

Supplementary File 4 Text excerpts that potentially reflect author recommendations, with additional commentary, from the 25 included articles

Source	Text Excerpts Potentially Reflecting Author Recommendations to	
	Decrease Institutional Discrimination ^a	Increase Identification and Treatment ^b
Braquehais, 2014	None	“Further studies are needed to achieve a better understanding of dual diagnosis within this professional group, in order to develop more effective early detection, prevention, and treatment strategies.” ^(p.153) (last paragraph)
Chan, 2014	“Stigma occurs when a defined group is negatively stereotyped in ways that can lead to devaluing, exclusion and <u>discrimination</u> .” ^(p.132) (Introduction)	“The suicide prevention curriculum should aim to raise mental health literacy levels, reduce stigmatising attitudes and limit the normalisation of suicide.” ^(p.132) (Abstract: Conclusion) “The suicide prevention curriculum should focus on psychoeducational interventions targeted at medical students early in their careers ... [and] reducing stigmatising attitudes.... Such interventions may lead to better care for people with suicidality and may curtail rates of medical student suicide.” ^(p.139) (Conclusion)
Cheng, 2013	None	“The identification of groups more susceptible to depression and stigmatizing views, such as those displaying levels of stress warrants greater consideration for tailored support services....” ^(p.685) (Discussion)
Downs, 2014	None	“Lessons learned from this HEAR experience can enhance our ability to achieve the critically important goals of identifying and effectively treating students in the health professions at risk for burnout, depression, and suicide.” ^(p.553) (Discussion) “Large, multisite studies are needed to learn if programs such as HEAR effectively reduce suicide risk on a population level.” ^(p.553) (Implications for Academic Leaders)
Dyrbye, 2015a	“This finding suggests that confidentiality breaches and <u>discrimination</u> may actually occur, rather than solely being feared as a consequence for students with burnout who seek help” ^(p.965) (Discussion) The authors do not overtly recommend reducing discrimination and attribute the influence of culture on wellness mainly in relation to its potentially negative effects on help-seeking behaviors.	“Medical schools must address students' perceptions of public and treatment stigma as well as feared and experienced stigmatizing experiences. A successful intervention, then, should address the learning environment. For example, residents' and physicians' beliefs and behaviors may perpetuate stigma and students' fears of the negative repercussions of help-seeking behavior. The traditional medical culture also discourages the admission of personal vulnerabilities, does not prioritize physicians' health, and promotes the principle that work should always come before personal needs.” ^(p.966) (Discussion) “Curricula to educate students about confidentiality, the hidden curriculum, medical culture, how to support their peers, and when to personally intervene, including informing medical school staff or other relevant authorities when a student is impaired from a mental health problem, also may be useful.” ^(p.966) (Discussion) “Few students with symptoms of burnout seek help, and perceived stigma, negative personal experiences, and the culture in which they are learning may contribute to this inaction. Unrecognized and untreated distress can continue unrelieved for many years, ultimately affecting the quality of care an individual provides.... The medical education community still needs to look inward—to address a medical culture that may contribute to perceptions of stigma regarding mental health problems in medical students and physicians.” ^(p.967) (Discussion; last paragraph)
Dyrbye, 2015b	None	“The duty of each physician to adhere to appropriate professional behavior and report impaired colleagues is critical to the integrity of the profession.” ^(p.489) (Discussion) “How should medical schools respond? “First, our findings suggest that medical students may benefit from explicit curricula on appropriate prescribing practices, how professional impairment threatens quality of care, the importance of self-regulation to the profession, and how to appropriately intervene and support colleagues....”

		<p>“Fourth, the low prevalence of students willing to report impairment of colleagues due to mental health or alcohol/substance use problems coupled with low rates of self-initiated help-seeking behaviors support the calls for screening medical students for distress, student wellness programming, innovative curricula focused on self-care, and other school-level initiatives.”^(p.491-492) (Discussion)</p>
Estabrook, 2013	The authors cite stigma in the culture of medicine as potentially relevant for wellness, but make no recommendations to decrease discrimination.	<p>“The results suggest that addressing culture could potentially decrease barriers [to student healthcare utilization], as nearly all students felt that a more understanding attitude by clinical supervisors would improve care-seeking behavior. Perhaps increasing faculty and resident awareness of the importance of self-care could make a larger impact than the recent focus on curriculum or administrative actions.”^(p.284) (third to last paragraph)</p>
Garcia-Guasch, 2012	The authors do not specify what an “objective, fair” system might be.	<p>“Hospitals and institutions must identify anaesthesiologists whose performance may endanger patients with an objective, fair and responsive system. . . . Serious consideration should be given to implementing annual physical examinations and random drug testing for all physicians.”^(p.208) (Conclusion)</p>
Gold, 2015	None	<p>“Because stress, burnout, and depression have been associated with suicide, lack of professionalism, lack of empathy, and decreased academic performance, understanding how they interrelate and affect health-care needs and treatment seeking is critical.”^(p.45) (Discussion; last paragraph)</p> <p>“Further studies are needed to examine impact of stress reduction and reflective practice on care seeking among medical students.”^(p.45) (Implication for Educators)</p>
Hankir, 2014a	<p>“These findings may reflect a medical school environment in which depressed students are stigmatised because of their disease rather than on the basis of performance.”^(p.2) (Introduction)</p> <p>“Antistigma work targeting specific groups, such as healthcare staff, or strategies that empower individuals facing <u>discrimination</u>, are likely to play a key role in reducing the impact of stigma.”^(p.4) (Conclusion)</p> <p>The authors do not specify whether “strategies that empower individuals facing discrimination” include institutional efforts to decrease discrimination, increase treatment and service provision, or other methods. The authors make no overt recommendations to reduce discrimination against medical students.</p>	<p>“Despite the perception that medical students and doctors should be ‘invincible’, mental health challenges are common in this population.</p> <p>“Medical students and doctors have low levels of help seeking for their own psychiatric problems, often only presenting to mental health services once a crisis arises.</p> <p>“Self-stigma—the phenomenon whereby people adopt and internalise external social stigma and experience loss of self-esteem and self-efficacy—has been recognised as a factor in delaying or preventing doctors from seeking medical attention.</p> <p>“Fear of exposure to stigmatisation from the public and healthcare professionals is a crucial factor contributing to secrecy and symptom concealment and is a barrier to accessing mental health services.”^(p.4) (Learning Points)</p> <p>“We need to continue to incorporate personal stories and narratives into interventions in order to build awareness at local and national levels.”^(p.4) (Learning Points)</p>
Hankir, 2013	None	<p>“The authors urge readers to seek help for their own problems. You are not the best person to plan your assessment, treatment and referral.”^(p.4) (Discussion)</p> <p>“Reading autobiographical narratives of psychopathology sufferers can ‘augment’ and ‘embellish’ service providers’ and the general public’s humanity by offering valuable qualitative insights into minds afflicted with mental illness.”^(p.4) (Learning Points)</p>
Hankir, 2014b	<p>“Antistigma work targeting specific groups, such as healthcare staff, or strategies that empower individuals facing <u>discrimination</u>, are likely to play a key role in reducing the impact of stigma.”^(p.595) (Conclusion)</p>	<p>“Further research ... are [<i>sic</i>] needed to determine if the Wounded Healer intervention can cause a sustained reduction in the stigma associated with mental health challenges in healthcare professionals and encourage help-seeking behaviour for mental health challenges.”^(p.89) (Abstract: Conclusion)</p>
Hassan, 2016	None	<p>“It remains important to continue advocating for the importance of mental health during medical training and educating physicians about the burden of mental illness in the physician population.</p>

