signing up with a buddy and receiving weekly nudges to check in with each other, along with weekly supportive thoughts for contemplation or conversation during stressful times.

<https://www.peerrxmed.com/>

Physicians Anonymous

The mission of Physicians Anonymous is to prevent and mitigate physician burnout and suicide across the US and globally, using anonymous peer-support groups and evidence-based strategies for doctors and institutions.

<https://physiciansanonymous.org/home/>

American Association of Colleges of Osteopathic Medicine (AACOM)

[Wellness Committee | AACOM](#)

Association of American Medical Colleges (AAMC)

[Medical Student Mental Health and Well-Being | Students & Residents](#)

National Physician Suicide Awareness

[Vital Signs: The Campaign to Prevent Physician Suicide](#)

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