

LIVING THE DREAM OR FEELING THE BURN?

The Sobering Realities of Physician Mental Health

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Disclosures

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- *Dr. Lynch has no conflict of interest to disclose*
- *Dr. Merlo is the Director of Research for the Professionals Resource Network (PRN), an integral arm of the Florida Medical Association; She receives research funding and salary support from the State of Florida via PRN*
- *Dr. Merlo has no other financial relationships relevant to the topic of this presentation to report*

Case Vignette: Dr. Lynch

The Current State of Medicine

...Is this the new reality for physicians?

Psychiatry Advisor



March 31, 2015

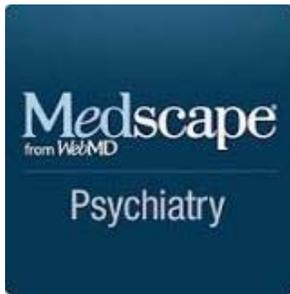
Doctors Need to Be Aware of Burnout Signs

HealthDay News — Burnout can be prevented if physicians are aware of the warning signs, according to an article published by the American Medical Association.

Noting that many physicians are feeling exhausted from practicing medicine, Mark Linzer, MD, from the Hennepin County Medical Center in Minneapolis, discusses seven signs that physicians should look out for and not ignore.



Doctors Need to Be Aware of Burnout Signs



Impairment Among Physicians is Growing: Why?

Neil Chesanow

Disclosures

February 24, 2015

Self-referrals Are Growing

Physician health programs (PHPs) across the country report a rise in the number of doctors whose treatment they are overseeing. Some of these doctors were reported by a concerned colleague, employer, hospital medical director, state medical board, or judge, but other physicians referred themselves.

Physicians with alcohol and drug abuse problems rarely enter a program without external pressure. Doctors who self-refer typically have other problems, ranging from burnout to behavioral problems or physical illnesses, such as cancer, stroke, diabetes, hypertension, and Alzheimer disease.





03.23.15

American Doctors Are Killing Themselves and No One Is Talking About It

Photo Illustration by Sarah Rogers/ [The Daily Beast](#)

[GABRIELLE GLASER](#)



SILENT EPIDEMIC

It's estimated that at least 400 U.S. doctors kill themselves every year. Many are struggling with depression, anxiety, or addiction.

Greg Miday was a promising young doctor with a prestigious oncology fellowship in St. Louis. He spoke conversational Spanish, volunteered with the homeless, and played the piano as if he'd been born to it. He had rugged good looks, with dark wavy hair and a tall, athletic build. Everybody—siblings, patients, friends, nurses, professors, fellow doctors, and above all, his physician-parents—adored him.

On the evening of June 21, 2012, Greg drew a bath, lit candles, and put his iPod on speaker. He drank a copious quantity of vodka, and placed family photos on the ceramic ledge of the tub. At some point, he scribbled out a note that read:

“Dear Some,

My Family, I love you. To others who have been good friends, I love you too. This is just the end of the line for my particular train. Earth wasn't a particularly great place for me. We'll see what else is out there. Will miss you all! Am sorry for what it's worth. Greg Miday.”



Bad Medicine 04.14.14

How Being a Doctor Became the Most Miserable Profession

Nine of 10 doctors discourage others from joining the profession, and 300 physicians commit suicide every year. When did it get this bad?

By the end of this year, it's estimated that 300 physicians will commit suicide. While depression amongst physicians is not new—a few years back, it was named the second-most suicidal occupation—the level of sheer unhappiness amongst physicians is on the rise.

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Physician Distress & Burnout

Identification of Burnout



- *Overwhelming physical and emotional exhaustion*
- *Feelings of cynicism and detachment from the job*
- *A sense of ineffectiveness and lack of accomplishment*
- *Over-identification*
- *Irritability and hypervigilance*

Adapted from Kearney MK. Self-Care of Physicians Caring for Patients at the End Of Life. *JAMA*. 2009;301:1155-1164

Identification of Burnout



- *Sleep problems, including nightmares*
- *Social withdrawal*
- *Professional and personal boundary violations*
- *Poor judgment*
- *Perfectionism and rigidity*
- *Questioning the meaning of life*

Adapted from Kearney MK. Self-Care of Physicians Caring for Patients at the End Of Life. *JAMA*. 2009;301:1155-1164

