



Burnout vs Depression

Burnout and Depression

Aissa Steiner, MD
Ray Kelly, MD

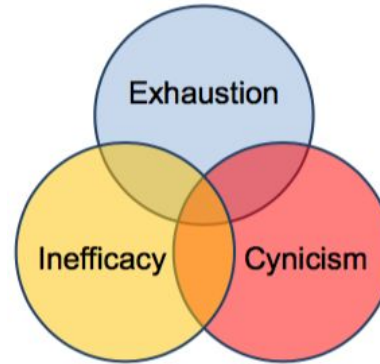
UNM DFCM Resident Seminar, Well-being Skills

12/6/2023

Recap Definitions

Burnout

- Long-term stress reaction
- Misalignment of work environment and your schedule
- Not a medical illness, reaction to work environment
- Manifests in individuals, it originates in health systems.



Depression

- Depressed mood
- Inability to anticipate happiness or pleasure
- Fatigue, feelings of worthlessness and self-loathing
- Medical illness w/ many contributors



TABLE 2. Elements of Major Depression and Burnout

Major Depressive Episode (DSM–5)	Burnout Syndrome
Depressed mood	Emotional exhaustion—stress response
Diminished interest or pleasure	Depersonalization or cynicism—negative response to job and to others
Changes in body weight or appetite	Reduced personal accomplishment or inefficacy—negative response to self
Changes in sleep habits	
Psychomotor agitation or retardation	
Fatigue or loss of energy	
Diminished ability to think or make decisions	
Feelings of worthlessness or unwarranted guilt	
Recurrent thoughts of death	

Relationship Between Depression and Burnout



Original Investigation | Occupational Health

Association of Physician Burnout With Suicidal Ideation and Medical Errors

Nikitha K. Menon, BA; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Mark Linzer, MD; Lindsey Carlasare, MBA; Keri J. S. Brady, MPH, PhD;
Martin J. Stillman, MD, JD; Mickey T. Trockel, MD, PhD

- Depression is directly associated with suicidal ideation, but burnout is not
- Burnout could indirectly increase the risk of suicide as it contributes to depression

Rates Amongst Resident Physicians



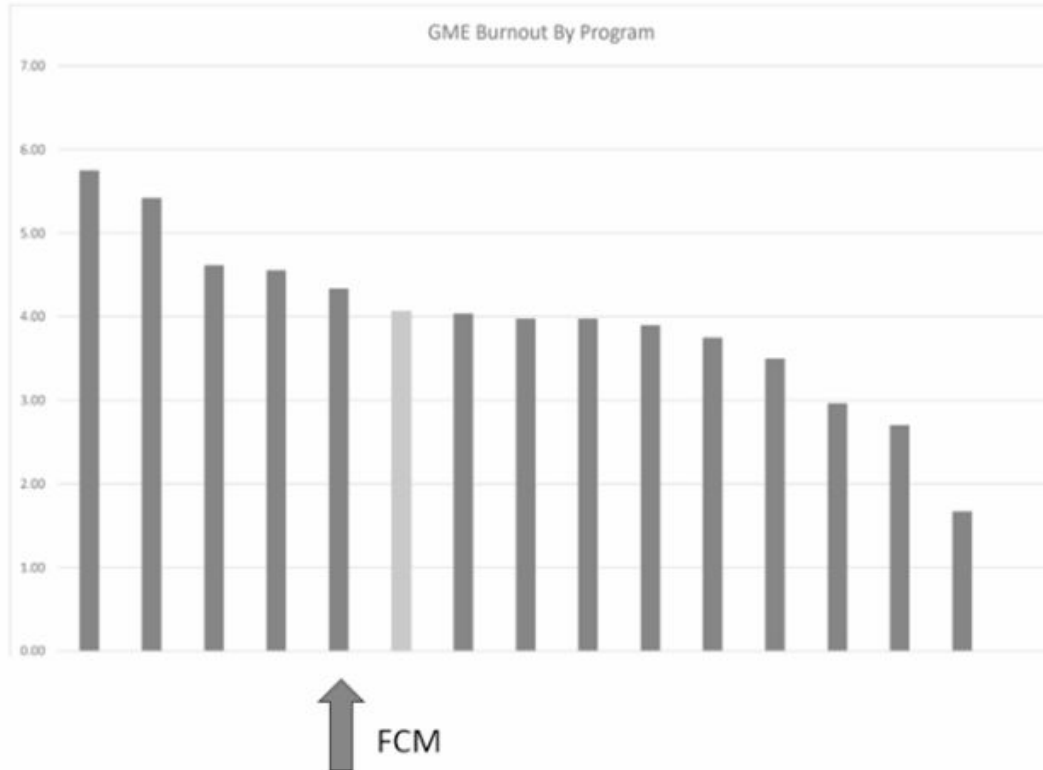
- Among physicians, rates of suicide, depression, and burnout are higher than the rest of the population
- Increasing number of residents and fellows who describe experiencing burnout
- ACGME working to identify programs, strategies to mitigate burnout and encourage mental health
- Prevalence of depression or depressive symptoms among resident physicians
 - 28-74%
 - 2015 was 28.8% pre-pandemic
 - More in recent studies but methods of assessment lack validity
- Study of Austrian physicians
 - 10.3% met criteria for depression
 - 50.7% were affected by symptoms of burnout

Low ZX, Yeo KA, Sharma VK, et al. Prevalence of burnout in medical and surgical residents: a meta-analysis. *Int J Environ Res Public Health*. 2019;16(9):1479.

