



University of California
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Promoting equity for caregivers in medicine

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Royal College of Psychiatrists



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 - NIH; Doris Duke Charitable Foundation; Genentech Corporation; California Health Care Foundation; United Health Group
- **Standing on shoulders of giants (including modern-day ones):**
 - Reshma Jagsi, Hannah Valantine, Camara Jones, Joan Williams, and many others



Objectives

Framing the Problem

Leadership

Plenty of moustaches but not enough women: cross sectional study of medical leaders.

SOM Chairs at top 50 (NIH)

-13% women

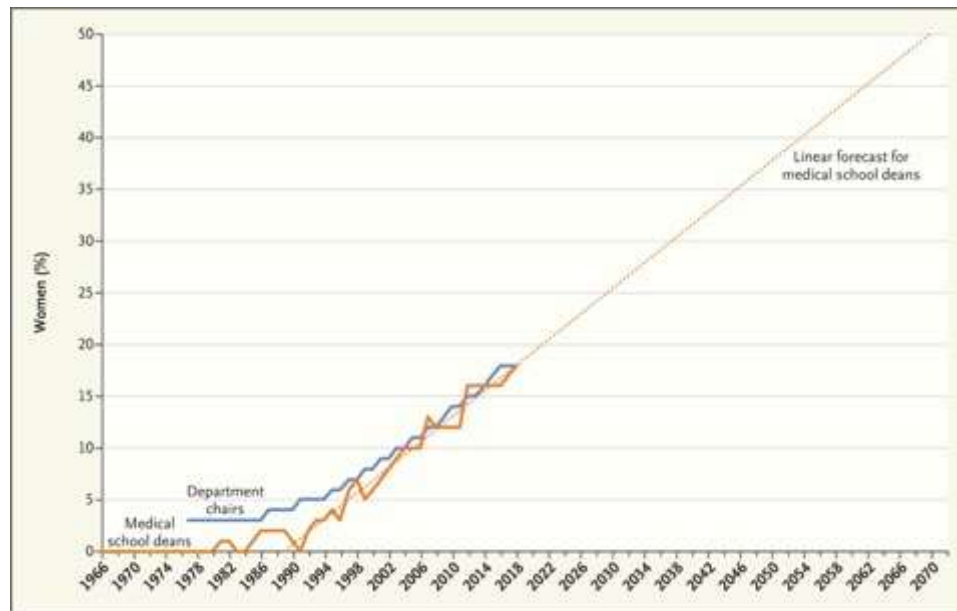
-19% moustaches

BMJ 2015; 351:h6311



Gender equity in US academic medicine leadership

- Less than 20% of department chairs in academic medicine are women
- It will take 50 years to achieve gender equity in leadership if we don't do anything different

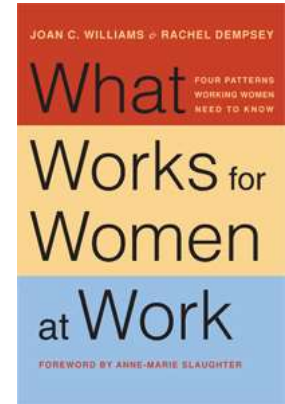


Perspective

Unplugging the Pipeline — A Call for Term Limits in Academic Medicine

Whitney H. Boeler, M.D., Christina Mangurian, M.D., M.A.S., and Reshma Jagsi, M.D., D.Phil.

Maternal Wall



Family Leave Policy Research

US Academic Medicine Family Leave Policies

- Any family leave policy
 - Faculty: 100%
 - Residents: 50%
 - Staff: 17%
- Mean length of paid leave
 - Faculty: 8.6 weeks
 - Residents: 5.7 weeks
 - Staff: 6wks staff

Research Letter

FREE

February 13, 2018

Paid Family and Childbearing Leave Policies at Top US Medical Schools

Nicholas S. Riano, MAS¹; Eleni Linos, MD, DrPH²; Erin C. Accurso, PhD¹; et al.

[➤ Author Affiliations](#) | [Article Information](#)

JAMA. 2018;319(6):611-614. doi:10.1001/jama.2017.19519

Research Letter

December 11, 2018

Childbearing and Family Leave Policies for Resident Physicians at Top Training Institutions

Kirti Magudia, MD, PhD¹; Alexander Bick, MD, PhD²; Jeffrey Cohen, MD³; et al.