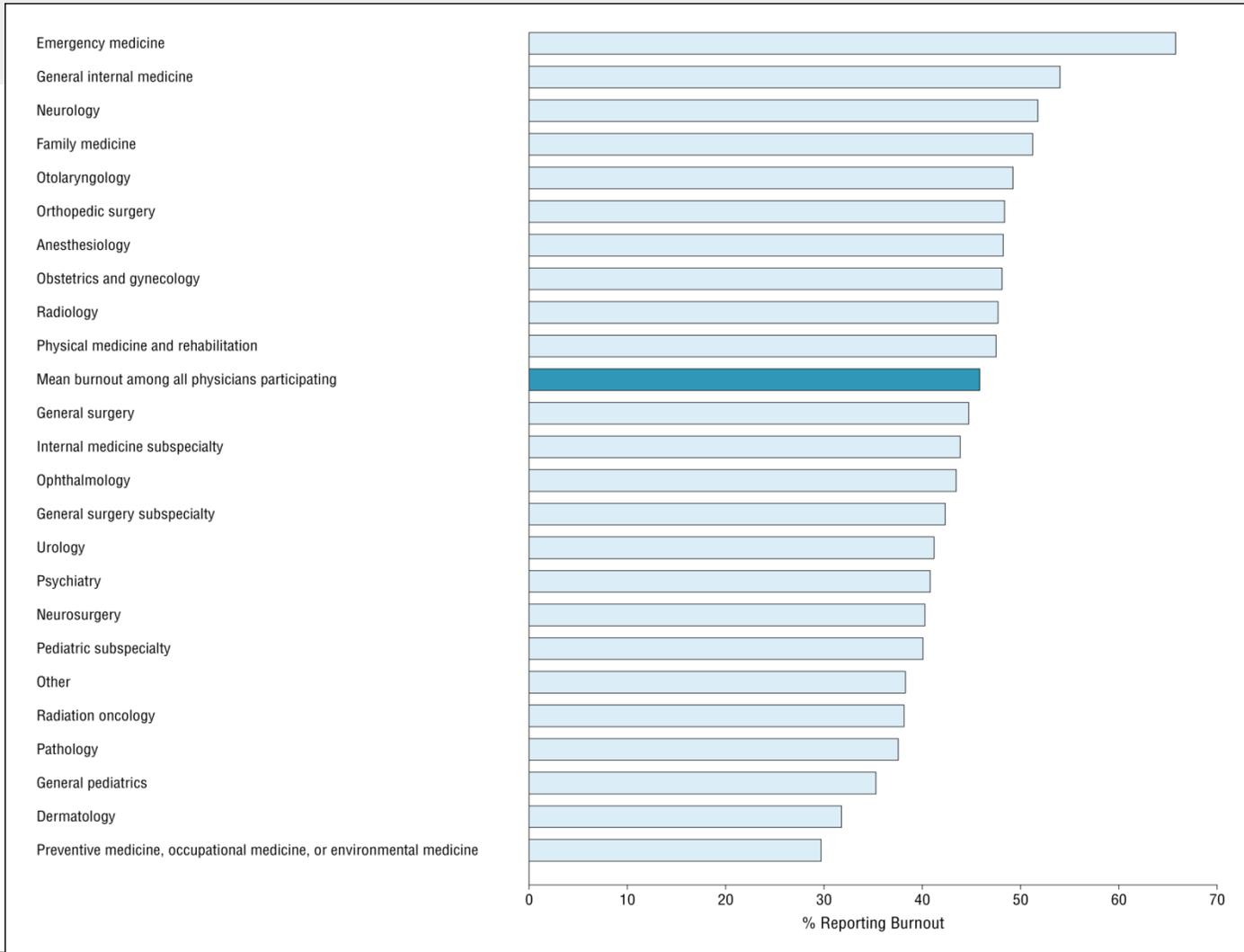
Prevalence of Physician Burnout

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- Over 2/3 of US physicians report symptoms of burnout, and nearly 1/3 report current depression
 - ▣ Almost 60% report that they have seriously considered leaving medicine (American College of Physician Executives, 2006)

- 25-60% of physicians outside the US are affected by burnout (Wallace et al., 2009)

From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population** Arch Intern Med. 2012;1-9. doi:10.1001/archinternmed.2012.3199



Recent Changes in Physician Burnout



- Symptoms of burnout increased from 45.5% of physicians in 2011 to 54.4% in 2014
- Physician satisfaction with work-life balance decreased from 48.5% in 2011 to 40.9% in 2014
- No changes noted in the general US working population

How Do Physicians Compare with the General Population?

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- Emotional exhaustion: 43.2% vs 24.8%
- Depersonalization: 23% vs 14%
- Burnout: 48.8% vs 28.4%

- Satisfaction with work-life balance 36.0% vs 61.3%

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Mayo Clinic Proc 2015;90:1600-13

“WELLNESS IS DESCRIBED AS A BALANCE OR HEALTH IN MULTIPLE DOMAINS (E.G., PHYSICAL, EMOTIONAL, SOCIAL, SPIRITUAL), HOWEVER, PHYSICIANS DO NOT REGULARLY LIVE BALANCED LIVES, WHICH MAY MEAN THAT PHYSICIAN WELLNESS IS DIFFERENT FROM WELLNESS IN THE GENERAL POPULATION.”

Eckleberry-Hunt et al. (2016). *South Med J.* p. 207.

Contributors to Burnout

- Intensive use of technology (EMR)
- Regulatory & competency maintenance requirements
- Threat of malpractice suits
- Decreased control over practice
- Diminished time with patients
- Proliferation of administrative tasks

Consequences of Untreated Distress

- Burnout and depression often go hand in hand
- Physicians with burnout more likely to leave medicine
- Burnt out physicians make poor role models for trainees
- Burnout is associated with substance abuse
- There is a highly statistically significant association between burnout and suicidal ideation

Physician Suicide

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- Suicide is the only cause of death where the risk for physicians is higher than for the general public (Torre et al., 2005)
- Rates of suicidal ideation among surgeons are twice as high as the general public (Shanafelt, 2011)
- Very few physician suicide victims receive mental healthcare before their death (Stuber, 2006)
- Suicides among healthcare professionals disproportionately involve alcohol or other substance use (Hawton et al., 2000)

Prevalence of Physician Suicide

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- The American Foundation for Suicide Prevention estimates about 300 to 400 physicians commit suicide each year
- Rates of suicide among male physicians are 40-70% higher than men in the general public
- Rates of suicide for female physicians are 250-400% higher than women in the general public (Hawton et al., 2001; Hampton, 2005; Schernhammer, 2005; Peterson & Burnett, 2008)
- The increased risk begins as early as medical school (Schernhammer, 2005)

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How Does This Begin?

Case Vignette: Medical Student

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- “A strange thing happens on your first day of med school. Yesterday, you may have joked with old friends about upping your Paxil dose, but starting today, you are expected to be professional. And professional is suddenly a word that prevents you from being open with your new friends, a word that hints admitting to any real struggle could be a career-ending mistake...
- I recently decided that keeping my anxiety disorder a secret was no longer worth the effort, and have been overwhelmed with the number of medical students who have since confided their own struggles to me: depression, alcoholism, anxiety, a suicide attempt, eating disorders. Every one of them fears being “found out”, and several fear seeking professional help could jeopardize their future medical license.
- I avoided treatment at the beginning of med school for those same reasons. Admitting to “mental illness” seemed like admitting to failure – after all, who would ever want to see a physician who had struggled with anxiety?”
- From: <http://www.kevinmd.com/blog/2011/07/medical-student-anxiety-depression.html>

Increased risk in medical training

- Almost half of U.S. medical students exhibit symptoms of burnout¹
- Anxiety, depressive symptoms, and general psychological distress are higher in medical students compared to age-matched peers²
- Research suggests high rates of substance use among medical students³⁻⁵
- Barriers impede student use of mental health resources⁶

1. Dyrbye, L. N., & Shanafelt, T. D. *Acad Med.* 2011.
2. Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. *Acad Med.* 2006.
3. Flaherty & Richman. *Psych Cl N. America.* 1993
4. Tyssen, Vaglum, et al. *Addiction.* 1998
5. Croen, Woesner, Herman, & Reichgott. *Acad Med.* 1997
6. Keller, E. J. *Acad Psychiatry.* 2014.



Medical Student Distress

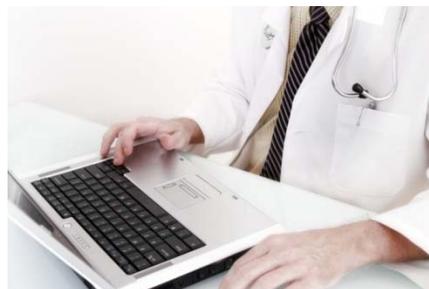
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- UCSD study showed students' rates of depression when they enter med school are similar to general population, but depression scores rise over time (Moutier et al., 2012)
 - ▣ 27% of the respondents screened positive for depression

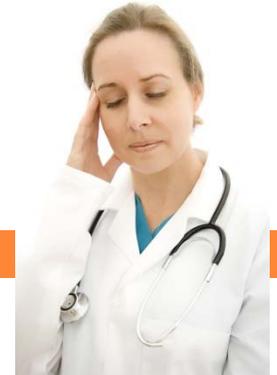
Medical Student Wellness Study



- Participation from all 9 schools (MD & DO) in Florida
- Anonymous online survey (IRB Approved)
- N = 1,137 (22.5% of 5,053 eligible students)



Psychological Distress



- **Over 10% (n = 102) endorsed “thoughts of committing suicide” during medical school**
 - 15.88% (n = 156) report believing “it would be better if they were dead” during medical school (15.4% of female students; 17.2% of male students)
- 46.27% have recently questioned whether they really want to become a doctor
 - *“Medical school is awful and the future of medicine appears dark.”*
 - *“I wonder if it will be worth all this trouble. Should have just been a PA. Much less schooling.”*

Use of Mental Health Resources

- 70.1% of respondents felt they would benefit from mental health resources
 - ▣ 79.3% of female students vs. 59.6% of male students ($X^2 = 41.94, p < .001$)

- **60.2% admitted they had never utilized any**

Barriers	Significant Barrier	Moderate Barrier	Minimal Barrier
Lack of time	54.97%	25.69%	19.34%
Difficulty scheduling	47.51%	30.66%	21.82%
Concerns about confidentiality	25.34%	29.48%	45.18%
Concerns about negative impact on academic career	25.41%	24.86%	49.72%
Cost	22.59%	28.93%	48.48%

“IF I HAD MORE TIME THEN I WOULD BE ABLE TO ACCESS THE WELLNESS RESOURCES PROVIDED BY THE SCHOOL, BUT IF I HAD MORE TIME THEN I WOULD FEEL LESS STRESS AND WOULD NOT NEED THOSE RESOURCES.”



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What About Residents?

Case Vignette: Resident Physician

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- *“Dr. G, a second-year surgical resident, becomes depressed when his girlfriend abruptly ends their relationship. His phone calls and e-mails seeking an explanation go unanswered. Having long struggled with his self-esteem, Dr. G interprets this rejection as confirmation of his self-criticism.*
- *Because of his work schedule, Dr. G feels that there is no way to see a therapist or psychiatrist and believes that asking for time off to do so would adversely affect his evaluations. He feels too embarrassed and “weak” to disclose his breakup and depression to his colleagues and attending physicians and senses that fellow residents would resent having to “carry his load.” Dr. G has spent the past 2 years moonlighting at the local emergency room and thinks it would be humiliating to go there for psychiatric help. His work performance and attendance decline until eventually his residency director forces him to take a medical leave of absence.”*

From: <http://www.currentpsychiatry.com/home/article/depression-and-suicide-among-physicians/b1d152751a0bb7bf9e4c2b5aeb2a416e.html>

Increased risk in medical training

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- A 2010 prospective cohort study of 740 interns across 13 US hospitals found that the incidence of depression increased from 3.9% to 27.1% in the first 3 months of their intern year (Sen et al., 2010)
 - ▣ Interns' thoughts of death increased by 370%

- Study by Fahrenkopf et al reported 20% of 123 pediatric residents at 3 US children's hospitals were depressed (Fahrenkopf, 2008)
 - ▣ These residents made **6.2 times** more medical errors than non-depressed peers

Resident Depression at UFHealth

UNIVERSITY OF FLORIDA HEALTH

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- All resident physicians at the University of Florida College of Medicine (Gainesville) were invited to participate in the study in Spring 2015
- Anonymous online survey (IRB-approved)
- The Center for Epidemiological Studies Depression Scale (CES-D) was used to assess depressive symptoms



Sample Description

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- Of 724 eligible residents, 102 residents (14%) responded to the survey

- Female = 56%, Male = 44%

- Medical specialty = 71.6%, Surgical specialty = 28.4%

- PGY Year:
 - ▣ 1: 11.9%
 - ▣ 2: 30.7%
 - ▣ 3: 22.8%
 - ▣ 4: 11.9%
 - ▣ 5+: 22.7%



Results

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	n	Range of potential scores	Min	Max	Mean	Std Dev
CESD Total Score	100	0-60	6	32	14.9	4.49

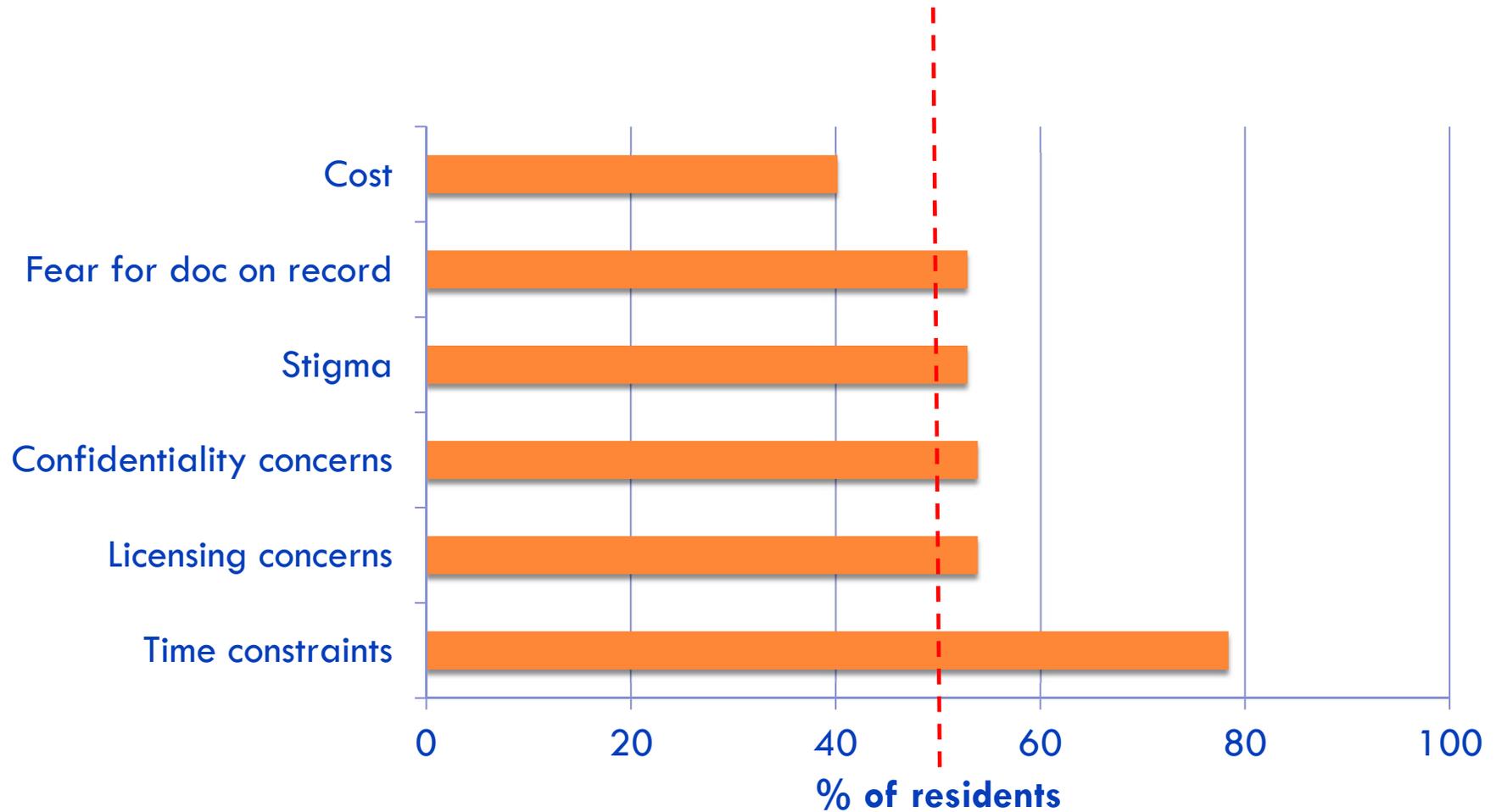
- 31% of residents (n = 31) screened positive for depression (score above 15)
- 15% screened positive for severe depression (score above 20)

Depression Prevalence



Perceived Barriers To Treatment

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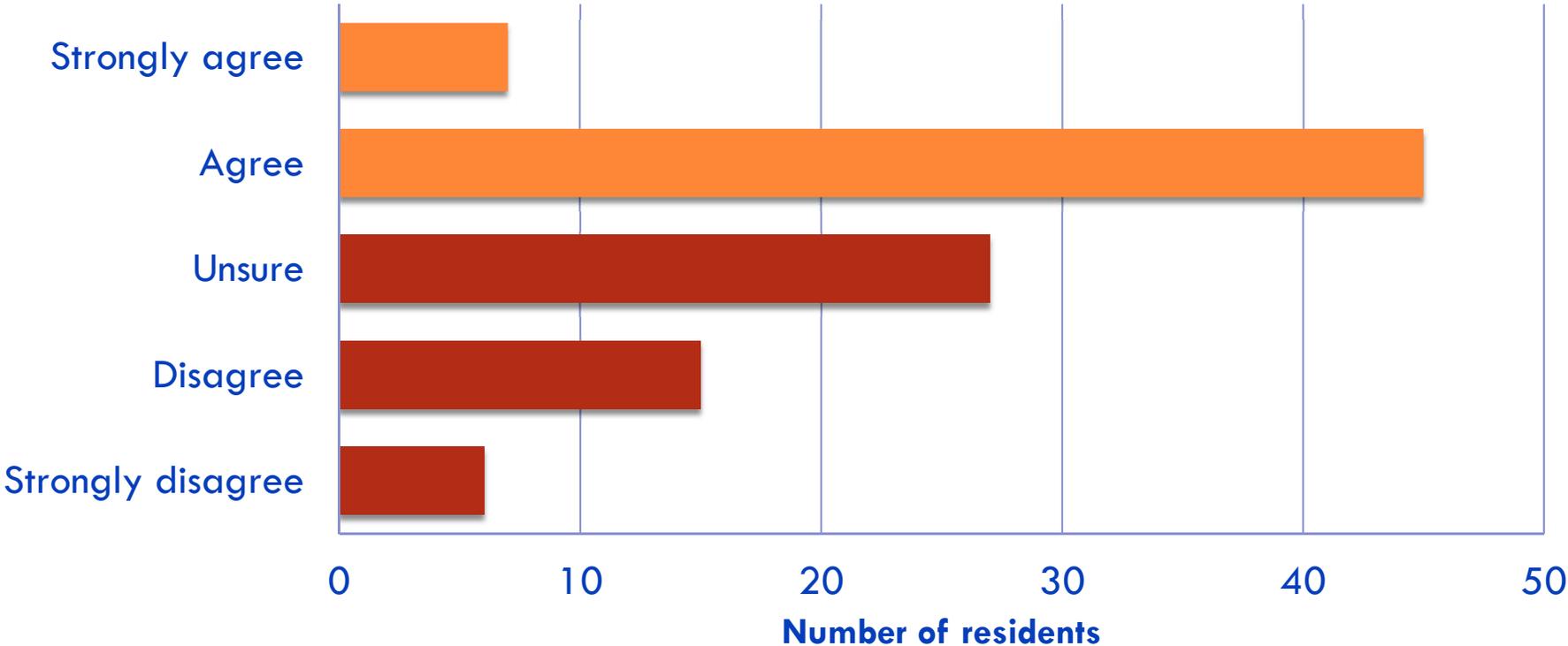


Almost half of the residents (48%) endorsed inadequate knowledge of UF Housestaff resources



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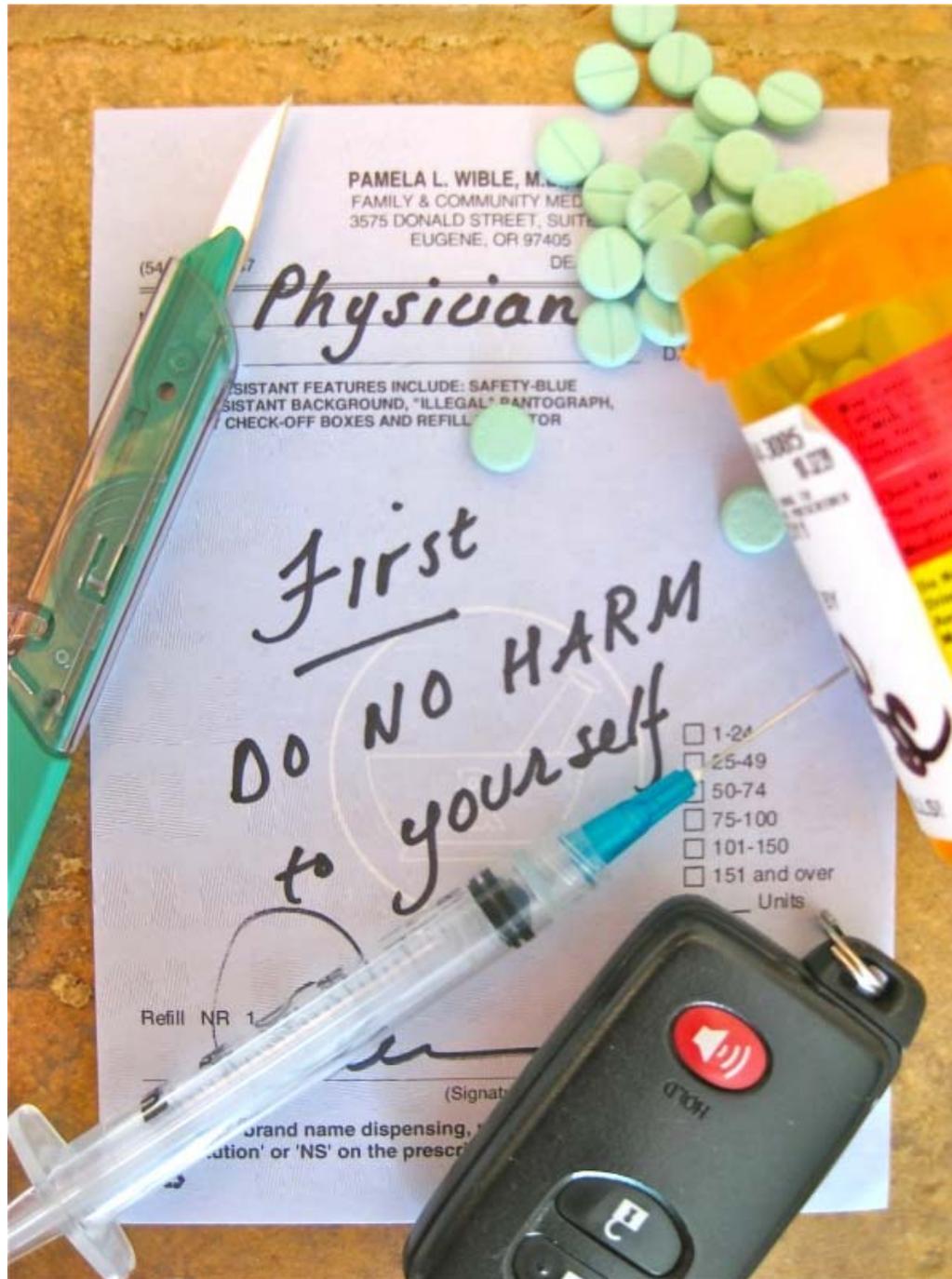
□ *“I know what resources are available for UF housestaff if I were to struggle with feelings of burnout and depression”*



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What Can We Do About It?

Improving Physicians' Health



Focus on Wellness

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- Physician wellness is now being recognized as a “missing quality indicator” in patient care (Wallace, Lemaire, & Ghali, 2009)
- Focus on wellness in training programs is becoming more common (Eckleberry-Hunt et al., 2009; Lefebvre, 2012)
- Evaluation of physician wellness through self-report on the Adult APGAR (Bintliff, 2012)

Adult APGAR

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- I am satisfied with the **ACCESS** I have to my emotions (to laugh, be sad, feel pleasure, or anger)
- I am satisfied that my life's **PRIORITIES** are mine and clearly reflect my values
- I am satisfied with my commitment to personal **GROWTH**, to initiate and embrace change
- I am satisfied with the way I ask for **ASSISTANCE** from others, professionally and personally, when in trouble
- I am satisfied with the **RESPONSIBILITY** I take for my well-being, physically, financially, emotionally, spiritually

- *Each scored 2=almost always, 1=some of the time, 0=hardly ever*
- *Total 9-10 = superior; 6-8= some stresses needing attention, ≤5= significant trouble*

“10 Commandments of Physician Wellness” (Krall, 2014)

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1. Thou shall not expect someone else to reduce your stress
2. Thou shall not resist change
3. Thou shall not take thyself in vain**
4. Remember what is holy to thee**
5. Honor thy limits
6. Thou shall not work alone
7. Thou shall not take it out on others
8. Thou shall not work harder; Thou shall work smarter
9. Seek to find joy and mastery in thy work
10. Thou shall continue to learn

Wellness Promotion at UFCOM for Residents & Faculty

- **Employee Assistance Program (EAP)**- designed to promote, maintain and support a positive and productive workplace. Room 245 of the Student Health Care Center; The EAP check-in and waiting area is completely separate from the student check-in and waiting area, thus providing employees a private setting. Any contact you have with the EAP will remain confidential. **Free of charge to all employees.**
- **EAP offers assistance with :**
 - Stress
 - Adjustment to Life Changes
 - Marital or Relationship Difficulties
 - Parenting and Family Illness
 - Job Burnout
 - Depression, & Anxiety
 - Alcohol, Gambling or Chemical Dependency
- **To schedule an appointment with the EAP, call: 352-392-5787 or email eaphelp@shcc.ufl.edu**

Wellness Promotion at UFCOM for Residents & Faculty

- **Anonymous Mental Health Screening Tests:** Brief screenings are the quickest way to determine if you or someone you care about should connect with a mental health professional. This program is completely anonymous and confidential, and immediately following the brief questionnaire you will see your results, recommendations, and key resources.
 - www.screening.mentalhealthscreening.org/shands/screening

Wellness Promotion at UFCOM for Residents & Faculty

- Vacation and Sick Leave— **Use it!**
- Quick On-site Healthcare
 - **University of Florida Student Health Care Center (Residents)**

Dental Tower, 2nd Floor, Room D2-49
Monday – Friday 8am-Noon; 1pm-4:30pm
Phone for Appointment: 352-294-5700



- **UF Employee Quick Care Program (All Employees)**

Internal Medicine at Medical Plaza

- Monday – Friday 8am-Noon
- **Call for SAME DAY appointment:**

352-265-1NOW (352-265-1669)



Wellness Promotion at UFHealth



Wellness

University of Florida and UF Health

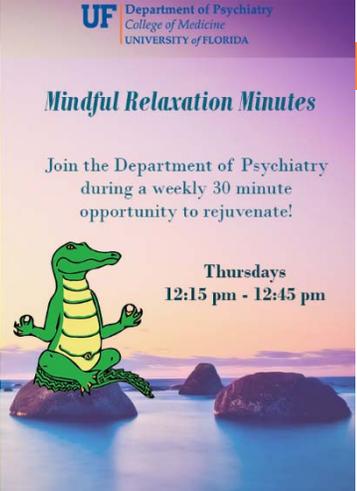
Subscribe to the new UF-UF Health Shands Wellness listserv to get notices of upcoming events and other information sent directly to you. To subscribe, email angie-brown@ufl.edu

UF Health Integrative Medicine offers a range of wellness programs

By [HRS Communications](#)



UF Health Integrative Medicine offers wellness classes, courses and workshops for both staff and the general public in the areas of martial arts, meditation and relaxation, and yoga. For a complete list of schedules and rates, visit the Integrative Medicine website.



UF Department of Psychiatry
College of Medicine
UNIVERSITY of FLORIDA

Mindful Relaxation Minutes

Join the Department of Psychiatry during a weekly 30 minute opportunity to rejuvenate!

Thursdays
12:15 pm - 12:45 pm

Call 1-888-670-3525
(passcode 9372794023#)

- **McKnight Brain Institute**
Room L4-100B
- **UF Health Medical Office Building**
Room 3242
- **UF Health Child Psychiatry - Springhill Health Center**
Room 122
- **UF Psychiatry 1329 Building**
Room 4154

<https://intranet.ahc.ufl.edu/www/Colleges/com/psychiatry/MindfulMinutes/SitePages/Home.aspx>

Medical Student Wellness Day

UF College of Medicine
UNIVERSITY of FLORIDA

Student Wellness Day 2016

9:00-9:15	Welcome, SLS #135
9:20-9:45	Session 1 <ul style="list-style-type: none">• Music Therapy, #240/250• Physical Wellness, NLS #125• Financial Wellness, SLS
9:50-10:15	Session 2 <ul style="list-style-type: none">• repeat
10:20-10:45	Session 3 <ul style="list-style-type: none">• repeat
10:50-11:10	Break <ul style="list-style-type: none">• Chair massages, #128• Therapy dogs, Outside
11:15-12:15	Emotional Wellness, SLS
12:15-1:00	Spiritual Wellness, SLS
1:05-1:35	Lunch and Panel Q & A, NLS
1:40-2:00	Conclusion <ul style="list-style-type: none">• Chair massages, #128• Therapy dogs, Outside

Co-sponsored by the Integrative Health and Medicine Interest Group and the Office of Student Counseling & Development

UF Mindfulness Day 2016

“Integrating Mindfulness in Life”

Sept. 26, 2016 in the UF Smathers Library Room 100

Detailed program: <https://mindfulness.ufl.edu/index.php/events/>

Join any of the practice sessions focused on mindfulness and contemplation, performances and talks at the UF Mindfulness Day. They are free and open to everybody at UF and the general public. Share mindful moments with others. Enrich your learning, teaching, and research experiences through mindfulness. Bring your yoga mat, tarp, cushion/pillow; a friend; and a smile. This year’s theme features how we can bring mindfulness into our daily life and enhance well-being, learning performance, health, neural functioning and gain emotional and cognitive benefits. Mindfulness is a life skill allowing you to realize your dreams and live life to the fullest.

**Mind
Body
Spirit
You**

<p>4:30 pm – 6:00 pm Michael A. Singer (Mickey) * Keynote: “Living life mindfully”</p>	<p>8:45 am – 8:50 am Sabine Grunwald Welcome</p>	<p>8:50 am – 9:30 am Cindy Bergbauer Sound meditation – The crystal bowl concert</p>
<p>4:00 pm – 4:15 pm Angela Lindner * Interweaving mindfulness into the higher education experience</p>	<p>3:00 pm – 3:50 pm Kim Holton Yoga</p>	<p>9:35 am – 10:25 am Jan Snyder Sitting meditation</p>
<p>1:55 am – 2:45 pm Keri Johnson Mindful breathing – mindfulness in the classroom</p>	<p>12:50 pm – 1:40 pm Louis A. Ritz * Keynote: “Meditation, wellness, and the brain”</p>	<p>10:40 am – 11:30 am Jennifer Alonso Mindfully meditating with the body</p>
		<p>11:45 am – 12:00 pm Zachary (Zach) Brook Bouder Pindar Student perspective: “How mindfulness can enhance student life”</p>
		<p>12:00 pm – 12:45 pm Nancy Lasseter Qigong / gentle body movement</p>

* *Live stream event links:*
 Part 1 (12:50-1:40) - <https://mediasite.video.ufl.edu/Mediasite/Play/af6cd03f01744365b5a8aab9a03830a11d>
 Part 2 (4:00-6:00) - <https://mediasite.video.ufl.edu/Mediasite/Play/f679845b19484801ba8a62c0da9dca831d>

Support UF Mindfulness with a donation: <https://mindfulness.ufl.edu/> or <https://www.uff.ufl.edu/OnlineGiving/FundDetail.asp?FundCode=020531>.

All teachers, performers, speakers, facilitators and organizers of the UF Mindfulness Day offer their time, expertise and service for free in the spirit to bring mindfulness to the UF community.

Coming Soon:

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- New programming through the Office of Faculty Affairs and Professional Development
- <http://facultyaffairs.med.ufl.edu/>

- Watch for more information!

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What To Do If You Are Concerned

Steps to Take to Get Help (non-crisis):

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1. Take the anonymous online screener:
<http://screening.mentalhealthscreening.org/shands>
2. Contact the Employee Assistance Program: **352-392-5787** or **eaphelp@shcc.ufl.edu**
3. Speak with your Chair
4. For RESIDENTS/FELLOWS: Contact Program Director or Dr. Dixon (dixolr@pathology.ufl.edu or 265-0680 x45058) or Cristin Owens (hartcr@ufl.edu or 265-0787 x50787) in the Graduate Medical Education Office

Steps to Take in a Crisis/Emergency

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1. National Suicide Prevention & Crisis Hotline:
1-800-273-TALK
2. Call or go directly to UF Health Shands Psychiatric Hospital (formerly “Vista”): **265-5481**
3. Go to the nearest Emergency Department
4. Call 9-1-1

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Take-Home Messages

Remember:

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1. Physicians are at increased risk for burnout, depression, and suicidality
2. Increased education is needed on this topic
3. Physicians should regularly assess their wellbeing and level of risk with screening instruments
4. Most struggling physicians are hesitant to ask for help
5. Physicians must be attentive to colleagues in need—their life may depend on it
6. **Burnout and psychiatric disorders are very treatable— suicide can be prevented!**

Conclusion

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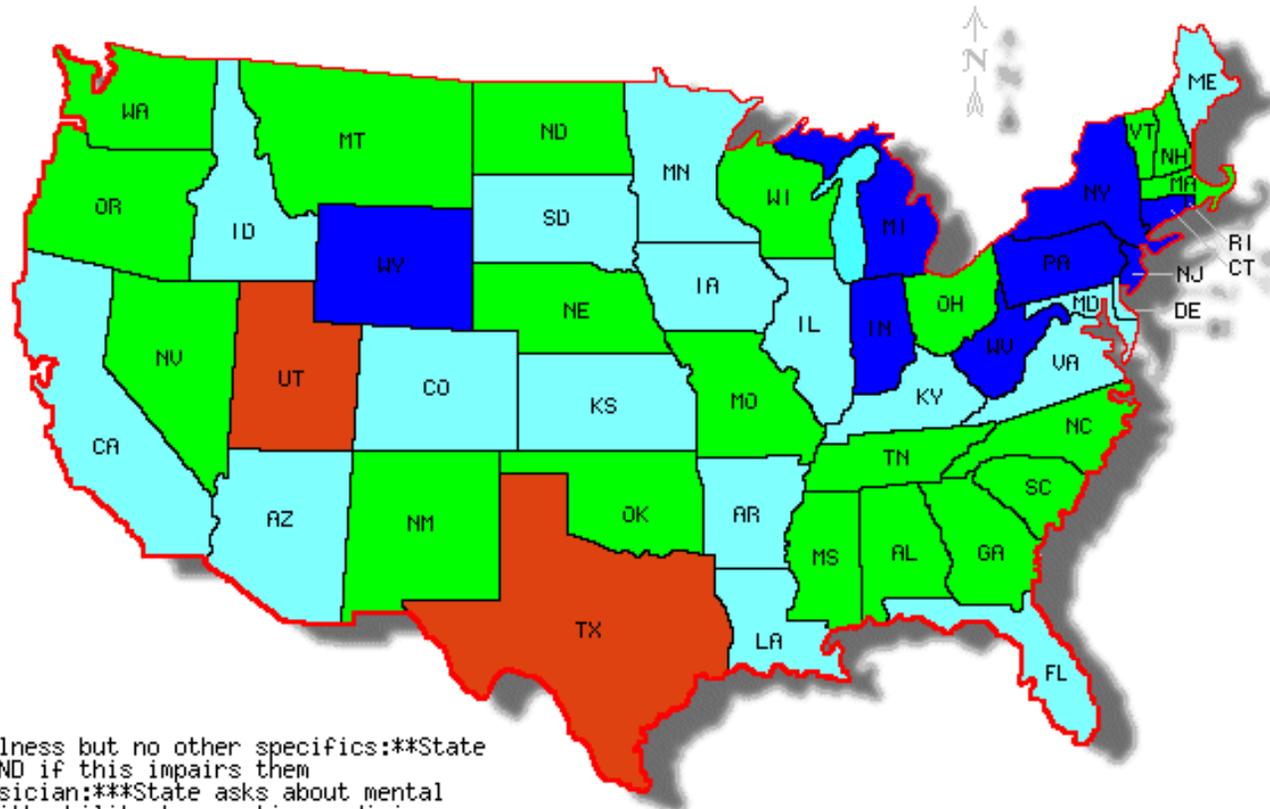
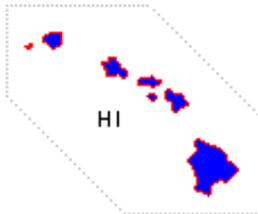
- Dr. Lynch

THANK YOU!

Reporting Requirements By State

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- - Not required
- - Required*
- - Required**
- - Required***



NOTES:

*State does ask about mental illness but no other specifics:
**State does ask about mental illness AND if this impairs them being able to function as a physician:
***State asks about mental illness ONLY IF it interferes with ability to practice medicine