		Ongoing research is needed to further understand the factors that affect physicians' choices to seek treatment for their mental illness, as well as the effectiveness of education in affecting mental illness rates among physicians." ^(p.5) (Conclusion)
Hu, 2012	None	None
Issa, 2014	None	None
Martinez, 2016	"Barriers to care for health professionals may include lack of time [and] fear of stigmatization and <u>discrimination</u> " ^(p.91) (Discussion)	"Mental health screenings, such as the one used in this study, are one small, but potentially important , step in identifying those at risk and directing them toward appropriate care and support. Institutions also might consider implementing programs, such as the HEAR program, to provide support and professional care for their providers." ^(p.93) (Conclusions)
Menon, 2015	None	"Many system based barriers such as stigma, confidentiality issues and poor awareness of service location were reported by students. Institutional programmes should use this information for improving the usage, satisfaction and effectiveness of healthcare delivery systems for medical students." ^(p.1) (Abstract: Conclusions)
Moutier, 2012	"The dean himself sent a strong, consistent message to medical students, residents, fellows, and faculty emphasizing that no stigma should be attached to mental illness and encouraging everyone, sick or well, to participate in the program." ^(p.5) (Comments) The authors do not specify whether the dean made any commitments to decrease institutional discrimination.	"In summary, we have described the development and implementation of a campus-wide medical school program that aims both to increase awareness of depression and to destigmatize help-seeking in order to prevent suicide." ^(p.7) (Comments: Going Forward) The authors report having created the program, being currently involved in its implementation, and supporting its aims.
Orri, 2014	None	None
Rosler, 2012	"Factors suspected to influence job loss for depressed individuals include for example poor job performance and <u>discrimination</u> " ^(p.566) (Introduction)	None
Sklar, 2016	None	"It is important to recognize and support those who may be most affected by a difficult work environment through access to counseling, mental health care, and physical health care." ^(p.1186) (body of text)
Slavin, 2014	None	None
Thompson, 2016	None	"Further multiinstitutional, longitudinal research to delineate whether interventions that promote approach coping style and utilization of social support lead to decreased rates of mental health issues is necessary . The development of these interventions will need to be a multifaceted approach that includes promotion of care-taking behaviors but also focuses on institutional cultural change in order to empower students to participate in these resiliency strategies." ^(p.174) (Abstract: Conclusions)
Tischler, 2015	None	"There remains a need for efforts to remove the stigma and secrecy around addiction in the medical profession and to encourage medical students and physicians to seek help. Physician-penned literature can provide an accessible route into this sensitive topic." ^(p.366) (Conclusions)
Wimsatt, 2015	"Educational experiences that target specific perceptions, experiences, and beliefs about personal weakness, <u>discrimination</u> , and devaluation might prove useful in addressing medical student beliefs about depression and its treatment as part of a professionalism curriculum." ^(p.711) (Discussion) The authors may endorse education addressing "beliefs about" discrimination but do not necessarily endorse decreasing discrimination, and view such an intervention primarily in terms of its potential to increase treatment seeking.	" Recommendations for decreasing stigma among physicians-in-training include consideration of workplace perceptions, depression etiology, treatment efficacy, and personal attributes in the design of stigma reduction programs that could facilitate help-seeking behavior among physicians throughout their career." ^(p.703) (Abstract: Conclusions) "Although stigmatization may raise concern that public disclosure of a medical student's depression could compromise a student's status, such concern should not outweigh the importance of providing confidential and robust care for depressed students." ^(p.711) (Discussion)

^aUnderline added to highlight the word *discrimination*, which was mentioned in seven articles.

^bBold added to highlight evaluative language considered to reflect recommendations from the articles' authors.