PHYSICIAN WELLNESS

BURNOUT AND DEPRESSION

Prepared by the members of the APA Committee on Psychiatrist Well-being and Burnout with special mention Dr. Veda Ghodasara.

The relationship between burnout and depression is complex. Depressive disorders are well defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text-Revision (DSM-5-TR), whereas burnout has not been identified as a diagnosable mental health condition as per the DSM-5-TR. However, efforts to clinically define burnout have been underway in the last decade, which is crucial as potential complications and effective interventions may be distinct from depression. Burnout is now generally conceptualized as an occupational phenomenon in the International Classification of Diseases, Eleventh Revision (ICD-11).

AN URGENT ISSUE FOR PSYCHIATRISTS AND MEDICINE

Burnout disproportionately affects the healthcare field, including physicians.

An estimated 46% of healthcare workers are affected by burnout.[4]

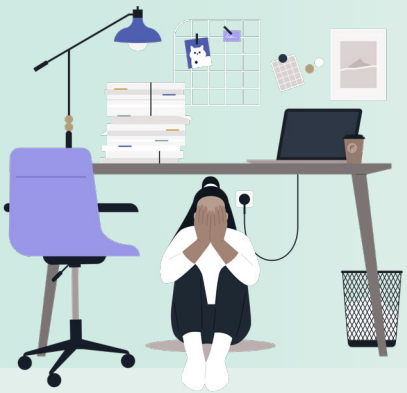
The U.S. healthcare system loses 4.6 Billion per year in burnout-related turnover and loss of clinical hours.[5]

It is estimated 2 Out of 5 psychiatrists have professional burnout.

Addressing this problem has become one of the most pressing issues for medicine. APA is committed to helping psychiatrists achieve well-being and addressing individual and system-level challenges which contribute to professional burnout.

WHAT IS BURNOUT?

Burnout is generally defined as a psychological syndrome and occupational phenomenon from chronic workplace stress that may result in the development of various reactions across three key dimensions including:



Exhaustion:
Changes in emotional and physical energy stores

Negative & Cynical:
Cynicism and detachment from work

Ineffective at Work:
Risk for reduced professional efficacy

Not addressing source of stress and/or reaction to stress has potential implications in the development of other mental health disorders including depression. Minoritized groups may be at an increased risk due occupational factors such as microaggressions, discrimination, poor inclusion or diversity practices in the workplace

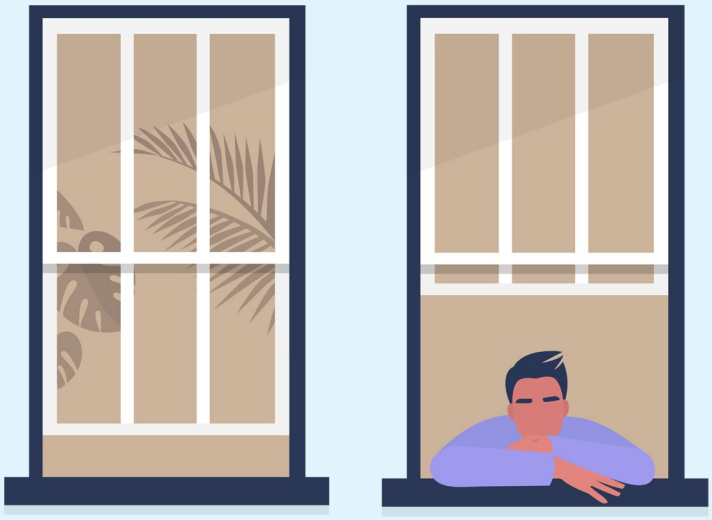
WARNING SIGNS OF BURNOUT

- ☑ **Persistent emotional and/or physical exhaustion even after rest**
- ☑ **Negativism or cynicism towards the occupation**
- ☑ **Changes in mood including low mood or irritability**
- ☑ **Social withdrawal**
- ☑ **Low morale**
- ☑ **Feelings of inadequacy/helplessness and sense of failure or self-doubt**
- ☑ **Decreased quality of work or reduced productivity or capability**
- ☑ **Procrastination and difficulty completing tasks**

WHAT IS DEPRESSION?

Depression is a state of sadness or low mood. The DSM-5-TR characterizes nine depressive disorders with the key feature among these being the presence of sad (or irritable) mood along with other signs and symptoms that cause clinically significant distress and dysfunction. Major depressive disorder (MDD) is the classic disorder in this group.

MDD is characterized as discrete episodes of at least two-week duration in which there are signs and symptoms affecting mood, affect, cognition, and/or neurovegetative functions across nine different criteria. The depressive episodes may be a single episode or have a recurrent pattern, and they may not be due to other mental disorders or substance/medication induced.



Key features of major depressive episodes include:

- **Low mood** or Anhedonia that is pervasive and context free
- **Well-studied risk factors** that include genetic predeterminants
- Can lead to greater **risk of suicidal** ideation and fatal suicide attempts
- **Standard of care** treatment includes both therapy and medication

Burnout and Suicide

There is a complex relationship between burnout, depression, and suicide, with evidence suggesting an association between burnout and suicidal ideation, as well as non-fatal and fatal suicide attempts. However, more recent studies have further studied this association, and when adjusted for depression, they have shown that while there is a direct association between depression and suicide, there is no meaningful association between burnout and suicide.

Stigma around Mental Health

Stigma continues to exist regarding views surrounding mental health and mental health treatment, making it even more difficult for individuals to seek help. Physicians experiencing burnout have been shown to be more likely to hold stigmatized views regarding mental health, creating more barriers and delaying interventions. Active efforts to address these sources of stigma are ongoing, such as changing licensing and credentialing questions that discourage physicians from being honest about seeking mental health care.

INTERVENTIONS TO COMBAT BURNOUT

Several different interventions have been examined to reduce burnout in healthcare workers. Preventing, identifying, and intervening burnout improves outcomes for physicians and patients. Appropriate interventions can reduce burnout, improve quality of services provided to patients, and, ultimately, promote better patient safety outcomes. Burnout is a complex issue and, therefore, multidimensional approaches should be utilized to combat this problem.

- Focus on system-level factors (time constraints, workload, offloading administrative burden, flexible schedules, etc.)
- Improving communication skills
- Work on strengthening connections with colleagues
- Psychological interventions include mindfulness-based stress reduction (MBSR), cognitive behavioral therapy (CBT), and resilience training
- Aligning personal and organizational values and enabling physicians to devote 20% of their work activities to the part of their medical practice that is especially meaningful to them[11]
- Area of overlap can include burnout developing into depression and stigma associated with both

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