

to talk anonymously under academic study protocols. Everyone described the programs as inherently coercive. Because employers are told that mental health problems cause worker underperformance, employers often pressure workers to get psychiatric evaluations and comply with treatments.

Additionally, as at Google, mental health approaches are increasingly replacing traditional conflict resolution processes. A senior executive at a medical exam company that adjudicates mental disability claims and requests for accommodation said, "Often, we've found that the issue is related to conflict in the workplace—an employee having a conflict with their manager or supervisor. The way it gets dealt with is, unfortunately, through the medical system. Which is how the current systems are set up . . . to push people to medicalize issues."

Christine, a human resources professional with twenty years of experience in mid- and large-sized organizations, similarly said that senior leaders were often "untouchable" in situations of workplace conflict. Therefore, the focus would shift to helping lower-level workers adapt and manage their emotional distress, which usually meant encouraging or pressuring them to seek treatment.

It happened to Christine herself. "I was being effectively bullied by a senior leader who was very connected and powerful." She couldn't bring this manager into conflict resolution discussions, and she started suffering emotional distress. "I was having significant symptoms related to anxiety," she said. "I was requiring [sedative] medication to go from my car to my office in the morning. I was having panic attacks. I was having severe insomnia."

Christine utilized her understanding of employment law, and collaborated with a doctor to get a mild mental disorder diagnosis she felt comfortable having on her record. This diagnosis instantly transformed her from an ordinary person getting pushed around at work to someone with a mental disability who was not getting appropriately accommodated under disability laws. Christine then negotiated a good severance package. However, that only worked because she could also demonstrate that she was complying with the recommended treatments for her newfound disability.

I discovered that the most aggressive workplace mental health programs occur in the medical field. These give a foreboding view into the possible future of all workplaces since, here, psychiatrists have unfettered control.

The Massachusetts Physician Health Program (PHP) describes itself as “a confidential resource for physicians and medical students who may benefit from help addressing stress, burnout, work-life balance issues, and a variety of physical and behavioral health concerns that sometimes arise in today’s hectic health care environment.” Michael Langan voluntarily sought help in 2007—and in 2021 was still battling for his rights and license to practice.

Langan worked for fifteen years as a physician and instructor at Massachusetts General Hospital and Harvard Medical School and, he told me, never had a patient complaint. In 2007, Langan developed shingles, and took Vicodin for the pain. “I was taking one-half a pill a night.” When he decided it was time to quit, he contacted the Massachusetts PHP. “I went to them just for advice on what’s the best way to wean off of it.”

Langan was immediately pressured into a formal psychiatric evaluation, and got diagnosed with substance use disorder. He was told he’d have to attend a four-month inpatient treatment program in Georgia at a cost of \$80,000, or risk losing his license to practice.

Langan balked, and sought independent assessments at Massachusetts General Hospital and Harvard Medical School. Langan was repeatedly found to not have a substance use disorder, but the PHP only accepted evaluations from their own recommended psychiatrists. The PHP also wouldn’t allow Langan to get treatment anywhere but their recommended facility, which would not accept payment by insurance.

Langan surrendered and paid the \$80,000. The treatment involved months of Alcoholics Anonymous-style discussion groups with other physicians, 90 percent of whom, Langan said, “also did not need to be there.” There were also some therapy sessions run by unskilled counselors. “I made the best of it. But it was just a waste of time.”

“It was coercive treatment,” summarized Langan. “Under threat of loss of licensure.”

Afterwards, the PHP required Langan to get multiple urine tests per week for five years. “Cash only,” said Langan. “Sometimes it was \$2,000 a month.”

As the five years neared its end, Langan was suddenly told he’d tested positive for alcohol addiction—he’d have to continue in the program. Langan knew he barely drank, and he ultimately managed to show the test was unreliable and likely fraudulent (an increasingly common occurrence in the profiteering drug-testing industry, as discussed in chapter thirteen). Nevertheless, the PHP reported him to the Board of Medicine as “noncompliant with treatment.”

J. Wesley Boyd believes PHPs are unfairly derailing the careers and lives of potentially thousands of physicians every year, compelling them to pay huge sums for treatment against their will.

