PREVENTING SUICIDAL BEHAVIOR IN HEALTHCARE PROFESSIONALS

Suicidal behavior among healthcare professionals, which is on a continuum from passive thoughts of death (suicidal ideation) to active planning, to planned or impulsive suicide attempts, to death by suicide, is a significant occupational and public health concern. Healthcare professionals face unique occupational stressors that often contribute to psychological distress and burnout and heighten their risk for suicidal behavior. Unfortunately, they often experience barriers to seeking help, including stigma, confidentiality concerns, fear of professional or licensure consequences, time constraints, and professional norms emphasizing self-reliance and perfectionism, that contribute to distress remaining hidden and support being delayed.

Preventing suicidal behavior among healthcare professionals requires a comprehensive approach that addresses individual, interpersonal and social, and occupational and work environment factors. Effective prevention therefore must address not only individual wellbeing but also the teams and systems in which clinicians work.

This Tip Sheet provides background information about suicidal behavior among healthcare professionals, with attention to prevalence of the problem and risk and protective factors. This is followed by a series of practical tips for preventing suicidal behavior by bolstering individual well-being, promoting interpersonal and social relationships, and improving workplace culture. Guidance is provided for responding when you are concerned about someone else and connecting with appropriate resources.

Background on Suicidal Behavior among Healthcare Professionals

Prevalence of the Problem

Research demonstrates that healthcare professionals experience higher rates of suicidal ideation, suicide attempts, and death by suicide than the general public. The available rates of suicidal behavior in healthcare professionals are underreported, making the numbers even higher.

Among physicians, a meta-analysis found that approximately 1 in 15 physicians (6.4%) reported suicidal ideation in the previous 12 months, and other studies estimate that 6-17% of physicians report suicidal ideation. Studies of medical trainees reveal even higher rates of suicidal thoughts. There are no reliable estimates of annual suicide attempt rates among U.S. physicians. With regard to death by suicide, a recent analysis using CDC National Violent Death Reporting System data estimated that approximately 119 physicians die by suicide each year in the US, which is a lower estimate than the often-cited figure of 300 – 400 physician deaths by suicide annually. Meta-analyses estimate physician suicide mortality at approximately 1.4–2.3 times that of the general population. Risk is also not uniform among physicians. There is consistent evidence that women physicians demonstrate elevated relative risk for death by suicide compared with women in the general population. However, data on male physicians is mixed, with many but not all studies indicating that male physicians exhibit lower risk relative to male non-physicians. Higher risk for death by suicide has been identified with some specialties including anesthesia, psychiatry, general practice, intensive care, and surgery.

Data on suicidal behavior specific to advanced practice providers (APPs) are sparse, and most estimates must be inferred from broader cohorts, in which APPs are typically grouped under "nurses" or "other health care–diagnosing or treating practitioners." An anonymous survey of non-physician hospital staff—including NPs and PAs—found that 8.8% endorsed ideation over the preceding two weeks. In a nationally representative cohort, the "other health care–diagnosing or treating practitioners" category had an age- and sex-standardized suicide rate of 7.6 per 100,000 person-years relative to non–health care workers, which was a non-statistically significant elevation. Robust, APP-specific estimates for suicide attempts and death by suicide are lacking and no study was identified that reports these outcomes for NPs or PAs as a discrete, disaggregated occupational group.

Rigorous data on suicidal ideation and attempts among nurses are not consistent. A systematic review of one hundred studies confirmed that nurses are an at-risk group, however, prevalence estimates for ideation and attempts vary widely across heterogeneous studies. With regard to death by suicide, a robust literature indicates that nurses, especially female nurses, are at significantly elevated risk of suicide compared with the general population. In a U.S. cohort study using the National Violent Death Reporting System, sex-adjusted suicide incidence was 23.8 per 100,000 among nurses versus 20.1 per 100,000 in the general population, with the excess concentrated among women. A separate nationally representative cohort corroborated this, finding an age-

and sex-standardized suicide rate of 16.0 per 100,000 for registered nurses relative to non–health care workers, with risk more pronounced in women.