Bradley M, Chahar P. Burnout of healthcare providers during COVID-19. *Cleve Clin J Med*. Published online July 9, 2020

Mata DA, Ramos MA, Bansal N, et al.: Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *JAMA* 2015; 314:2373–2383

GME BO for all UNM Departments

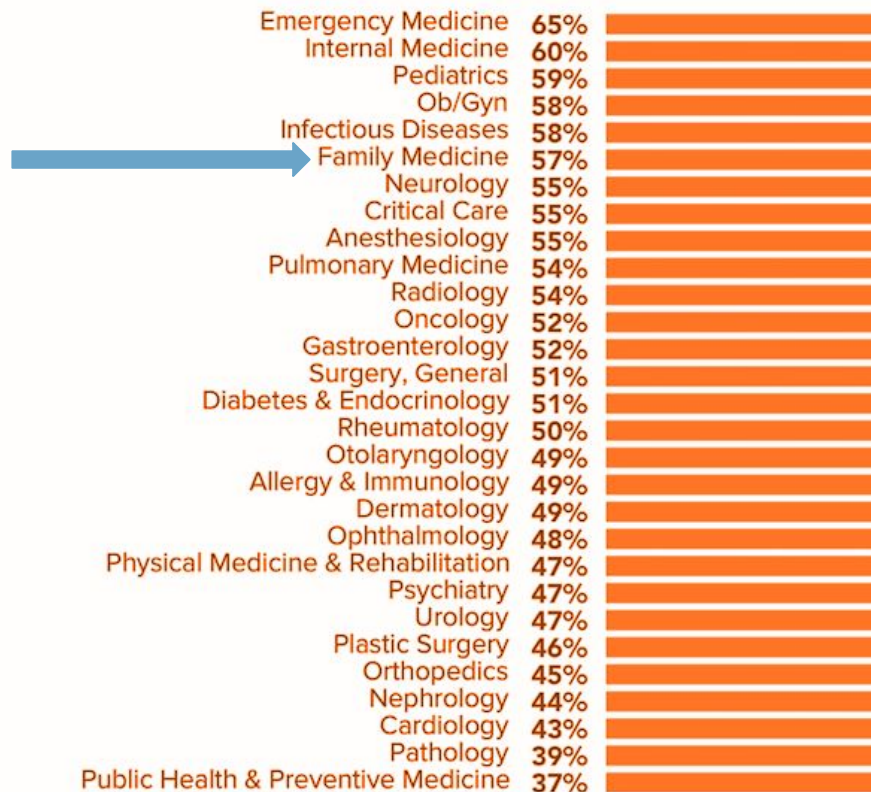


X. Depression	Always %	Often %	Sometimes %	Rarely %	Never %	Response #
1. I felt worthless	N/A	N/A	N/A	28.0	52.0	25
2. I felt helpless	N/A	N/A	28.0	N/A	48.0	25
3. I felt depressed	N/A	N/A	32.0	20.0	36.0	25
4. I felt hopeless	N/A	N/A	28.0	24.0	44.0	25

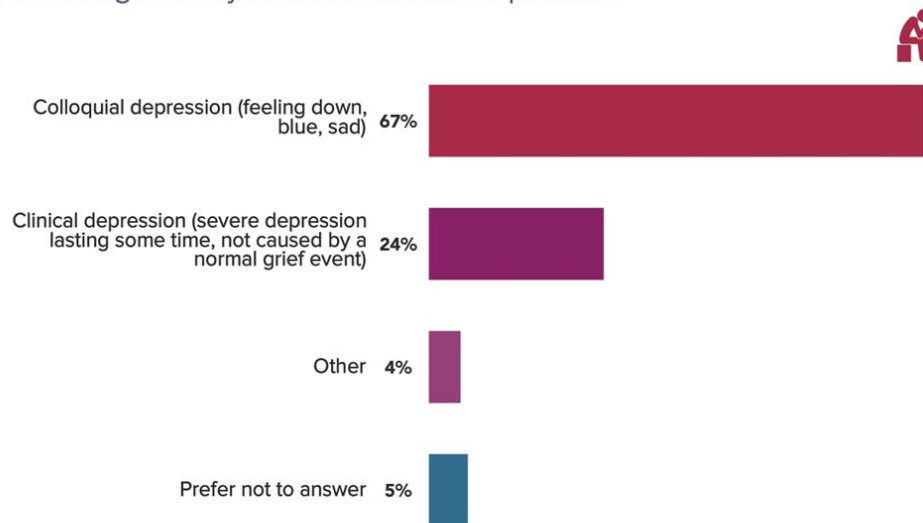
F. Burnout - Interpersonal Disengagement	Extremely %	A lot %	Moderately %	Very little %	Not at all %	Response #
1. Less empathetic with my patients	N/A	N/A	19.2	38.5	23.1	26
2. Less empathetic with my colleagues	N/A	N/A	30.8	38.5	19.2	26
3. Less sensitive to others' feelings/emotions	N/A	N/A	26.9	38.5	19.2	26
4. Less interested in talking with my patients	N/A	N/A	23.1	38.5	19.2	26
5. Less connected with my patients	N/A	N/A	26.9	46.2	N/A	26
6. Less connected with my colleagues	N/A	N/A	26.9	46.2	N/A	26