Boyd is a psychiatry professor at Harvard Medical School, and for six years was associate director of a state PHP himself. "Because I know a lot about those kinds of programs, probably as much as anyone in the country, I feel like I have a duty to speak out," Boyd told me.

Most PHPs began as ad hoc peer-run support groups for doctors, said Boyd. Since then, they've incorporated and morphed into profit-making entities and de facto wings of state boards of medicine (and of Canadian provincial colleges of physicians). PHPs portray themselves as offering "non-disciplinary" mental health assistance, but Boyd said in practice the boards defer to the recommendations of PHPs, so they have the power to strip licenses.

Typically, a distressed doctor will seek assistance, or an employer will report a doctor to a PHP. Physicians then have little choice but to obey the PHP's edicts. Many get diagnosed with questionable mental disorders, Boyd said, "extorted" for enormous sums of money, discredited, and "deprived of a voice."

Boyd described a case—that later became public—in which he was involved as an independent evaluator. Yolanda Ng, a pediatric physician in Spokane, Washington, had never had any complaints against her and was up for promotion at her hospital, which required a standard drug test. Marijuana is legal in Washington and Ng told her supervisors that she used a cannabis tincture at home a few times a month for menstrual cramps. She was assured it wouldn't be a problem.

Tiny traces of marijuana were found. The Washington PHP got involved and ordered Ng into a four-day evaluation for substance abuse at a cost of \$5,000. Ng immediately stopped using any marijuana, and by the time of the evaluation, she tested negative. Nevertheless, the PHP-recommended psychiatrist diagnosed her with a severe substance use disorder.

How was that diagnosis justified? In an interview with *420 Intel*, Ng said one pivotal diagnostic question was whether her substance use had ever led to her missing work, and she had to acknowledge that this four-day evaluation itself had made her miss work.

"The real way they got [to the diagnosis] was ka-ching ka-ching ka-ching," commented Boyd. Treatment center representatives offered Ng their ninety-day program and, when she balked, they asked, "Isn't your career worth \$50,000?"

Ng was reported to the PHP as noncompliant with treatment, and the board demanded she stop practicing or they'd strip her license.

Boyd believes profit motivations are the major factor. The psychiatric evaluations alone typically cost \$5,000 to \$10,000, and the recommended treatments are usually thirty- to ninety-day inpatient programs costing \$50,000 to \$100,000.

A Washington PHP representative told *420 Intel*, "I feel compelled to point out that Dr. Ng finds herself in this situation due to her own choices."

Most PHPs say they don't need an appeal process since their programs are "voluntary." Boyd commented: "Someone puts a gun to my head and says, 'Give me your wallet.' Well, I suppose I could make the argument, I can voluntarily give the person my wallet or not."



Langan began researching PHPs as well and, through his blog, *Disrupted Physician*, started speaking out. He said he gets about five new contacts every week from other doctors going through similar experiences.

Langan described much of what PHPs do as "fraud," "extortion," and a "well-oiled racket." He's documented innumerable financial conflicts of interest as psychiatrists from state boards of medicine, PHPs, and preferred evaluators and treatment providers often play dual roles, switch roles, and sponsor, fund, and refer to each other.

But Langan allowed a more charitable interpretation might be that PHPs are just overly alarmist. He pointed to their increasing use of diagnostic labels "made up out of thin air" for disorders that don't exist yet. Federation of State Medical Board documents identify the importance of early identification and treatment for conditions such as "potentially impairing illness"—for doctors whose ability to work isn't impaired but might be in future. They also recommend treating "relapse without use" and "behavior without chemical use"—doctors who aren't actually using any substances, but are behaving similarly to people who do. The Medical Society of New York advises that doctors should consider referring colleagues to the PHP if they display signs of mental disorders such as "unkempt appearance," "irritability," "poor hygiene," or not returning calls.

Do some physicians also get forcibly drugged? "They commonly diagnose people with things such as bipolar disorder," said Langan. "And it doesn't matter how many experts say otherwise." Several psychiatrists told me they had physician-patients taking psychotropics as part of PHP requirements.

I asked Langan if doctors found it irritating and humiliating to be put through such programs, and he bristled, directing me to physicians' postings on his website about their dwindling financial resources and despair. Drones of similar comments appear on social media and in comment threads below news stories about PHPs. "These people are not just irritated. They're suicidal," said Langan. "I hear from medical students; they lose their careers because of these bastards. I hear from old doctors who are ruined at the end of their careers. It's a travesty."