Understanding Risk & Protective Factors

Risk for suicidal behaviors among healthcare professionals is multifactorial, arising from the interaction of individual, interpersonal and social, and occupational and work environment factors rather than any single cause.

Individual risk factors:

- Depression and other psychiatric disorders
- Alcohol and substance misuse
- Physical health problems
- Burnout and compassion fatigue
- Perfectionism
- Sleep deprivation
- Moral injury and moral distress

Interpersonal and social risk factors:

- Social isolation
- Interpersonal and relationship difficulties

Occupational and work-environment risk factors:

- Demanding clinical environments characterized by long hours, shift work, and high responsibility
- High workload and high occupational stress
- Emotional strain from repeated exposure to patient suffering and death
- Workplace violence
- Low leadership support
- Pandemic-related stressors
- Barriers to seeking mental health care
- A professional culture that discourages help-seeking

Similarly, protective factors against suicidal behavior among healthcare professionals span these same three domains. Mirroring the multifactorial nature of risk, no single factor is protective in isolation. Rather, they work cumulatively to buffer against suicidal ideation and behavior.

Individual protective factors:

- Resilience
- Effective coping and problem-solving skills

- Optimism
- A sense of meaning and purpose
- Cultural or religious beliefs that discourage suicide are associated with reduced suicide risk
- Access to and engagement with physical and mental health care

Interpersonal and social protective factors:

- Strong connections to family, friends, and community
- Supportive relationships with care providers
- Informal peer support

Occupational and work environment protective factors:

- Perceived workplace support (from colleagues, supervisors, and leadership)
- Job recognition
- Availability of adequate workplace resources
- Culture of safety and wellbeing characterized by compassionate leadership, realistic workload expectations, protected breaks, clinical supervision and reflective practice, confidential counseling, and the ability to raise safety concerns without fear

Because many of these risk and protective factors are modifiable, prevention is most effective when individual resilience-building is paired with interpersonal and social support and organizational investment in supportive, well-resourced work environments.

Tips for Preventing Suicidal Behavior

<u>Individual Level Prevention Strategies: Overall</u>

Everyone can benefit from intentionally attending to their wellbeing. The strategies below can strengthen resilience, enhance coping, foster connection, and support a greater sense of meaning and balance in daily life. While these practices are valuable for everyone, they may be especially important during periods of heightened stress, transition, loss, or adversity.

Monitor Your Wellbeing Regularly

- Pay attention to your overall wellbeing and recognize early signs that you may need additional support
    - Notice changes in mood, stress level, fatigue, and ability to cope
    - Be aware of symptoms such as depression, anxiety, burnout, hopelessness, or emotional exhaustion

    - Take seriously persistent changes in functioning, relationships, performance, or outlook
- Reflect on how workload, workplace experiences, meaning in work, and boundaries are affecting you
- Recognize the impact of other life stressors including financial stress on your overall wellbeing

Be Proactive About Your Wellbeing and Invest Regularly in Activities and Practices that Restore Energy and Promote Resilience

- Prioritize your physical health
    - Get adequate sleep and rest
    - Maintain regular nourishment and healthy eating habits
    - Engage in physical activity
    - Attend to preventive and ongoing medical care
    - Make time for rest, recovery, and self-care
    - Avoid relying on alcohol or other substances to cope with stress
- Make space to process difficult experiences emotions
- Take breaks and use available leave when needed.
- Set healthy limits around work demands whenever possible.
- Make time for learning, curiosity, creativity, and interests outside of work
- Create opportunities for enjoyment, relaxation, and recovery
- Seek out physical spaces that feel calming, restorative, and supportive
- Seek practical support and resources to assist with life stresses, including financial concerns

Strengthen Meaning and Purpose

- Reflect on your values, strengths, and sources of meaning
- Connect with beliefs, practices, or communities that are important to you
- Engage in spiritual, cultural, creative, volunteer, or community activities that foster connection and purpose
- Maintain interests and identities beyond professional roles
- Stay connected to traditions, values, cultures, and communities that affirm who you are and foster belonging