E. Burnout - Work Exhaustion	Extremely %	A lot %	Moderately %	Very little %	Not at all %	Response #
1. A sense of dread when I think about work I have to do	N/A	N/A	55.6	N/A	N/A	27
2. Physically exhausted at work	N/A	22.2	44.4	22.2	N/A	27
3. Lacking in enthusiasm at work	N/A	N/A	59.3	22.2	N/A	27
4. Emotionally exhausted at work	18.5	N/A	44.4	22.2	N/A	27

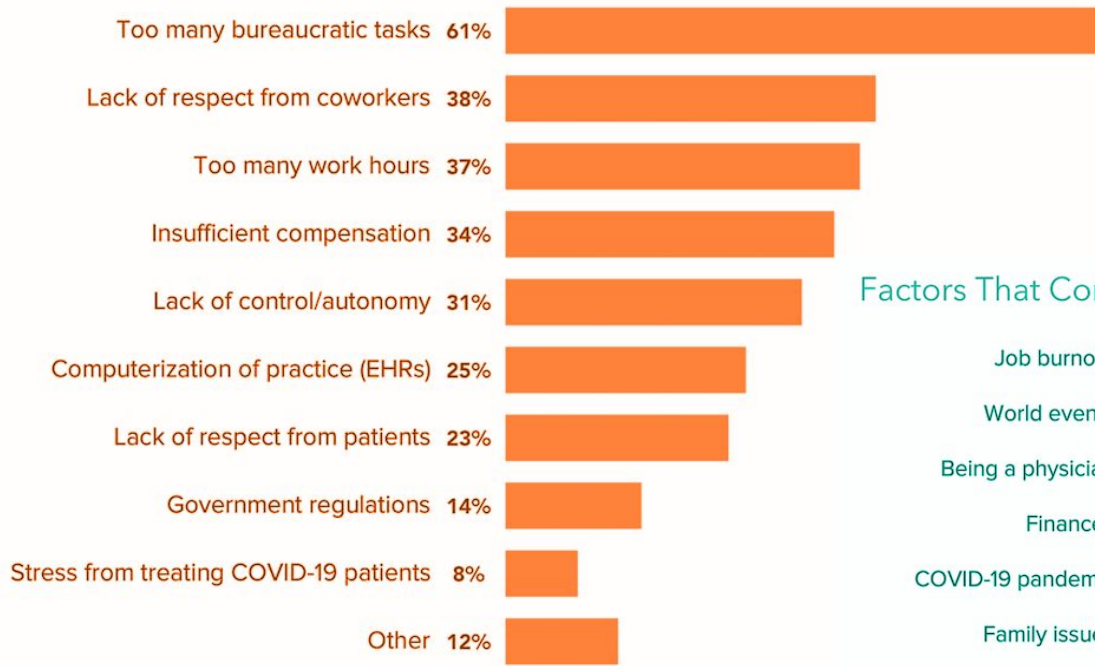
Which Physicians Are Most Burned Out?



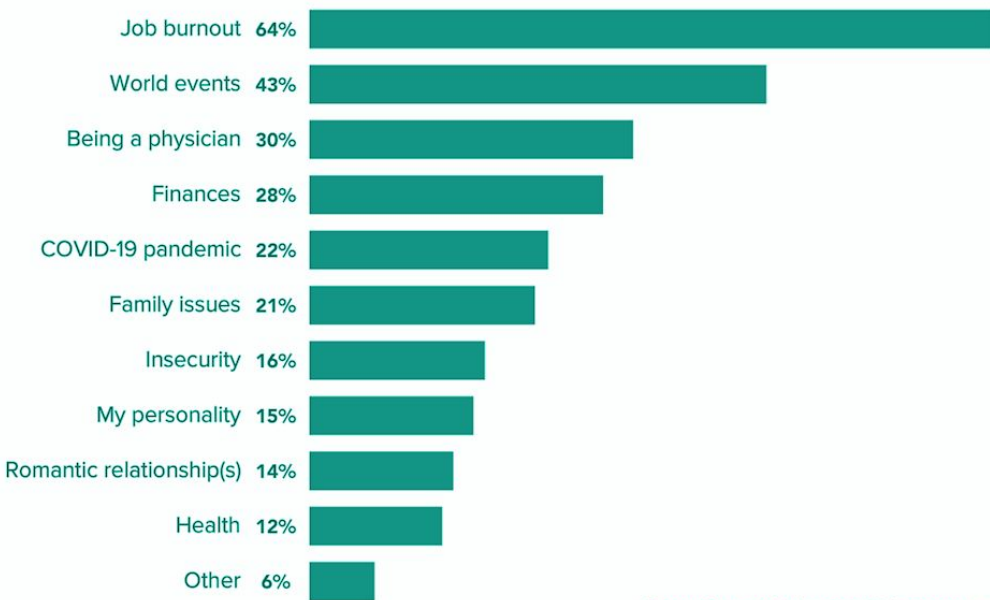
Percentage of Physicians Who Are Depressed



What Contributes Most to Your Burnout?



Factors That Contribute Significantly to Your Depression



Respondents could choose multiple responses.

How Has Burnout Affected Your Life?

"I'm frequently in a bad mood and I don't feel like doing anything or going anywhere."

"I don't want to get together with friends; I just want to be alone."

"I isolate more and feel too fatigued to have an active social life."

"I've become a negative person, which I didn't used to be."

"Only a sociopath could practice as an employee of a large health system and not be burned out. Anyone who cares about patients is doomed to burnout."

How Has Burnout Affected Your Relationships?

