WELLBEING:

IDENTIFICATION AND PREVENTION OF BURNOUT, DEPRESSION AND SUICIDE AMONG CHILD MENTAL HEALTH CLINICIANS

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Courtesy of the Mayo Clinic

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My name is Adam. I am a human being, a husband, a father, a pediatric palliative care physician, and an associate residency director. I have a history of depression and suicidal ideation and am a recovering alcoholic. Several years ago, I found myself sitting in a state park 45 minutes from my home, on a beautiful fall night under a canopy of ash trees, with a plan to never come home. For several months, I had been feeling abused, overworked, neglected, and underappreciated. I felt I had lost my identity. I had slipped into a deep depression and relied on going home at night and having a handful of drinks just to fall asleep. **Yet mine is a story of recovery: I am a survivor of an ongoing national epidemic of neglect of physicians' mental health.**

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Click on the image above to watch the video and learn how "placing a priority on mental health enables healthcare professionals to better take care of themselves and their patients."(Image and video courtesy of the Mayo Clinic)

Some readers may question the need for this chapter in this textbook. Given the dearth of child mental health professionals globally, looking after the needs of this invaluable workforce should be a priority for administrators, managers and the clinicians themselves to ensure optimal performance in meting the needs of their young patients and their families.

While the association between burnout and physical illness, particularly cardiovascular disease has been known for some time, its association with mental health problems among medical professionals has received less attention. With a higher prevalence of depression, suicide, and substance abuse among healthcare professionals worldwide compared to the general population, Adam's story is not an exception. Rather, it is a window to the experience of:

- 22-42% of psychiatrists from Germany, Japan, UK, and Scotland with a lifetime prevalence of depression (Braun et al, 2010; Deary, Agius & Sadler, 1996; Koreki et al, 2015; White et al, 2018);

- 20-25% of psychiatric trainees from 22 countries with a history of active and passive suicidal ideation, respectively (Beezhold et al, 2017);

- an estimated 400 physicians who die by suicide each year in the US (Frank, Biola & Burnett, 2000);

- 79% of physicians managed in physician health programs for substance abuse in the US and Canada who continue to be licensed and practicing five years after program completion (McLellan et al, 2008);

- and many more worldwide who go unmeasured.

21-67% of mental health workers in Europe and the US, spanning multiple disciplines—nurses, occupational therapists, social workers, psychologists, and psychiatrists—have been reported to have high levels of burnout (Morse et al, 2012; Rohland, 2000; Sharon & Leah, 2007; Siebert, 2005; Webster & Hackett, 1999).

Although many of the studies available in the literature investigated physicians—with scarce data in other disciplines—this information may be used to infer how the multidisciplinary members of the mental health team are possibly being affected by the interpersonal and emotionally demanding nature of their work.

Due to the epidemic of burnout, depression, and suicide in medicine, the focus on wellbeing (or wellness) has garnered increased attention both in the media

Burnout is a work related psychological syndrome with three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment.

Table J.12.1   Impact of burnout and depression on health outcomes at the individual, patient and healthcare system level.

INDIVIDUAL	PATIENT CARE	HEALTHCARE SYSTEM
• Physical symptoms • Mental health symptoms • Depression (Ahola et al, 2005; Wurm et al, 2016) • Suicide (Shanafelt et al, 2011; van der Heijden et al, 2008) • Substance abuse • Broken relationships • Poor self-care • Motor vehicle accidents	• Decreased quality of care • Increased medical error • Lower patient satisfaction • Lower patient adherence • Longer recovery times	• Decreased productivity • Increased provider turnover • Less patient access • Increased costs
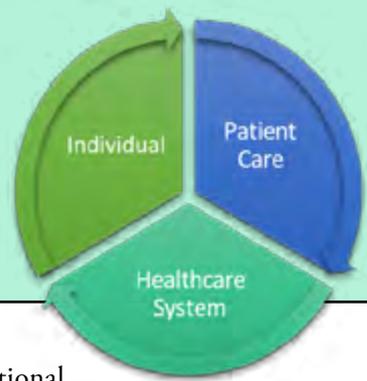
and within healthcare systems. Despite a lack of consensus on the operational definition of both wellbeing (Brady et al, 2018) and burnout (Rotenstein et al, 2018), various wellness programs and initiatives have cropped up as a response to the problem. But, what if the solutions themselves are exacerbating, instead of solving, the problem?

