

Depression in medical residents: Rethinking training to aid wellness

MAY 4, 2016

Tanya Albert Henry

Contributing News Writer

Researchers recently analyzed more than 50 years of peer-reviewed studies on depression and depressive symptoms in residents. The prevalence is high, and rates have risen with each calendar year. Learn how the medical community is working to increase wellness among physicians in training.

It's an endemic

Roughly one-third of residents suffer from depression or depressive symptoms according to an original investigation recently published in the *Journal of the American Medical Association (JAMA)*.

The rate of physicians in training who screened positive for depression or depressive symptoms ranged from 20.9 percent to 43.2 percent, depending on the instrument used, the investigation showed. Researchers also found that depressive symptoms increased over time, a 0.5 percent increase per calendar year. The rates are at a level that an editorial accompanying the *JAMA* study called “endemic.”

The *JAMA* original investigation was a systematic review and meta-analysis of 31 cross-sectional studies and 23 longitudinal studies conducted between January 1963 and September 2015. More than 17,000 residents were involved in the studies analyzed.

Study authors say depression is an important problem to address during residency because it has been linked to a higher chance of future depressive episodes and greater long-term morbidity, suggesting that the future health of residents may be impacted. Also, patient health may be affected because depression in physicians has been linked to lower quality of care.

“The time is long overdue for a national conversation on the fundamental structure and function of the graduate medical education system, not unlike the discussion that reformed undergraduate medical

education after the Flexner report,” Thomas L. Schwenk, MD, dean of the University of Nevada School of Medicine, wrote.

Rethinking training with mental health in mind

JAMA study authors call for more studies to identify effective strategies for preventing and treating depression among physicians in training. Dr. Schwenk’s editorial suggests solutions can be classified into three categories:

- | Providing more and better mental health care to depressed physicians and those in training
- | Limiting trainees’ exposure to the training environment and system that are thought to contribute at least in part to poorer mental health and wellness
- | Considering the possibility that the medical training system needs more fundamental change

“Relieving the burden of depression among physicians in training is an issue of professional performance in addition to one of human compassion,” he wrote.

Dr. Schwenk also said the study’s findings are “significant” and an “important marker for deeper and more profound problems in the graduate medical education system that is in need of equally profound change.” He has more to say on solutions in this *JAMA* Network video.

Creative approaches emerging

A number of organizations are taking the lead in providing resources to help physicians in training who show signs of depression, and a number of residency programs are creating programs to try to ward off depression.

The AMA offers several online modules through its STEPS Forward™ collection of practice transformation strategies to help physicians in practice and physicians in training recognize and address burnout. Although burnout is different from depression, the two are closely related. These resources offer strategies for preventing resident and fellow burnout, preventing physician burnout and improving physician resiliency.

Included in these resources are six ways that physicians in training can improve their personal wellness. The AMA also adopted policy in November to support access to potentially life-saving mental health services for physicians in training.

The Accreditation Council for Graduate Medical Education (ACGME), meanwhile, also is working toward improving resident wellness across training programs. At its first forum on physician well-being in November, the ACGME identified six areas that could help improve well-being for residents: building awareness, maximizing levers of change (including competency milestones and program requirements), ongoing education and communication, collaboration across the continuum of education, research, and large-scale cultural change.

Solutions taking place within residency programs include:

- | Stanford University School of Medicine's Balance in Life program gives residents access to mentors and a clinical psychologist, healthy food and social gatherings.
- | The Mayo Clinic's campus in Florida designates one noon conference every month as "Humanities Thursday." The Fellows' and Residents' Health and Wellness Initiative (FERHAWI) humanities program includes discussions of artwork, guided visual imagery and art projects, such as watercolor painting, screen printing and origami.
- | A physician created a one-act play, *Play What's Not There*, to help residents tackle conversations about balancing family, personal identity and practice. Anyone interested in staging the play can contact the writer Bill Thomas, MD, and request a script.

A wide variety of ideas will be shared at the International Conference on Physician Health™, which the AMA will host Sept. 18-20 in Boston. This collaborative conference of the AMA, the Canadian Medical Association and the British Medical Association will explore the theme "Increasing Joy in Medicine." The conference showcases research and perspectives into physicians' health and offers practical, evidence-based skills and strategies to promote a healthier medical culture for physicians.