

Where We Stand:

NAMI believes that all people with mental health conditions deserve access to supports that promote wellness. NAMI supports limiting medical license application questions about mental health to only those necessary and relevant to assess an individual's current ability to practice medicine safely and competently. NAMI further supports and encourages the use of language in the licensure application process that is supportive of seeking mental health treatment.

Why We Care:

Medical professionals face many challenges in their day-to-day work life. From the pressure of making sure people get the care they need to working long shifts to the trauma of losing patients — health care is a stressful field of work.

Individuals in medical and related professions, in general, experience many stressors and are at [high](#) risk for suicide. Physicians have [higher](#) rates of depressive symptoms, burnout and suicide risk than the general population. The suicide rate among male physicians is nearly [1.5 times](#) higher than the general male population, and among female physicians, the relative risk is even more pronounced — more than [double](#) that of the general female population.

Unfortunately, many medical professionals delay or forgo seeking mental health care because of [fear](#) that doing so will jeopardize their ability to practice medicine. This is because many state licensing boards include questions about mental health status in their applications. These questions perpetuate false generalizations about a person's functionality based on a mental health diagnosis alone, rather than specifically asking about current functional impairments. Moreover, they perpetuate stigma and [discourage many](#) from seeking treatment.

The Federation of State Medical Boards (FSMB) notes that a history of mental illness or substance use does not [reliably predict](#) future risk to the public. Additionally, [court interpretations](#) of the Americans with Disabilities Act (ADA) have suggested that state medical boards should focus on current functional

impairment rather than a history of diagnoses or treatment of mental illness. Yet, a [2016 national analysis](#) of medical licensing applications revealed that two-thirds of states have application questions that are inconsistent with the ADA. A 2021 study showed that only one state's medical licensing application fully adopted FSMB recommendations related to mental health disclosure.

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Seeking mental health treatment should be normalized and encouraged, without fear of losing one's medical license. NAMI urges state medical boards to remove unnecessary language in licensure and renewal applications regarding an applicant's mental health diagnosis or prior mental health history. Instead, state licensing boards should ensure that any medical licensing questions regarding an applicant's mental health focus on current functional impairments that may affect a provider's ability to practice medicine safely and competently.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities