

## Overview

### 1. Depression happens.

A sadness that doesn't go away. Activities devoid of pleasure. Persisting fatigue even when you get sleep. Thoughts that things are hopeless or that you're helpless to deal with life. Starting to slip up on your work or turn in projects late. There are a few of the symptoms residents have described when they sought help for suspected depression. These residents were linked to confidential help and their depression improved. If you suspect you may have depression, you are not alone. Rates of depression are higher in medical students and residents than in the general population with upwards of 30% of residents reporting depression compared to 12-19% lifetime occurrence for the general population.

### 2. Depression is important to address.

Depression can interfere in your life in many ways, affecting your relationships with loved ones, impairing your training, impacting your manner with patients and misleading you into doubting your abilities and choice to be a physician. Left untreated, depression is more likely to recur, more likely to disrupt your career, more likely to affect how you counsel your patients on their own mood concerns and may lead to thoughts of suicide.

### 3. Depression self-tests.

Below are links to self-tests for depressive symptoms. These are meant to help you learn the manifestations of depression. These are not for diagnostic purposes. Please do not use these tools to treat yourself. Remember, self or peer prescribing is expressly prohibited and may lead to termination from training as well as legal repercussions. Please come talk with RWBC, a friend, your mentor or others and get help, don't treat yourself.

- Goldberg: <http://counsellingresource.com/quizzes/goldberg-depression/index.html>
- Zung: <http://www.afraidtoask.com/depression/depressionzung.htm?submit=Click here to Score It!>

### 4. Ways to address depression. Here are some basic guidelines:

- Learn about depression. Check reputable links for information such as the [Canadian Mental Health Association](#).
- Talk with trusted people about your concerns. Family, friends, your mentor, program director, your Resident Wellbeing Committee. No matter who you contact, just do it, don't keep it secret.
- Have a primary care physician with whom you can share your concerns. This person will be an invaluable resource for you as you deal with your depression.

- Engage in self-care activities. Rest, exercise, get good nutrition, moderate caffeine and limited alcohol use. Check some of the suggestions found under Burnout on the CAIR website for additional suggestions.
- Seek consultation and treatment.

Depression can be effectively treated and does not need to interfere in your life and your success in residency. Please talk with someone about your concerns.

## 5. Suicide

Physicians are at higher risk for suicidal behaviour. On average, the United States loses the equivalent of at least one entire medical school class each year to suicide. If you are having such thoughts this is not because there is something wrong with you as a person. It is not because you don't have what it takes to complete residency and be a good physician. Please read the information below and let someone know the distress and the thoughts you are having.

There are multiple pathways to thinking about suicide and one of the most frequent is correlated to depression. Unremitting depression is a major risk factor for developing suicidal thoughts and eventually acting on them. Many theories describe the emergence of suicidal thinking. According to one explanation, cognitive narrowing, a person becomes increasingly focused on the distressing situations, emotions and thoughts they are experiencing. The person begins to view "for now" situations, emotions and thoughts as "forever." The person becomes unable to notice the positives in their life and the caring relationships in their support system. As a result, suicide creeps into the person's thinking, appearing to be a logical choice for dealing with the person's faulty assessment of their situation. Physicians as a group are at higher risk for suicide ([see http://www.afsp.org/files/Misc\\_//JAMA.Physician\\_Suicide2003.pdf](http://www.afsp.org/files/Misc_//JAMA.Physician_Suicide2003.pdf)) and we speculate that this may be related to the confidence physicians develop in their own thinking and problem-solving through their training so that when they conclude, through distortions of cognitive narrowing, that suicide is a logical option they become more at risk for acting on it rather than asking for help.

### **IF YOU ARE HAVING THOUGHTS OF SUICIDE**

#### **Tell someone now.**

Tell a friend, program director, program coordinator, call your clergy person, crisis line. Keep trying until to reach someone. Let others help you get to the help you need to get through this safely.

#### **Be with others.**

Do not isolate at home. Seek others out and ask to spend time with them, spend the night at a friend's home and explain why.

## **Remove methods.**

Have a friend take your medications, firearms, sharp instruments (knives, razors, etc) and keep them for you temporarily.

## **Remove alcohol and medications.**

Alcohol use greatly increases the risk for suicidal thinking and behaviour. Remove it from your home for now. Ease of medication access greatly increases risk for suicidal behaviour. Give your supplies to a trusted person to hold for you

## **Additional Information and Links**

- [Depression in Residents and its Effects on Patient Care](#)
- [MedlinePlus Depression Information](#)
- [National Institute of Mental Health- Depression information](#)
- [Physician Suicide website resource for issues specific to suicide and depression among physicians including issues with training, licensure](#)

## **Helplines Across Canada:**

### **Alberta:**

Alberta Medical Association Physician and Family Support Program Helpline:  
**1-877-767-4637**

### **British Columbia:**

The Physician Health Program of British Columbia Helpline:  
**1-800-663-6729**

Employee & Family Assistance Program (EFAP) Helpline:  
**1-800-505-4929**

### **Manitoba:**

Winnipeg Regional Health Authority  
**1-800-590-5553**

### **Maritimes:**

PIETA Helpline:  
**902.468.8215.**

**Newfoundland:**

NLMA Professionals' Assistance Program:

The clinical coordinator's confidential 24-hour answering machine can be reached by calling **709-753-3007** or **1-800-563-9133**.

**Ontario:**

PAIRO 24hr Helpline:

**1-866-HELP-DOC (1-866-435-7362)**, accessible anywhere in Ontario

Ontario Medical Association

**1-800-851-6606 (Ontario only)**

If you are feeling suicidal or if you are calling after hours in crisis, Please contact your local crisis centre or local emergency services.

<http://www.suicideinfo.ca/csp/go.aspx>

<http://dcontario.org>

**Saskatchewan:**

Saskatchewan Physician Support Program

**244-2196**

Saskatoon Crises Intervention Service

**Tel: (306) 933-6200**

University of Saskatchewan Employee Assistance Program

**(306) 966-4300**