Wellbeing is a multifaceted concept with physical, mental, and social dimensions (World Health Organization, 1946); therefore, programs promoting wellbeing should also be multifaceted, with the burden not only placed on the individual, but also on the system as a whole (Shanafelt & Noseworthy, 2017). The goal of this section is to open an international dialogue on enhancing wellbeing in the field of child and adolescent psychiatry and allied professions.

BURNOUT

It is debated whether burnout is a distinct construct (Maslach & Leiter, 2016) or a subset manifestation of other mental disorders such as depression, anxiety, or posttraumatic stress disorder (Leiter & Durup, 1994; Mitani et al, 2006; Wurm et al, 2016); or job stress (Morse et al, 2012). First described in 1974 (Freudenberger, 1974; Ginsburg, 1974), the current, widely accepted definition of burnout is a work-related psychological syndrome with three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 1996). Depression manifests itself with depressed mood, anhedonia, feelings of guilt or worthlessness, fatigue, decreased concentration or decision making capacity, increased or decreased appetite, sleep problems, and suicidal ideation (American Psychiatric Association, 2013).

Burnout and depression have been shown to have a positive correlation, with the emotional exhaustion dimension of burnout having the strongest association with depression (Wurm et al, 2016). However, it remains inconclusive whether burnout is an earlier phase in the development of depression, or whether having depression negatively impacts the work experience, thus leading to burnout.

Various studies, including longitudinal data, are consistent with both hypotheses. Notably, burnout has consistently been shown to have individual, systemic, and economic consequences (Peterson et al, 2008; Salyers et al, 2017; Salyers et al, 2015; West et al, 2018). Conversely, wellbeing initiatives in healthcare systems have shown to be wise financial cost-saving measures downstream (PricewaterhouseCoopers, 2014).

DEPRESSION AND SUICIDE

Independent of the association between burnout and depression, there is an increased prevalence of depression and suicide among healthcare providers. Suicide is a complex behavior caused by multiple converging risk factors, the most common of which is inadequate recognition or management of mental health conditions (Gold et al, 2013). A study of US physicians who died by suicide found they were less likely to have received mental health treatment compared to non-physicians, even though both groups had similar rates of depression. Psychosocial risk factors related to job problems (such as having made a medical error) were associated with suicide in physicians, whereas death of a loved one or having had a recent crisis was associated with suicide in the general population (Gold et al, 2013). Stigma, confidentiality concerns, reluctance to seek help, attitudes towards self-treatment, fear of professional repercussions, limited time, and work demands are some of the cited reasons for the high rates of physician suicide (Maslach & Leiter, 2016). It is possible that physicians have become skilled at compartmentalizing and coping with death and crisis as part of their profession. However, they may have more difficulty when it comes to coping with threats to their own self-identity as physicians, which tends to encompass both their professional and personal lives (Gold et al, 2013).

CHILD AND ADOLESCENT MENTAL HEALTH PROVIDERS

Mental health providers face many of the same challenges as other healthcare professionals, like increased workloads, long work hours, staff shortages, limited support or supervision, and a lack of meaningful autonomy. (Edwards et al, 2000; White et al, 2018). However, mental health providers appear to have higher rates of depression, suicidal ideation, suicide attempts, and higher burnout scores when compared to medical providers in other fields. For example, a study from Finland found psychiatrists to have higher rates of suicidal ideation, and child psychiatrists to have higher rates of suicide attempts, than other physicians (Korkeila et al, 2003). Similarly, another study showed pediatric mental health nurses to have greater physiologic indicators of chronic stress, and higher burnout scores, than nurses working in the neonatal intensive care unit (Morelius et al, 2013).

Caring empathically for patients with mental health needs may require clinicians to spend more time in emotionally draining encounters than practitioners in some other fields of medicine. Chronic exposure to traumatic narratives requires diligent emotional regulation and self-care, and may still result in vicarious traumatization, also known as secondary trauma or compassion fatigue (Boscarino et al, 2010; Cetrano et al, 2017), despite best efforts. Vicarious trauma is a recognized occupational hazard which may present an additional challenge when working with children with mental illness and their families.

Click on the image above to access a short video about depression (3:47)

Click on the image above to access a TED talk about the cost of vicarious trauma

Table J.12.2   Selected instruments that can be used to assess burnout, depression, suicidality, and wellbeing (click on the measure to access the instrument.