[➤ Author Affiliations](#)

JAMA. 2018;320(22):2372-2374. doi:10.1001/jama.2018.14414

Research Letter | Physician Work Environment and Well-Being

FREE

January 21, 2020

Assessment of Paid Childbearing and Family Leave Policies for Administrative Staff at Top US Medical Schools

Mary C. Vance, MD, MPH¹; Nicholas S. Riano, MD²; Restina Jaggi, MD, DrPH^{1,3}; et al.

[➤ Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2020;160(4):589-593. doi:10.1001/jamainternmed.2019.6653

Family Leave

- 12 weeks paid leave for faculty at UCSF
- 6 weeks paid leave (outside of vacation/sick) ACGME & ABMS
- Federal policies on dependent care

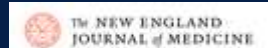


Paid Family and Childbearing Leave Policies at Top US Medical Schools

Wentz LC, Rhee MW, Han L, et al. JAMA. 2019;321(18):1781-1789.
 doi:10.1001/jama.2019.0811

Childbearing and Family Leave Policies for Resident Physicians at Top Training Institutions

Wentz LC, Rhee MW, Han L, et al. JAMA. 2019;321(18):1781-1789.
 doi:10.1001/jama.2019.0811



Perspective Parenting during Graduate Medical Training— Practical Policy Solutions to Promote Change

Debra F. Winston, M.D., Christina Mangione, M.D., and Bethina Jagg, M.D., JGIM



The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications

Wentz LC, Rhee MW, Han L, et al. JAMA. 2019;321(18):1781-1789.
 doi:10.1001/jama.2019.0811



Implementation of Federal Dependent Care Policies for Physician-Scientists at Leading US Medical Schools

Wentz LC, Rhee MW, Han L, et al. JAMA. 2019;321(18):1781-1789.
 doi:10.1001/jama.2019.0811

Multiple benefits of paid family leave

- Decrease in postpartum depression & intimate partner violence
- Improved infant attachment and child development
- Decrease in infant mortality & rehospitalizations
- Increase in pediatric visit attendance & timely immunizations
- Increase in breastfeeding initiation and duration

PERSPECTIVES

The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications

Van Niel, Maureen Sayres MD; Bhatia, Richa MD; Riano, Nicholas S. MAS; de Faria, Ludmila MD; Catapano-Friedman, Lisa MD; Ravven, Simha MD; Weissman, Barbara MD; Nzodom, Carine MD; Alexander, Amy MD; Budde, Kristin MD, MPH; Mangurian, Christina MD, MAS

Author Information 

Harvard Review of Psychiatry: 3/4 2020 - Volume 28 - Issue 2 - p 113-126
doi: 10.1097/HRP.0000000000000246

Advocacy

- UCSF moved to 12 weeks
- ACGME/ABMS approved 6-weeks
- Caregivers as essential members of the workforce
- Next target: paid informal caregiver leave





Prevalence of informal caregiving

Informal Caregivers



- 16% of physician mothers are also informal caregivers
- These women have significantly higher rates of mood/anxiety disorders and burnout when compared to other physician mothers
- **Few policies** allow paid family leave across a woman's lifespan

Table 2. Prevalence and aRR of Challenges to Behavioral Health and Careers Among Physician Mothers Grouped According to Caregiving Responsibilities

Prevalence of Self-reported Characteristics Among Physician Mothers					aRR Among Physician Mothers With Additional Caregiving Responsibilities ^a	
Characteristic	All Respondents, No. (%) (n = 5613)	Caregiving Subgroups		P Value	aRR (95% CI)	P Value
		Physician Mothers With Additional Responsibilities, No. (%) (n = 918)	Physician Mothers Without Additional Responsibilities, No. (%) (n = 4695)			
Behavioral health issue						
Risky drinking (in past year)	975 (17.5)	152 (16.6)	823 (17.7)	.42	0.96 (0.79 to 1.17)	.71
Substance abuse (ever) ^b	166 (3.0)	26 (2.8)	140 (3.0)	.72	0.85 (0.54 to 1.32)	.46
Mood or anxiety disorder (ever) ^c	1845 (33.4)	358 (39.3)	1487 (32.2)	<.001	1.21 (1.04 to 1.42)	.02
Challenge to careers						
Career dissatisfaction (current) ^d	435 (7.8)	87 (9.5)	348 (7.5)	.06	0.95 (0.72 to 1.24)	.71
Burnout (current)	2140 (38.6)	412 (45.2)	1728 (37.3)	<.001	1.25 (1.06 to 1.46)	.007

Abbreviation: aRR, adjusted relative risk.

^a Models identified aRRs of behavioral health and career characteristics among physician mothers with additional caregiving responsibilities compared with those without such responsibilities while adjusting for other characteristics reported in Table 1: age, race/ethnicity, marital status, practice type, specialty, and self-perceived medical mistake (ever).

^b Response options: never, once or twice, monthly, weekly, and daily or almost daily. A response of monthly, weekly, or daily or almost daily to any question indicated a positive assessment.

^c Response options: yes or no. A response of yes indicated a positive assessment.

^d Response options: always, almost always, usually, rarely, or never. A response of rarely or never satisfied indicated a positive assessment (career dissatisfaction).

UCSF Informal Caregivers



Early Evidence of Impact of COVID-19 upon Caregivers

Most vulnerable for psychological sequelae during pandemics

- Women (and caregivers)★
- Younger populations
- Lower socioeconomic status
- Front-line providers (esp nurses)
- High risk of contracting COVID-19
- Social Isolation



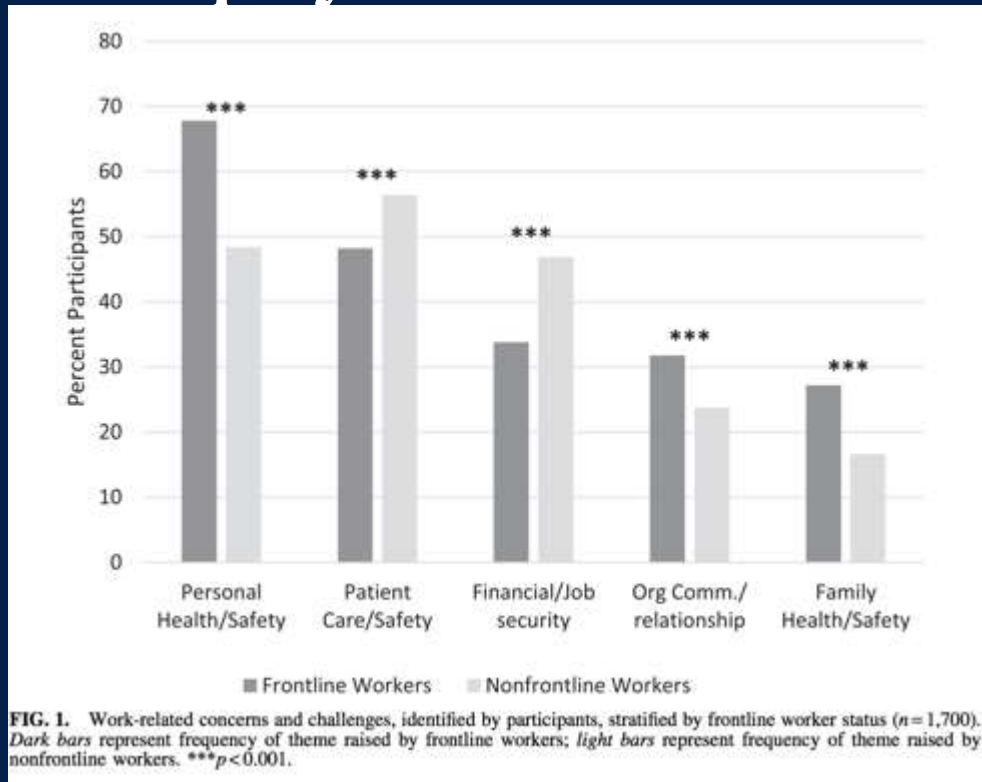
[https://www.bmj.com/content/369/bmj.m1642;](https://www.bmj.com/content/369/bmj.m1642)