By contrast, the handful of client testimonials on the Federation of State Physician Health Programs (FSPHP) website, all anonymous, are effusive, to say the least. "He gave me a phone number and said, 'You do not have to feel this way anymore.' And, he said, 'Life can be beyond your wildest dreams.' The phone number was for the Pennsylvania Physicians' Health Program . . . My story is a miracle."

Langan remains without a medical license as he battles his case in the courts. "I'm working as a landscape gardener right now," he said.

In response to criticisms, the FSPHP issues generic statements such as, "Physician Health Programs across the United States and Canada provide physicians and other health care professionals a resource to ensure they are healthy . . . Our goal is to restore physicians' lives and safely return them to patient care." Of FSPHP's twenty-eight directors, twenty-two are physicians, including seventeen psychiatrists, all connected to major academic and medical institutions.

Meanwhile, the stigmatizing power of psychiatric labeling effectively discredits even critics who are Harvard doctors. Boyd said the editor of a prominent medical journal contacted him about an article he'd submitted, and demanded to know if he or his coauthor had ever been patients in a PHP. Boyd said it was clear the editor was prepared to dismiss the article as mere "belly aching" coming from "addicts who are in denial of the fact that we're addicted."

How widespread are these problems? Langan and Boyd acknowledged they wouldn't likely get contacted by people who actually had serious

problems and were helped by a PHP, so it's difficult to get a fully rounded assessment. The only PHP that's been independently audited was North Carolina's in 2014. The auditor found that abuses could potentially be rampant and never exposed because "the Program lacks objective, impartial due process procedures for physicians," and was operating with no adequate oversight. There were also "no documented criteria" explaining how the PHP selected treatment providers, even as many financial "conflicts of interest" were evident. And there was no objective monitoring of the effectiveness of the coercive treatments.

It's difficult to square the aggressive intervening by PHPs with licensing bodies' notorious laxity on actual misconduct. But psychiatrist Kernan Manion, another critic of PHPs who's spoken with hundreds of physicians, argued that, alongside the profits PHPs help rake in, many PHPs, medical boards, and treatment providers have "shared institutional agendas" of other kinds. Manion said many PHP cases involve physicians resisting productivity demands, advocating for patient care, or practicing less-mainstream therapies. "Physicians are being pulled into a 'fitness for duty evaluation,' but it turns out to be an involuntary civil commitment." And that's a powerful way, he said, for institutions to change, discredit, or get rid of physicians.



Jennifer Poole similarly believes many workplace mental health initiatives are used by institutions to help achieve their own management goals, often to the detriment of workers.

A social work and "Mad Studies" university professor in Toronto who identifies as mad, Poole has co-led surveys and studies of social workers and nurses that found many get unfairly targeted. Visibly crying or displaying intense emotions, complaining about workplace racism or sexism, or simply being a person of color were all linked with employers ordering psychiatric evaluations.

One of the most common triggers was requesting workplace accommodation, such as fewer clients or reduced hours. "The manager says, 'Why and what for?'" described Poole. "The worker then has to give a little more information like, 'I'm dealing with anxiety.' And the manager says, 'You're going to have to prove it with documentation.'" Then, if an employer doesn't want to accommodate, the employer refers the worker to that profession's equivalent of a PHP or Employment Assistance Program. And much like in PHPs, Poole described social workers and nurses getting directed to specific,

contracted treatment centers, and forced into repeated psychiatric evaluations, drug testing, and treatments at risk of losing their licenses.

Poole emphasized that, in their studies, they found no cases where members of the public had expressed concerns; the triggering complaint always came from a coworker or manager. "It was always a managerial technique to discipline that worker."

In several cases, people's careers and lives were destroyed. "They'd been kicked out of the [licensing] college, lost their work, lost their home, they had lost everything." Nevertheless, Poole thinks many employers genuinely believe pressuring upset workers into treatment is good for them and couldn't possibly cause harm. "It's when managerialism really seeps into someone's soul. They actually think that they're doing the right thing by calling the authorities. It's not even going to occur to them that reporting someone is a bad idea."