

Heart of Safety Coalition

Insights Huddle recap

Improve clinician access to confidential mental health care

Our sincere gratitude to [Stefanie Simmons, MD, FACEP](#), Chief Medical Officer, and [J. Corey Feist, JD, MBA](#), Co-founder and CEO of the Dr. Lorna Breen Heroes' Foundation (LBF) for joining this Insights Huddle on removing barriers for clinicians to access mental health care. Below is a summary of the discussion.

Key premise

Clinicians need and deserve access to mental health care without fear of personal and professional repercussions. However, structural, institutional and cultural barriers to access can cause many clinicians to forego the care they need. By understanding these barriers, including internal and external attitudes, beliefs and judgements, we as individuals, organizations and an industry can help remove them.

- **Research context**
 - A new report, [Clinician perceptions of barriers to access mental health care](#), was released.
 - 765 nurses (RNs), 750 physicians (MDs/Dos), 251 physician assistants (PAs) and 250 nurse practitioners (NPs) were surveyed about barriers to access mental health care.
- **Key barriers identified**
 - **Structural:** Time, cost, insurance coverage and availability.
 - **Institutional:** Licensure, credentialing and insurance processes that ask invasive questions about mental health.
 - **Cultural:** Fear of stigma, privacy concerns and professional repercussions.
- **Structural barriers**
 - Cost without insurance is a major barrier, especially for nurses, NPs and PAs.
 - Privacy concerns are elevated when insurance only covers practitioners within the same health setting.
 - Barriers to access care are exacerbated by a perceived lack of culturally competent clinicians who understand the unique stressors of healthcare workers.
 - Female clinicians face stronger barriers to access care, specifically scheduling barriers, possibly due to higher awareness or additional caregiving responsibilities.
- **Institutional stigma and perceived discrimination**
 - Stigma (beliefs) and discrimination (actions) are distinct, but both impact access.
 - Licensure, credentialing and professional insurance questions that ask broadly about all past mental health history, as opposed to only focusing on current fitness or impairment to practice, contribute to stigma and the perception (or reality) of discrimination.
 - Physicians report higher levels of institutional stigma and perceived discrimination.
 - Invasive licensing questions about mental health have been removed for physicians in 80% of states, but awareness of this change is low. Change is still needed for nurses, PAs, and NPs and RNs, as well as review and revision of credentialing and insurance processes.

- **Attitudes and beliefs**
 - One in five physicians and one in ten NPs, PAs and RNs would view a colleague's ability to practice in a competent, ethical and professional manner somewhat or extremely negatively if they knew their colleague accessed mental health care. However, that means 90-95% of clinicians view accessing mental health care as neutral or positive.
 - Physicians have higher concerns about negative attitudes and beliefs from all sources.
- **Behavioral impact**
 - Many clinicians hide mental health needs, seek care outside their area, pay out of pocket, or use pseudonyms.
 - Peer support programs and education are valued but underutilized.
- **Solutions and progress**
 - Clinicians expressed high levels of positivity towards solutions aimed at addressing structural, institutional and cultural barriers.
 - The "All IN Wellbeing First for Healthcare Champions Challenge" badge recognizes organizations that have removed stigmatizing language from applications.
 - As of September 2025, 40 medical licensing boards and nearly 2,000 healthcare facilities have made these changes.
 - To help more healthcare organizations, educational institutions, payors, policymakers and others break down these barriers and improve access the [ALL IN for Health Workers' Mental Health Initiative](#) has curated educational and actionable resources across six areas:
 - Accessible and affordable mental health care
 - Confidential professional or physician mental health program support
 - Equal privacy in mental health care
 - Confidential peer support
 - Education and training on mental health and professional wellbeing
 - Supportive pathway for re-entry
- **Recommendations**
 - Improve availability, culture, privacy, and coverage.
 - Address workplace environment to reduce stress and trauma.
 - Promote education, peer support and supportive re-entry pathways for clinicians.

Discussion overview:

The Insights Huddle discussion centered on details about how organizations can get help with removing institutional barriers, particularly in removing invasive mental health language from licensure and credentialing. LBF provides a [free toolkit](#) and support to help organizations make the changes. Attendees also discussed the need to find solutions that improve access to professional insurance (malpractice, disability, etc.) for clinicians who access mental health care.

Additional resources:

- Report: [Clinician perceptions of barriers to access mental health care](#)
- LBF resource: [Remove Barriers to Mental Health Care for Health Workers](#)
- LBF resource: [ALL IN for mental health](#)

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email HeartofSafetyCoalition@stryker.com.

Disclaimer: The views and opinions expressed in this Insights Huddle are those of the speakers and do not necessarily reflect the views or positions of Stryker. Please be aware that provided resources may contain links to external websites or third-party content. We do not endorse, control or assume any responsibility for the accuracy, relevance, legality or quality of the information found on these external sites.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety at the heart of healthcare. This national community of industry leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing principles of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at HeartofSafetyCoalition.com.