



Review RD 03 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

DEPRESSION and ANXIETY

It is sometimes may be hard to recognise depression or anxiety in others, as well as in yourself.

This document provides some suggestions which may apply in either of these situations.

THE ISSUES

- Doctors tend to deny illness and be poor help-seekers. They are unlikely to be good self-diagnosticians.
- Mental illness continues to bear a stigma.
- Anxiety and/or depression can develop insidiously, and can become extremely disabling.
- Insight may be lost.
- Denial is particularly prevalent in depression; poor self esteem and lack of self confidence can be symptoms of the illness. Feelings may include:
 - "I'm just being stupid"
 - "I shouldn't really be a doctor"
 - "I'm a fraud".
- Denial is particularly prevalent in the responses of those with depression or anxiety to any enquiry:
 - "There's nothing wrong"
 - "I'm fine", or even "Go away, I'm fine"

These responses could result from various factors - a lack of insight, a symptom of the illness, fear of the stigma of mental illness, or fear of losing his or her job.

- The inertia of severe depression is a deterrent to help-seeking
- Depression is often experienced subjectively as "stress", "burnout", with or without anxiety, or as a physical symptom eg: fatigue, headache, insomnia.
- Depression may be the **cause** as well as the **result** of work problems, relationship difficulties, substance abuse and marriage problems.

SUSPECT depression if there is:

- Sad face
- Diminished performance.
- Pervasive changes in mood or behaviour.
- Poor motivation, lack of interest.
- Persisting sadness, moroseness, or withdrawal.
- Weight gain or loss.
- Deterioration in self care/hygiene
- Sleep problems, listlessness.



- Absenteeism OR excessive attention to work issues.

Individuals with depression can be unhappy, joyless, unmotivated, disinterested, antisocial, discouraged, may feel inadequate, and may have suicidal ideation.

SUSPECT anxiety if there is:

- Increased apprehension about mundane tasks.
 - Increased resistance to undertaking new or difficult cases.
 - Absenteeism OR excessive attention to work issues.
- Anxiety may be mistaken for a number of physical illnesses.
 - Anxiety and depression may still need formal treatment, even when these conditions seem to be understandable responses to a crisis or stressful event.
 - Don't forget bi-polar disorder. Seek psychiatric advice if you suspect mania/depression cycles in a colleague.

SUGGESTIONS

- Share your concern. Others may have made the same observations. Discuss with a trusted colleague(s). Consult with a psychiatrist or a Doctors' Health Advisory Service if necessary.
- You may be able to approach a spouse or partner with your concerns.
- Someone must take responsibility to make the approach. Someone who has the capacity to affect the subject's career MAY not be the best person to make the approach (eg: the head of department, director of training). His or her mentor would be ideal.
- A sensitive and timely approach, expressed clearly in terms of concern for the subject, may be effective.
- It may take several attempts for the individual to accept any help. Display empathy frequently in your conversations. You may need to persist for some time before the person agrees to seek professional help.
- Devise a plan and rehearse fall-back strategies in case the approach is rejected (eg: re-contact in 48 hours, and at subsequent times if necessary, until the person has "heard" you).
- Intervention is best done via the person's general practitioner (GP). Encourage the subject to see his or her GP, hopefully with referral to an appropriate professional.
- Many workplaces offer employees the opportunity to access Employee Assistance Schemes (EAS) anonymously and at no cost.
- Review structural and systemic implications (workloads, support, etc)
- **If you believe that the illness is impacting on safe patient care:**
 - Discuss the issues with a trusted colleague and/or the employer, (if applicable).



- If anxiety and/or depression are affecting the anaesthetist's performance, and he or she continues to refuse help, then you will need to report him or her to the relevant registration authority (see RD 13 Impairment in a Colleague, and RD 24 Mandatory Reporting).
- Further events will then be handled by the relevant registration authority.

WHO YOU CAN CALL ON

Trusted colleague and/or peer
 Mentor (s)
 General Practitioner
 Supervisor of Training or College Tutor
 Employee Assistance Program in your hospital
 Doctors Health Advisory Service (DHAS) Australia and New Zealand
 BMA Counselling and Doctor Advice Service (UK 08459 200 169)
 Departmental/divisional support person
 Psychologist
 Psychiatrist
 WOA SIG representative
 Medical Board/Council
 Lifeline (Samaritans UK)

Further Reading

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- Welfare of Anaesthetists' Special Interest Group Resource Documents (RDs)
RD 12 Suspected or proven substance abuse
RD 13 The Impaired Colleague
RD 24 Mandatory Reporting

Older references which may be useful

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ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

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