<https://pubmed.ncbi.nlm.nih.gov/32799105/>

<https://www.ncbi.nlm.nih.gov/research/coronavirus/publication/32563745>

Impact of COVID-19 on physician mothers

- Mixed methods study
- Recruited from Facebook Physician Moms Group April 2020
- **Over 40% of physician mothers had symptoms consistent with anxiety during COVID-19, compared to 19% of the adult population before COVID-19.**
- Most at risk among physician mothers:
 - Frontline workers
 - **Informal caregivers**



Recommendations

1st Recommendation

GENDER

What's Holding Women in Medicine Back from Leadership

by Christina Mangurian, Eleni Linos, Urmimala Sarkar, Carolyn Rodriguez, and Reshma Jagsi

JUNE 15, 2018 UPDATED NOVEMBER 07, 2018

Institute family-friendly policies

- At least 12 weeks of fully paid childbearing leave
- An additional 4-12 weeks of childrearing leave for all new parents
- Lactation rooms and protected time for breast milk pumping during the first year
- On-site childcare services with emergency back-up childcare
- Paid catastrophic leave and/or sick leave (informal caregiving)
- Career flexibility

2nd Recommendation



Mitigate bias, discrimination, and sexual harassment

- Implicit bias training
- Annual salary reviews
- Better reporting systems for harassment (e.g., Callisto)
- Legal assistance for family responsibilities discrimination at the Worklife Law at UC Hastings
(<https://worklifelaw.org/>)
- Bias-interrupters (<https://biasinterrupters.org/>)



3rd Recommendation



GENDER

What's Holding Women in Medicine Back from Leadership

by Christina Mangurian, Eleni Linos, Urmimala Sarkar, Carolyn Rodriguez, and Reshma Jagsi

JUNE 10, 2018 | UPDATED NOVEMBER 07, 2018

Improve mentorship, sponsorship, and targeted funding for women

- Creating formal mentoring programs for women
- Encouraging peer mentoring (e.g., WARM Hearts)
- Facilitating sponsorship for women
- Developing workshops specifically for women of color
- Offering research support when women are caring for children or ill family members (Doris Duke)



Letter to the Editor | Published: 21 June 2022

Peer Mentorship: An Underrecognized Tool to Faculty Success

Danielle S. Ruderman^{1,2}, Lynn C. Accurso, Johanna B. Park & Lauren M. Heald

Academic Psychiatry (2022) | [View this article](#)

Conclusions

- Informal caregivers experience psychological distress
- The medical establishment is poor at addressing this stress among our patients' caregivers, and our staff
- Policies should be put in place to screen caregivers of our patients for depression and anxiety
- Policies should be in place to allow flexible paid leave for physician caregivers



Each time a (wo/)man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, (s/)he sends forth a tiny ripple of hope, & ...those ripples build a current that can sweep down the mightiest walls of oppression & resistance.

— RFK



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Thank you!

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October 14, 2019

Implementation of Federal Dependent Care Policies for Physician-Scientists at Leading US Medical Schools

Cora H. Ormseth, BA¹; Christina Mangurian, MD, MAS²; Reshma Jaggi, MD, DPhil³; Esther K. Choo, MD, MPH⁴; Daniel H. Lowenstein, MD⁵; Renee Y. Hsia, MD, MSc⁶

[» Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2020;180(1):153-157. doi:10.1001/jamainternmed.2019.4611



Travel support for dependents of physician-scientists at medical schools (children or other dependent family members), including care for dependents left at home while the researcher travels and care for dependents who accompany the researcher for travel, has been recommended as an important step to achieve gender equity in academic science.¹ In December 2014, the US government issued regulation in 45 CFR §75.474, allowing temporary dependent care travel costs to be expensed to federal grants.² We surveyed leading US medical schools to investigate whether institutional policies allow for implementation of this clause.

Caregivers of our patients

My journey

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The missing vital sign

BMJ 2013; 347: doi: <https://doi.org/10.1136/bmj.f4163> (Published 05 July 2013)

Cite this as: BMJ 2013;347:f4163.

Article Related content Metrics Responses

Christina Mangurian, assistant professor of clinical psychiatry, director¹, Morton J Cowan, professor of paediatrics

Author affiliations

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Accepted 30 March 2013

The author catalogues the challenges to family, friends, and herself of managing a 10 month old son's long hospital stay as he received a transplant to cure Wiskott-Aldrich syndrome.

