Speaking up

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This January, the Bell Let's Talk campaign was front and centre on many social media platforms. I was proud that so many physicians and leaders shared stories of their own struggles and journeys with their mental health. At the same time, I read a disturbing account of a physician who disclosed his mental illness experience to administration and was sidelined and restricted, and who felt exposed and unsupported. How do we best facilitate mental well-being in physicians and physician learners when people feel vulnerable speaking up?

The Canadian Medical Association (CMA) Policy on Physician Health explains that,

> Enduring norms within the culture of medicine are directly contributing to the deterioration of the health of Canadian learners and physicians. Culturally rooted impediments, such as the reluctance to share personal issues or admit vulnerability, discourage the medical profession from acknowledging, identifying and addressing physician health issues.[1]

According to the CMA National Physician Health Survey, 33% of physician respondents screened positive for depression, as did 49% of residents.[2] There is evidence that rates of suicidal ideation are higher among physicians than in the general population.[3] Research published in *Canadian Family Physician* recently reported rates of suicidal ideation among residents to be as high as 33%, with 18% of surveyed residents indicating they had had a suicide plan during residency, and 3% having made a suicide attempt.[4]

Leaders in medicine are beginning to take note, and in recent years there have been attempts to address these worrying statistics. Academic institutions, such as the one that I belong to, have put resources into "wellness offices," and organizations such as the CMA have made physician health and well-being a top priority.[5]

Traditional approaches to well-being and mental health have focused on individual physician–directed initiatives (such as mindfulness training, communication skills, educational approaches to building resilience, and stress management workshops). Of late, however, the conversation has been shifting toward the organizational factors that might lead to burnout and mental health challenges among physicians.[6] Indeed, a recent Mayo Clinic special article expressed that strategies such as these are "correctly viewed with skepticism by physicians as an insincere effort by the organization to address the problem."[6]

If our systems of training and our working environments are important factors that contribute to poor mental health among physicians, then individual solutions, in isolation, are unlikely to be successful.

Dr Carrie Bernard, my co-author this month, recently wrote a personal and moving article in the *CMAJ*.[7]

In her article she shared her journey with depression and her commitment to fighting the stigma that plagues physicians who struggle with mental health issues. It is interesting to note that when she first considered sharing her journey, she was cautioned by peers who feared that she might face negative professional consequences by disclosing her challenges with mental health. Combating this specific stigma was part of the reason she chose to share her story. She has been overwhelmed by the number of physicians who have reached out to her since reading the piece—many of whom are suffering yet are still afraid to speak up themselves.

It is clear that while physicians who suffer from burnout or other mental health challenges need to be a part of the solution, our systems need to change to better support their involvement in this journey. The data are clear. This affects many of us. As a medical community, we need to support ourselves and one another, just as we have committed to supporting our patients, whatever the nature of their illness.

References

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