Stay Connected

- Avoid withdrawing when stressed or overwhelmed
- Maintain meaningful relationships with family, friends, colleagues, mentors, and peers who provide encouragement, support, and perspective
- Talk openly with trusted people
- Participate in peer support, professional support, or community networks

Reduce Isolation and Stigma

- Acknowledge emotional struggles rather than minimizing or ignoring them
- Challenge the belief that healthcare professionals should handle everything on their own
- Normalize conversations about mental health and wellbeing
- Allow yourself to accept support from others when needed

Seek Help Early and Do Not Wait for Distress to Become Overwhelming Before Reaching Out

- View help-seeking as a sign of self-awareness, professionalism, and resilience
- Seek support when stress, emotional pain, or life challenges become difficult to manage
- Utilize mental health professionals, employee assistance programs, peer support programs, or community resources.
- Know how to access mental health, workplace, and crisis support services

Develop a Personal Safety Plan to Be Prepared During Times of Distress

- Identify warning signs that indicate your distress is worsening
- List coping strategies that have helped in the past
- Identify trusted people you can contact for support
- Keep mental health and crisis resources readily available.
- Reduce access to lethal means during periods of increased risk
- Know what steps you will take and who you will contact if you begin experiencing thoughts of suicide
- Consider using a suicide prevention app to assist with safety planning

<u>Individual Level Prevention Strategies When Psychologically Distressed or Suicidal</u>

At times, personal wellbeing strategies are not enough. If distress is persistent, worsening, interfering with your daily functioning, affecting your relationships or work, or becoming difficult to manage on your own, reach out for additional support to help prevent distress from escalating and gain support in coping effectively and recovering.

Seek Professional Help

- Talk with someone you trust
- Access available workplace or community resources
- Connect with a mental health professional (e.g., Emory's Faculty Staff Assistance Program, Emory Department of Psychiatry and Behavioral Sciences, mental health professionals in the community)

Seek Crisis Services Immediately if You Are Experiencing a Mental Health Crisis (e.g., thoughts of suicide, unable to keep yourself safe)

- Call Emory University's Faculty Staff Assistance Program – **404-727-WELL (9355) and press 2 to connect to the 24/7 emergency answering service**
- Call or text **988** to reach the **Suicide & Crisis Lifeline**
- Reach out to the Physician Support Line, a free, confidential, and anonymous psychiatrist peer support line for U.S. physicians and medical students; **1-888-409-0141**
- Go to the nearest emergency department
- Call **911**
- Remember, reaching out for help during a crisis is a sign of strength, and support is available

Interpersonal and Social Strategies

Strengthen Peer and Social Connections

- Stay connected with colleagues, friends, and family
- Participate in peer support programs
- Discuss difficult experiences with trusted others
- Foster supportive team cultures
- Remember, connection is a powerful protective factor against suicide risk.

Connect with Your Team Members and Colleagues

- Check in when you notice changes in a colleague or have concerns about their wellbeing
- Create space for honest conversations about stress, distress, and difficult experiences
- Normalize help-seeking and use of mental health and wellbeing resources
- Model supportive behaviors, including asking for help when you need it
- Support colleagues following difficult clinical events, patient suicide, or the death by suicide of a colleague

Be an Upstander if You are Worried About Someone Else

- **Call 911 or seek emergency assistance if someone is in immediate life-threatening danger**
- Know the warning signs – use the **IS PATH WARM** mnemonic development by the American Association of Suicidology to remember key indicators of suicide risk

IS PATH WARM

Letter	Warning Sign	Description
I	**Ideation**	Talking about wanting to die, suicide, or looking for ways to kill oneself
S	**Substance Use**	Increased use of alcohol or drugs
P	**Purposelessness**	Feeling there is no reason to live or no sense of purpose
A	**Anxiety**	Severe anxiety, agitation, insomnia, or excessive sleeping
T	**Trapped**	Feeling trapped, stuck, or believing there is no way out
H	**Hopelessness**	Feeling hopeless about the future
W	**Withdrawal**	Pulling away from friends, family, colleagues, or activities
A	**Anger**	Rage, uncontrolled anger, irritability, or seeking revenge
R	**Recklessness**	Engaging in risky, impulsive, or self-destructive behaviors
M	**Mood Changes**	Dramatic shifts in mood, including depression or sudden improvement after severe depression