"I'm quick to anger; I show annoyance from minor issues that come up with my immediate family."

"It's put a strain on my marriage and family life because I'm irritable and short-tempered. Even the dog avoids me."

"I have no time for friends and my wife is always frustrated with me."

"My son hates me for not being around. My husband drinks too much out of loneliness."

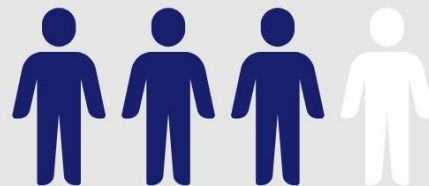
Physicians Describe Their Depression



"I'm unhappy and moody at home. I snap at my wife and kids when they mention it. Even my patients mention it."

"I used to think my life ahead would be great. Now I feel like there's no hope, this will never get better, I'll never be happy."

"I feel like I'm shuffling along, waiting for things to get better."



1 IN 4 DOCTORS

reported feeling depressed — the highest percentage in 5 years.*

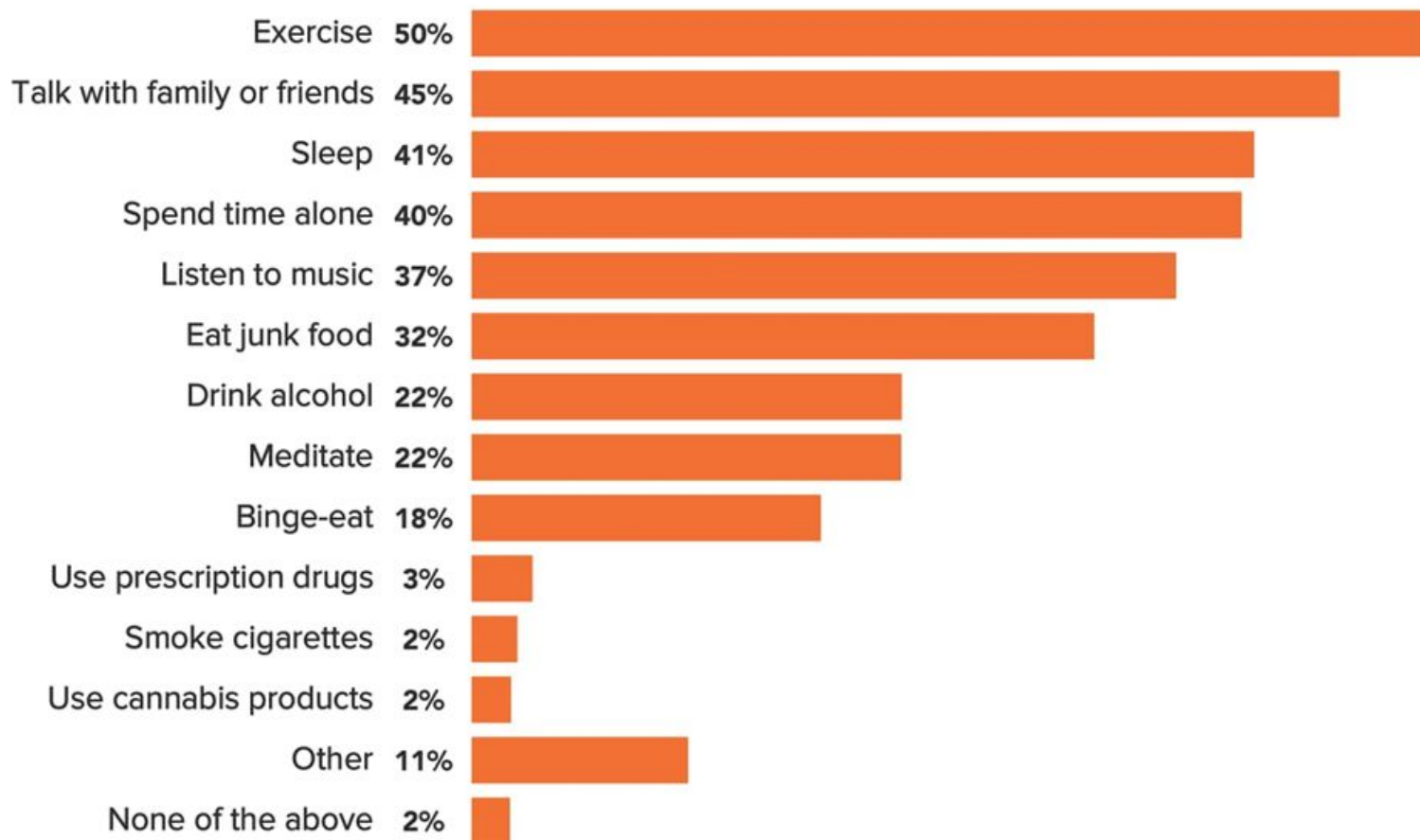


It's Time To Act.

Together we can positively shift our national healthcare landscape to foster engagement and bring the 'care' back to healthcare.
www.DrKatieCole.com

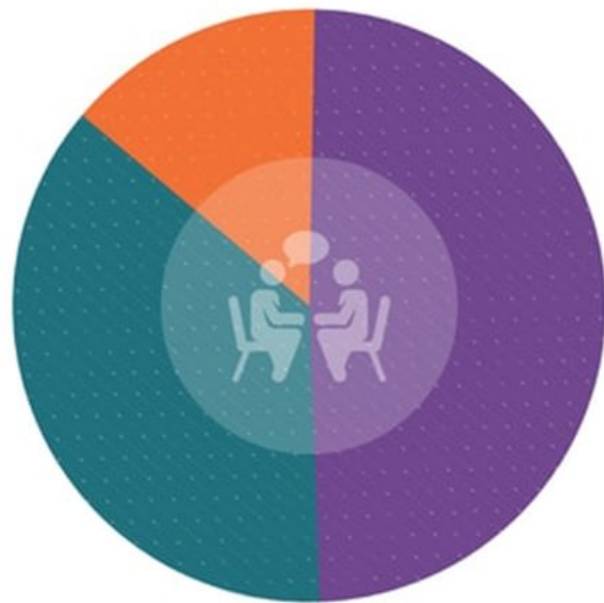
**'I Cry but No One Cares': Physician Burnout & Depression Report 2023.*

How Do Physicians Cope With Burnout?



Respondents could choose multiple answers. Respondents who chose "None of the above" are not shown.

How Do You Feel About Telling Others of Your Depression?



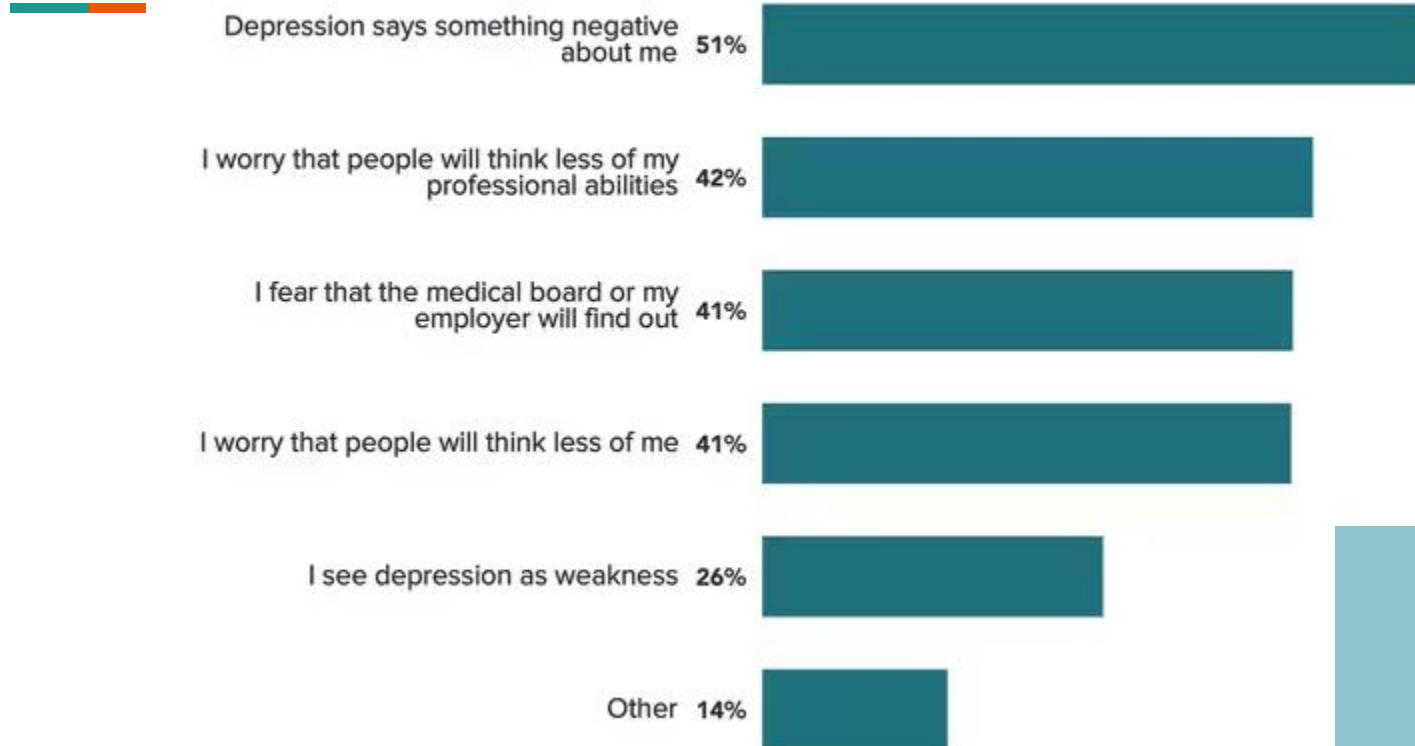
49% ● I would only tell 1-2 close friends or family

