

## Pediatrician Mental Health in Challenging Times *August 2026*

As pediatricians, we have witnessed and tried to address the crisis in youth mental health over the past several years. The AAP-CA1 Strategic Plan **recognizes Member Health as a priority equal to Child Health and Chapter Health**. Over the past nine months, events on the national stage have brought unprecedented challenges for pediatricians, leading many of us to experience anxiety, overwhelm and at times feelings of hopelessness. As was the case five years ago with the COVID 19 pandemic, many pediatricians may be experiencing moral injury, this time from feeling unable to protect our patients from the fear of being separated from their parents, trauma of more overt racism and xenophobia, fear of losing health coverage, and attempts to normalize cruelty. Faced with disruption of things we previously thought of as constants, such as the scientific method as a foundation for discussion, it can be hard to know where to start.

In her September 27 address to the National Conference and Exhibition Plenary Session, **AAP president Dr. Susan Kressly** acknowledged the challenges pediatricians have faced over the past nine months, while pointing out that “with disruption comes opportunity.” Dr. Kressly also called upon one of the most effective resources for combatting collective trauma: community. Speaking to the Plenary audience, she described how many times in the past nine months, and especially in the past week (since the administration’s comments about acetaminophen and autism), she had felt like screaming. She then invited the audience members, which I estimated to be at least 2000 pediatricians, to join her in a collective scream. They did.

The literature on collective trauma recognizes several paths to healing. Most important, as Dr. Kressly recognized, is community. As humans, our most highly evolved physiologic mechanism to combat perceived threat is the flock/affiliate response, described by Dr. Stephen Porges as “co-regulation.” Co-regulating in the middle of a busy clinic day can be a challenge. In 2016, at one of the first conferences I attended on trauma-informed care, I learned of a technique that has been helpful over the years: “code gold.” Similar to other “codes,” “code gold” is a shorthand pediatricians can use with colleagues to communicate, in this case, “I am experiencing secondary trauma and need support.” The creators of “code gold” chose the color gold because of the phrase “heart of gold.” While originally designed for situations where pediatricians hear about heart-wrenching trauma from patients and families and then have to move on to the next patient waiting to be seen, “code gold” could apply equally to distress pediatricians experience from what we witness in and out of clinic.

Membership in our Chapter provides important ways to widen one’s network of co-regulation. I have always been surprised, when attending AAP NCEs, at how much I have in common with pediatricians from completely different backgrounds. That is more true than ever these days. On a practical level, opportunities include getting to know fellow chapter members through committees and Chapter Chats. For some, the “opportunity” Dr. Kressly described may mean

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becoming involved in advocacy or even joining the political process. Others may feel motivated to rethink priorities in and outside of work. However we respond, we are stronger together.

For some, community support may not be enough to counter new, unprecedented challenges on top of preexisting stress. If you or a colleague is experiencing mental distress that is making it difficult to function, don't be afraid to seek help. The excellent AAP webinar "Shattering the Stigma" (recording and slide deck available at <https://www.aap.org/en/patient-care/national-center-for-relational-health-and-trauma-informed-care/trauma-informed-care-webinars/>) contains useful resources and information on physician mental health, including confirmation that the Medical Board of California is one of the 29 state medical boards whose licensure applications do not include intrusive mental health questions. Your Mental Health Committee is always available for questions and suggestions.



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