- Respond directly and compassionately
    - Ask
        - Ask directly and compassionately, “Are you thinking about suicide?”
        - Take concerns about suicide seriously
    - Be There
        - Listen carefully and without judgment
        - Give the person space to talk about what they are experiencing
        - Avoid minimizing their feelings, lecturing, or trying to immediately solve the problem
    - Help Keep Them Safe
        - Ask whether they have a suicide plan and help reduce immediate danger when it is safe to do so
        - Do not leave someone alone if they tell you they intend to kill themselves
        - Do not promise to keep suicidal thoughts or plans secret
    - Help Them Connect
        - Help connect them with a mental health professional, trusted support person, or other appropriate resources
        - Call or text 988 together or contact 988 yourself for guidance if you are concerned about someone else
    - Follow Up
        - Check in after the immediate concern has passed

        - Continue offering connection and support; ongoing contact can make a difference

Occupational and Work Environment Strategies

Healthcare systems need to create a culture for preventing suicidal behavior to ensure that healthcare workers feel supported, connected, and able to seek help.

Address Workplace Contributors

Attend to and improve workplace conditions and modifiable workplace stresses associated with increased risk for burnout, psychological distress, and suicidal behavior, including:

- Excessive workload
- Long work hours and shift work
- Staffing shortages
- Workplace violence
- Administrative burden
- Lack of autonomy

Promote Wellbeing and Resilience

Support healthcare professionals in maintaining emotional, physical, social, and professional wellbeing through:

- Healthy sleep, nutrition, exercise, and recovery practices
- Stress management and coping skills
- Strong social support and connectedness
- Support opportunities for connection, rest, recovery, and meaning and professional fulfillment in work
- Prioritize work-life integration and healthy boundaries

Identify Distress Early Before It Escalates Into a Crisis

Encourage routine self-monitoring and peer awareness for:

- Depression, anxiety, burnout, and moral distress
- Increasing hopelessness or emotional exhaustion
- Substance misuse
- Social withdrawal
- Suicidal thoughts or behaviors

Increase Access to Mental Health Care

Ensure that healthcare professionals have easy access to:

- Provide confidential, accessible, and stigma-free pathways to mental health care and support
- Employee assistance programs (EAPs)
- Peer support programs
- Crisis intervention resources
- Affordable and timely behavioral health care

Reduce Stigma Around Seeking Help

- Promote psychologically safe environments where healthcare workers can disclose concerns and seek help without fear of judgement
- Create a culture where healthcare professionals can seek support without fear of:
    - Judgment
    - Professional repercussions
    - Credentialing concerns
    - Licensing concerns

Establish Processes for Supporting Teams following a Suicide-Related Event

- Reach out for peer support through the Emory at Grady Peer Supporter Program by emailing Dr. Nadine Kaslow at nkaslow@emory.edu
- Request a team debriefing session through the Emory at Grady Debriefing Program by reaching out to Dr. Nadine Kaslow at nkaslow@emory.edu or 404-547-1957

Resources

Crisis & Immediate Support

- 988 Suicide & Crisis Lifeline — Call or text **988** for free, confidential, 24/7 support for yourself or someone you are concerned about
- **Immediate life-threatening emergency** — Call **911** or go to the nearest emergency department

Support Within Emory

- Emory Faculty Staff Assistance Program (FSAP) — Free, confidential mental health support and consultation; **404-727-WELL (9355)**
- Emory Department of Psychiatry and Behavioral Sciences: https://med.emory.edu/departments/psychiatry/index.html
- Emory University Spiritual Health: https://spiritualhealth.emory.edu/
- Emory Mental Health & Well-Being Hub — Centralized access to Emory mental health, peer support, spiritual health, and wellbeing resources