37% ● I would rather not

14% ● I would openly talk to many people

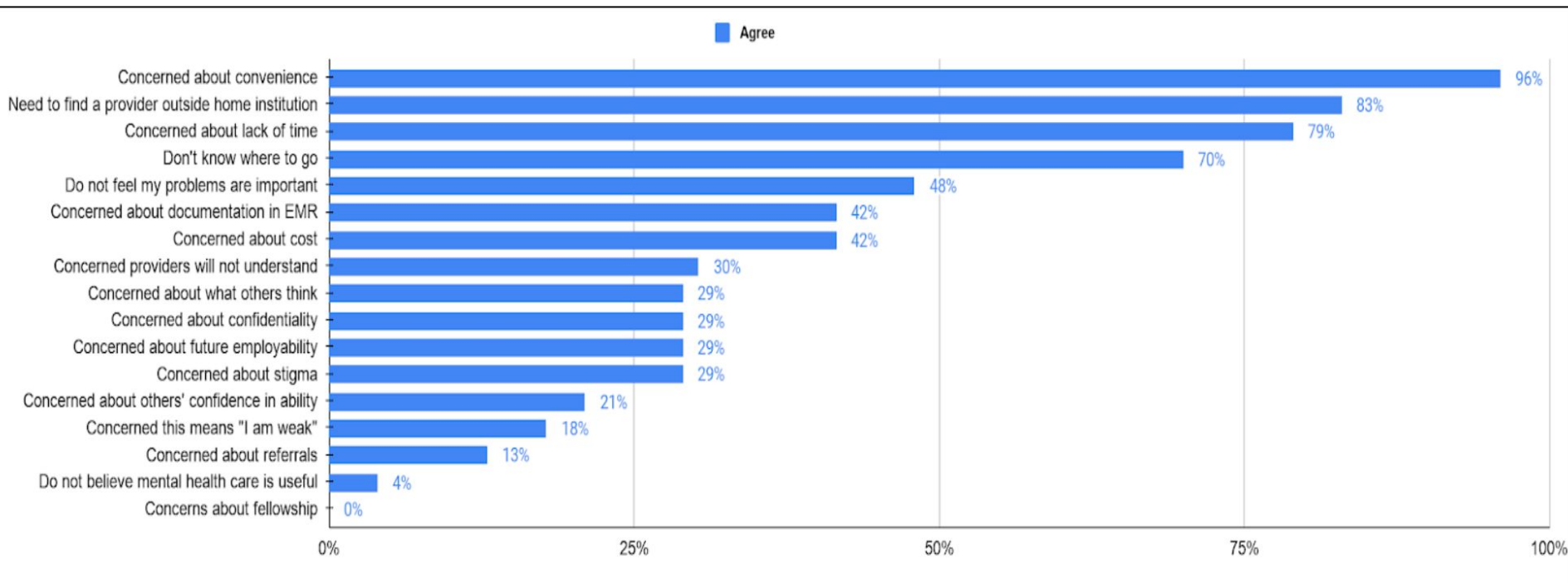


Why Have You Not Sought Help for Burnout or Depression?



Reducing Stigma

Figure 1: Perceived Barriers to Care



BURNOUT

- *Systems Change*
- *Individual Support*

LEADERSHIP & CULTURE

DEPRESSION / ANXIETY / SUD

- *Remove barriers to access*
- *Train suicide prevention*
- *Confidential access to care*

Supporting Mental Health Care in Residency

- [UNMCares](#)
- [Mental Health & Counseling](#)



Welcome!

Stress, anxiety, and the pressures of day-to-day life affect us all. Sometimes those pressures can negatively affect our happiness and disposition, our relationships with others, our job satisfaction, and even our feelings and beliefs about ourselves. This **voluntary and anonymous** Questionnaire is designed to help you assess your current state of mental health and well-being. Once completed, a program counselor will review your Questionnaire and provide you with a personalized response on this website.

This service is intended ONLY for students, residents, fellows and faculty at University of New Mexico School of Medicine. Using this service is completely voluntary and anonymous.

This is not an emergency response system or crisis intervention service. If you or someone you know needs support now, call or text 988 or chat 988lifeline.org.

We hope you'll take advantage of this safe and easy service.

Take 3 Easy Steps

1. Click the "Sign-Up" button below;
2. Create a User ID and password, allowing for complete anonymity;
3. Take and submit the Questionnaire, which takes less than 10 minutes to complete

After you submit the Questionnaire, a counselor will review your Questionnaire and leave a personal response for you on this secure website. The response will include information, recommendations, and options for next steps.

What Happens Next?

You decide what's next. You may dialogue further with a counselor through this website to learn more about services provided at UNM, get a referral to see a provider near where you work or live, or you can decide to do nothing further at this time.

It's up to you. No follow-up or service will be provided unless requested.

[Sign Up »](#)

[] Emergency Contacts

For emergency mental health services, please call 911, or go to the nearest emergency room.

On-Campus

Psychiatric Emergency Services
505-272-9038
Open 24 hours/day, 7 day/week

FOR STUDENTS:

UNM Student Health and Counseling
505-277-3136 select option 3
24-hour crisis line available to anybody in the UNM community

FOR RESIDENTS:

Outcomes
24-hour access line available for all SOM residents and fellows

Off-Campus

New Mexico Crisis and Access Line:
1-855-662-7474

Agora Crisis Center:
505-277-3013 or 866-HELP-1-NM

Rape Crisis Center of Central New Mexico:
24-Hour Hotline 505-266-7711

988 Suicide & Crisis Lifeline:
Call or text 988 or chat 988lifeline.org

Crisis Text Line:
Text HELLO to 741-741

[] Mental Health Services

Mental Health Resources for Faculty

Mental Health Resources for House Staff

Mental Health Resources for Students

Resources



[UNM Cares for You - anonymous mental health screen](#)

[Mental health counseling for physicians and APPs | AMA Podcast](#)

[Physician Health First](#): This AAFP initiative takes a holistic approach to improving family physician well-being through advocacy, tools and resources.

