Hello,

I recently saw the Institute for Healthcare Improvement work on the problem of clinician suicide, including reviewing the [best practices for reducing suicide risk](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjerdfL8fv7AhUoGDQIHQn3AHMQFnoECBgQAQ&url=https%3A%2F%2Fwww.aha.org%2Fsystem%2Ffiles%2Fmedia%2Ffile%2F2022%2F09%2Fsuicide-prevention_evidence-informed-interventions-for-the-health-care-workforce.pdf&usg=AOvVaw0XAAcigorxdDcAVzmMgnvK). One suggestion is to revise privileging/credentialing applications not to ask about mental health and to explicitly encourage mental health care where needed. Questions that ask about mental health deter clinicians from seeking care, may violate the ADA, and haven’t been shown to improve care.

May we consider revising our application to read: “Do you have any condition that currently adversely affects your ability to practice medicine in a safe, competent, ethical and professional manner?"

And may we include language supportive of clinicians receiving mental health care. Suggested language is: "It is common for clinicians to feel overwhelmed from time to time and to seek help when appropriate. We emphasize the importance of wellbeing and appropriate treatment and support for all health conditions."

Thank you, and I look forward to speaking about this further.