The paediatric bone marrow transplant team entered my 10 month old son's isolation room for morning. It was supposed to be Anderson's "day of rest" between chemotherapy and his transplant. I knew something was wrong—busy doctors do not do rounds twice. They had returned to tell me that cord blood needed to cure my son of his rare condition, Wiskott-Aldrich syndrome, had been found. This doctor, who had just finished his fellowship, said that the next afternoon would be the day of the



Palliative & Supportive Care

Article contents

Abstract

Objective:

Method:

Result:

Significance of results:

INTRODUCTION

The need to support caregivers during pediatric bone marrow transplantation (BMT): A case report

Published online by Cambridge University Press: 30 January 2018

Christina Mangurian, Wendy Packman, Nicholas S. Riano and Julia Kearney

Show author details

Article Figures Metrics



Abstract


Objective:

Pediatric bone marrow transplants represent a medically stressful, potentially traumatic experience for children and caregivers, and psychological support for parental caregivers is paramount to their long-term well-being. However, many medical centers do not have protocols in place to sustain caregiver well-being during these distressing experiences.

Method:

We report on a case of a 10-month-old infant with Wiskott-Aldrich Syndrome who was

Supporting Caregivers in Pediatric BMT



Journal of Allergy and Clinical Immunology
Volume 143, Issue 6, June 2019, Pages 2271-2276

Epidemiology and health care delivery

Supporting caregivers during hematopoietic cell transplantation for children with primary immunodeficiency disorders

Jennie Yoo BS ^a, Meghan C. Halley PhD, MPH ^{a, b}, E. Anne Lowm DrPH ^c, Veronica Yank MD ^d, Katherine Ort MD ^e, Morton J. Cowan MD ^f, Morna J. Dorsey MD, MMSc ^g, Heather Smith ^h, Sumathi Iyengar MD ⁱ, Christopher Scalchunes MPA ^h, Christina Mangunian MD, MAS ^{a, R, B}

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<https://doi.org/10.1016/j.jaci.2018.10.017> [Get rights and content](#)

Background

Caregivers of children with primary immunodeficiency disorders (PIDs) experience significant psychological distress during their child's hematopoietic cell transplantation (HCT) process.

Objectives

This study aims to understand caregiver challenges and identify areas for health care system-level improvements to enhance caregiver well-being.



Psychosocial services for primary immunodeficiency disorder families during hematopoietic cell transplantation: A descriptive study

Published online by Cambridge University Press: 18 September 2018

Christina Mangunian, Christopher Scalchunes, Jennie Yoo, Brent Logan, Tiffany Henderson, Sumathi Iyengar, Heather Smith and Morton J. Cowan

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Article contents

- Abstract
- Objective
- Method
- Result
- Significance of results
- Introduction
- Methods

Abstract

Objective

Caregivers for patients undergoing hematopoietic cell transplantation (HCT) are susceptible to significant psychosocial distress. This cross-sectional study aimed to describe psychosocial support services offered and used by caregivers of pediatric primary immune deficiency (PID) during HCT at 35 hospitals across North America.

NICU settings: Target screening caregivers for depression and anxiety



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Review Article | Published: 10 March 2021

Feasibility of universal screening for postpartum mood and anxiety disorders among caregivers of infants hospitalized in NICUs: a systematic review

[Soehal Murthy](#), [Laurel Hausslein](#), [Stephen Bent](#), [Elizabeth Fitelson](#), [Linda S. Franck](#) & [Christina Mangurian](#)

[Journal of Perinatology](#) 41, 1811–1824 (2021) | [Cite this article](#)

523 Accesses | 3 Citations | 5 Altmetric | [Metrics](#)

Abstract

This systematic review evaluated the feasibility of implementing universal screening programs for postpartum mood and anxiety disorder (PMAD) among caregivers of infants hospitalized in the neonatal intensive care unit (NICU). Four moderate quality post-implementation cohort studies satisfied inclusion criteria ($n = 2752$ total participants). All studies included mothers; one study included fathers or partners. Screening included measures of depression and post-traumatic stress. Screening rates ranged from 48.5% to 96.2%. The incidence of depression in mothers ranged from 18% to 43.3% and was 9.5% in fathers. Common facilitators included engaging multidisciplinary staff in program development and implementation, partnering with program champions, and incorporating screening into routine clinical practice. Referral to