- Emory at Grady Peer Supporter Program— Free, confidential peer support for Emory at Grady employees experiencing work-related or personal stress. Reach out to Dr. Nadine Kaslow at nkaslow@emory.edu
- Emory at Grady Team Debriefing Program – Upon request, debriefing sessions are offered to Emory at Grady teams following particularly challenging, distressing, or traumatic events. Reach out to Dr. Nadine Kaslow at nkaslow@emory.edu or 404-547-1957

Healthcare & Physician-Specific Resources

- Physician Support Line — Free, confidential, and anonymous psychiatrist peer support for U.S. physicians and medical students; **1-888-409-0141**
- American Foundation for Suicide Prevention: Healthcare Professionals — Suicide prevention, mental health, crisis, workplace, and suicide-loss resources specifically for healthcare professionals

References

1. Ahsan, M., Javaid, M. U., Nawaz, A., Hassan, M., Iqbal, J., Hayyat, O., Hussain, A., & Sathian, B. (2025). Suicide risk among physicians in the USA: A systematic narrative review of incidence, risk factors, and prevention strategies. *Mental Health Science, 3*, e70033. https://doi.org/10.1002/mhs2.70033
2. Albright, G. L., Davidson, J., Goldman, R., Shockley, K. M., & Timmons-Mitchell, J. (2016). Development and validation of the Gatekeeper Behavior Scale: A tool to assess gatekeeper training for suicide prevention. *Crisis, 37*(4), 271–280. https://doi.org/10.1027/0227-5910/a000382
3. American Hospital Association. (2022). *Suicide prevention: Evidence-informed interventions for the health care workforce.* American Hospital Association suicide prevention resource
4. Anger, W. K., Dimoff, J. K., & Alley, L. (2024). Addressing health care workers' mental health: A systematic review of evidence-based interventions and current resources. *American Journal of Public Health, 114*(S2), S213–S226. https://doi.org/10.2105/AJPH.2023.307556
5. Aust, B., Leduc, C., Cresswell-Smith, J., O'Brien, C., Rugulies, R., Leduc, M., Ni Dhalaigh, D., Dushaj, A., Fanaj, N., Guinart, D., Maxwell, M., Reich, H., Ross, V., Sadath, A., Schnitzspahn, K., Tóth, M. D., van Audenhove, C., van Weeghel, J., Wahlbeck, K., Arensman, E., & Greiner, B. A. (2024). The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: A systematic review. *International Archives of Occupational and Environmental Health, 97*, 485–522. https://doi.org/10.1007/s00420-024-02065-z
6. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2024, August 5). *About Impact Wellbeing™.* CDC/NIOSH Impact Wellbeing
7. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2024, April 23). *Risk factors for stress and burnout: Healthcare workers.* CDC/NIOSH healthcare worker risk factors
8. Chan, C. C., Faherty, C., Rahman, N., Murrough, J. W., Benn, E. K. T., Clark, U., Mohamed, N., DePierro, J. M., Ripp, J. H., & Peccoralo, L. A. (2024). Suicidal ideation among non-physician hospital system staff: Prevalence and workplace correlates. Journal of Affective Disorders, 362, 638–644. https://doi.org/10.1016/j.jad.2024.07.109
9. Davis, M. A., Cher, B. A. Y., Friese, C. R., & Bynum, J. P. W. (2021). Association of US nurse and physician occupation with risk of suicide. JAMA Psychiatry, 78(6), 651–658. https://doi.org/10.1001/jamapsychiatry.2021.0154