[AAFP Burnout and Depression Support](#)

[The COVID-19 Impact on Behavioral Health Care – On Demand](#): The COVID-19 pandemic intensified how you help your patients manage behavioral health issues like depression, anxiety, and attention deficit/hyperactivity disorder

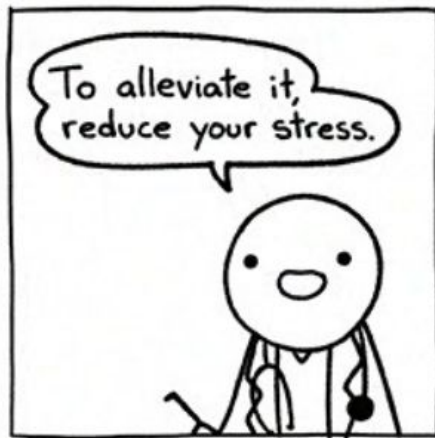
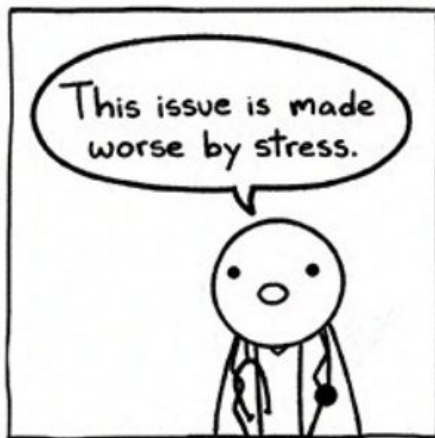
[Mental Health as a Vital Sign CME | AAFP](#): Learn signs as well as protective and risk factors for suicide and how to take care of your colleagues and yourself

[Physician Suicide Awareness CME Webinar | AAFP](#)

[-Monday 12/11 at 5:30pm](#)

[Burnout Resources – CMA](#)

[Wellbeing Fact Sheet](#)



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Ray Resident (dep)ression Reflections!

With special guest,
Meagan

12/6/23



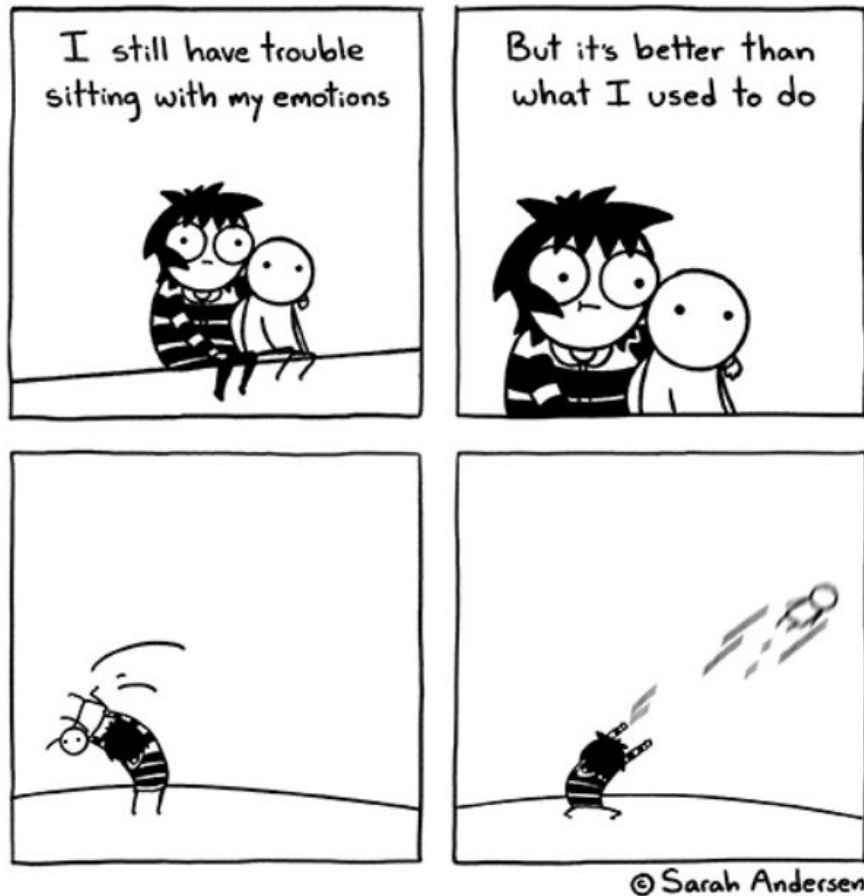
Acknowledgement!

All the fun cartoons in the presentation are from Sarah Andersen's website Sarahcandersen.com . She has social media and real life books.

Objectives

Share experiences related to mental health in residency

- Identify some reasons that doctors don't go to the doctor (/PsyD or LCSW)
- Identify when doctors should go to the doctor (/PsyD or LCSW)
- ...Consider whether you need an appointment?
- Listen to your colleagues and loved ones when they're worried about you!



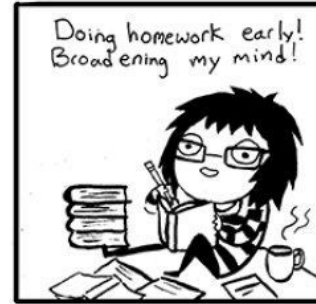
First, a few stories from intern year.



PHQ9, #1: Little interest or pleasure in doing things

PHQ9, #2: Feeling down, depressed, or hopeless

I SHOULD BE:



I AM:



(c) Sarah Andersen

Coping strategy: really long naps!

While Ray sleeps 18-20 hours of her day off, Meagan calls her brother, who happens to be a psychiatrist.



PHQ9, #3&4: Trouble falling or staying asleep, or sleeping too much; Feeling tired, having little energy



© Sarah Andersen

Moving on to 2nd year

PHQ9, #5: Poor appetite, or overeating



Coping strategy... protein shakes?