10. Dutheil, F., Aubert, C., Pereira, B., Dambrun, M., Moustafa, F., Mermillod, M., Baker, J. S., Trousselard, M., Lesage, F.-X., & Navel, V. (2019). Suicide among physicians and health-care workers: A systematic review and meta-analysis. *PLOS ONE, 14*(12), e0226361. https://doi.org/10.1371/journal.pone.0226361
11. Fernández-Peinado García, C., Cantero-García, M., Dorta-Afonso, D., & Rueda-Extremera, M. (2025). Factors associated with suicidal ideation in healthcare personnel: A systematic review. Frontiers in Psychology, 16, 1717231. https://doi.org/10.3389/fpsyg.2025.1717231
12. Gold, K.J., Schwenk, T. L. & Sen, A. (2022). Physician suicide in the United States: Updated estimates from the National Violent Death Reporting System. *Psychology, Health & Medicine, 27*(7), 1563-1575. https://doi.org/10.1080/13548506.2021.1903053
13. Groves, S., Lascelles, K., & Hawton, K. (2023). Suicide, self-harm, and suicide ideation in nurses and midwives: A systematic review of prevalence, contributory factors, and interventions. *Journal of Affective Disorders, 331*, 393–404. https://doi.org/10.1016/j.jad.2023.03.027
14. Harvey, S. B., Epstein, R. M., Glozier, N., Petrie, K., Strudwick, J., Gayed, A., Dean, K., & Henderson, M. (2021). Mental illness and suicide among physicians. *The Lancet, 398*(10303), 920–930. https://doi.org/10.1016/S0140-6736(21)01596-8
15. Jupina, M., Mercer, M., Weleff, J., Hackett, L., Nunes, J. C., Sebastian, D., & Anand, A. (2024). Prevalence of patient suicide and its impact on health care professionals: A systematic review. *Psychiatric Services, 75*(10), 999–1008. https://doi.org/10.1176/appi.ps.20230351
16. Kreuze, E., York, J., & Merwin, E. I. (2025). Suicide mortality among nurses in the United States: Incidence, factors associated with suicide, circumstances preceding suicide, and methods of suicide. *Issues in Mental Health Nursing, 46*(4), 310–319. https://doi.org/10.1080/01612840.2024.2405844
17. Makhija, H., Davidson, J. E., Lee, K. C., Barnes, A., Choflet, A., & Zisook, S. (2025). National incidence of physician suicide and associated features. JAMA Psychiatry, 82(5), 451–458. https://doi.org/10.1001/jamapsychiatry.2024.4816
18. National Institute of Mental Health. (n.d.). *5 action steps to help someone having thoughts of suicide.* U.S. Department of Health and Human Services, National Institutes of Health. NIMH 5 Action Steps
19. National Institute of Mental Health. (2025). *Warning signs of suicide.* U.S. Department of Health and Human Services, National Institutes of Health. NIMH Warning Signs of Suicide
20. Olfson, M., Cosgrove, C. M., Wall, M. M., & Blanco, C. (2023). Suicide risks of health care workers in the US. *JAMA, 330*(12), 1161–1166. https://doi.org/10.1001/jama.2023.15787

21. Petrie, K., Gregory, M., Collins, D. A. J., Gayed, A., Sanatkar, S., Dean, K., Deady, M., & Harvey, S. B. (2025). A systematic review and meta-analysis of interventions to reduce or prevent symptoms of common mental disorders and suicidality in physicians. *Nature Mental Health, 3*, 838–851. https://doi.org/10.1038/s44220-025-00450-2
22. Petrie, K., Crawford, J. R., Baker, S. T. E., Dean, K., Robinson, J., Veness, B. H., Randall, J., McGorry, P. D., Christensen, H., & Harvey, S. B. (2019). Interventions to reduce symptoms of common mental disorders and suicidal ideation in physicians: A systematic review and meta-analysis. *The Lancet Psychiatry, 6*, 225–234. https://doi.org/10.1016/S2215-0366(18)30509-1
23. 988 Suicide & Crisis Lifeline. (n.d.). *Help someone else.* 988 Suicide & Crisis Lifeline: Help Someone Else
24. Yu, A. Y. A., Stergiopoulos, E., Sukhera, J., Goldbloom, D., Martimianakis, M. A. T., Smith, S., & Zaheer, J. (2026). A qualitative analysis of the barriers and facilitators to physicians and trainees seeking help for suicidality. *CMAJ, 198*(7), E238–E248. https://doi.org/10.1503/cmaj.250200
25. Zohn, J. H., & Hovis, S. (2024). The impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers: A narrative review. Journal of Clinical Nursing, 33(1), 224–241. https://doi.org/10.1111/jocn.16651