PHQ9, #6: Feeling bad about yourself (+rumination)



Coping strategy: Ray tries counseling!

(Meagan has been suggesting this for at least a year)

I'M JUST SO
BURNT OUT
LATELY



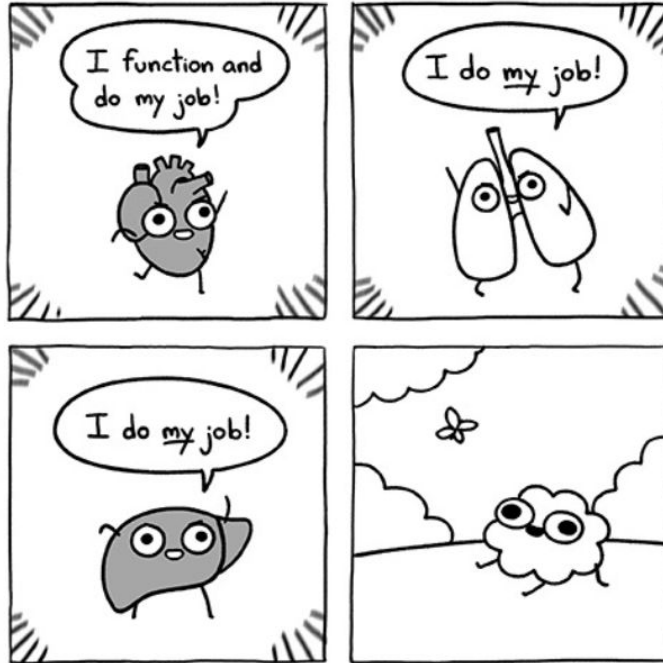
OK, HAVE YOU
TRIED YOGA?



@twisteddoodles

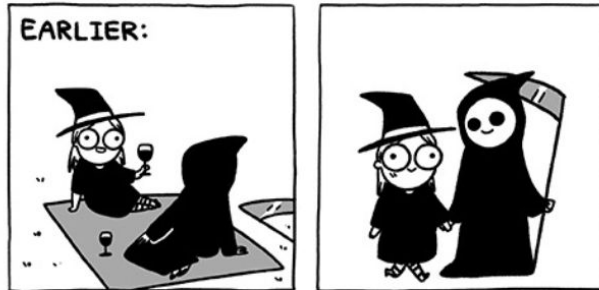
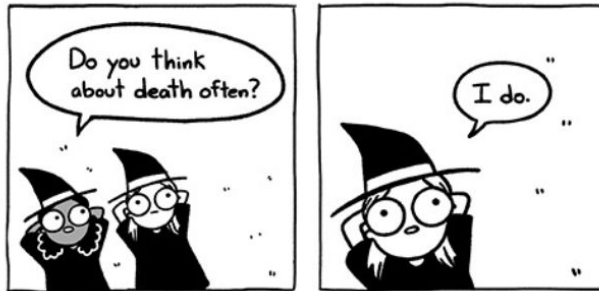
PHQ9, #7: Trouble concentrating

PHQ9, #8: Moving or speaking so slowly or quickly that
others notice

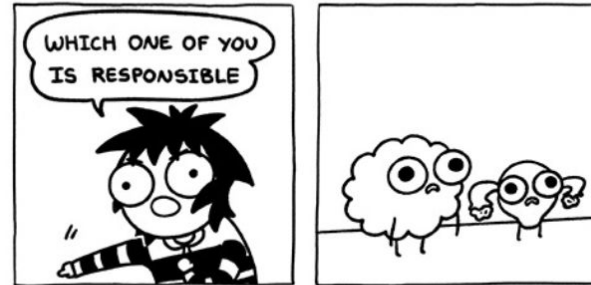
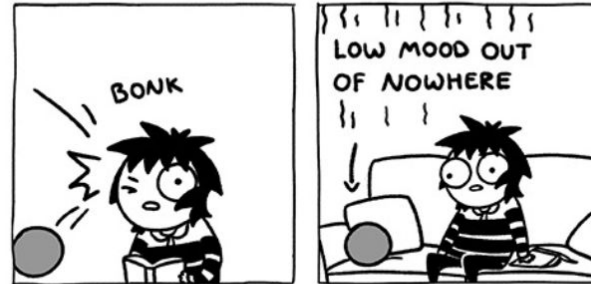


© Sarah Andersen

PHQ9, #9: Thoughts that you'd be better off dead, or of hurting yourself



© Sarah Andersen



© Sarah Andersen

Irritability, anxiety: not on the PHQ, but seems appropriate



© Sarah Andersen

Coping strategy: self diagnosis!

Ray diagnoses herself with PMDD, maybe depression but probably mainly righteous anger and burnout...



© Sarah Andersen

Family Intervention

“We know you’re a doctor, but....”



Coping strategy: actually treating depression with effective medication and an awesome counselor!

- ... thanks to family, Dr. Paisley, Meridian Behavioral Health, and bupropion! Good effort, escitalopram.



Discussion Questions



- How do the symptoms of depression and/or anxiety compare with the symptoms of being a resident?
How do we rationalize how we are feeling?
- Share about a time that you or a friend/family member needed support to realize or accept a diagnosis.
- How do you talk with your patients about depression?
How is that similar or different to how you could talk with yourself or a colleague?
- How might you tell if someone is struggling when they may be downplaying their symptoms....as if there is a kind of “compensated depression” ?