MEASURE	DESCRIPTION
Burnout	
Maslach Burnout Inventory – Human Services Survey (MBI-HHS) for Medical Personnel	A 22-item survey covering three areas: emotional exhaustion (EE), depersonalization (DP), and low sense of personal accomplishment (PA).
Oldenburg Burnout Inventory	A 16-item survey covering two areas: exhaustion (physical, cognitive, and affective aspects) and disengagement from work (negative attitudes toward work objects, work content, or work in general).
Physician Work-Life Study's Single Item (embedded in "Mini-Z")	A single-item survey with a stem assessing the level of burnout with corresponding response options.
Copenhagen Burnout Inventory	A 19-item survey covering three areas: personal (degree of physical and psychological fatigue and exhaustion related to work) and client-related (or a similar term such as patient, student, etc.) burnout.
Depression and Suicide	
The Patient Health Questionnaire-9 (PHQ-9)	A 9-item self-report component of the PRIME-MD (Primary Care Evaluation of Mental Disorders) measuring depression and suicidal ideation.
The Center for Epidemiologic Studies Depression Scale Revised (CESD-R)	A 20-item survey assessing the nine group of symptoms of depression as defined by the DSM-5.
Columbia-Suicide Severity Rating Scale (C-SSRS)	A 6-question screening tool evaluating suicidal ideation severity and behavior.
Beck Scale for Suicide Ideation (BSS) (not free)	A 21-item evaluation with 5 screening questions for suicide risk.
Wellbeing	
Stanford Professional Fulfillment Index	A 16-item survey that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfillment.
Well-being Index	A 7- or 9-item survey identifying distress in a variety of dimensions (burnout, fatigue, low mental/physical quality of life, depression, and anxiety/stress).

Click on the image above to learn how to lead the way by seeking help (4:56)

Detection

There are several psychometrically-sound tools that can be used to assess burnout, depression, suicidality, and wellbeing. A curated list of these instruments, which can be used by individuals or rolled out by specific programs, institutions, or health care systems, is provided in Table J.12.2.

Possible solutions

What matters is what can each one of us can do to detect and help our colleagues avoid or overcome these problems. Evidence-based strategies to combat burnout, depression, and suicide risk among health care providers are not one-size-fits-all, but may serve as a starting point to tackle the burnout crisis. Given that burnout is a work-related syndrome, it is not surprising that according to research top-down interventions implemented by organizations have the greatest impact. However, meta-analyses on physician burnout suggest that *both* individual-focused and systemic or organization-driven interventions *can* reduce burnout (Panagioti et al, 2017; Regehr et al, 2014; West et al, 2016). The most successful interventions combine different approaches including structural changes such as workload or schedule improvements, fostering effective communication among members of the healthcare team, promoting team work, and cultivating a sense of autonomy (Panagioti et al, 2017). Both, individuals and organizations have a vested interest in preventing burnout in order to mitigate its consequences.

The Hungarian Doctor by Theodore-Joseph-Louis Geirnaert. The State Hermitage Museum, Saint Petersburg

Table J.12.3   Selected individual interventions with some evidence of effectiveness

INTERVENTION	TARGETS	STUDY POPULATION
Finding meaning and a sense of calling	↓ Likelihood of burnout	Physicians (Shanafelt et al, 2009; Yoon et al, 2017)
Cognitive behavioral therapy (CBT)	↓ Burnout scores ↓ Suicidal ideation	Mental health professionals, physicians (Awa et al, 2010), and residents (Guille et al, 2015)
Psychosocial skills and communication training	↓ Burnout scores	Hospital social workers (Cohen & Gagin, 2005) and forensic mental health nurses (Ewers et al, 2002)
Mindfulness	↓ Burnout scores	Physicians (Goodman & Schorling, 2012; Krasner et al, 2009; Ospina-Kammerer & Figley, 2003), resident physicians (Goldhagen et al, 2015; Rosdahl & Kingsolver, 2014), nurses, psychologists, and social workers (Goodman & Schorling, 2012)
Stress management training (long term effects seen with refresher training)	↑ Personal accomplishment ↓ Emotional exhaustion	Physicians, nurses, hospital staff, psychologists, social workers, and health educators (Rowe, 2006; Winefield et al, 1998)
Self-care and exercise	↑ Wellbeing ↓ burnout	Physicians, nurses and resident physicians (Alexandrova-Karamanova et al, 2016; Lebensohn et al, 2013; Weight et al, 2013)
Peer to peer support/ small groups to promote community	↑ Engagement and meaning ↓ Depersonalization	Physicians (West et al, 2014)

Systemic Interventions

- Shanafelt & Noseworthy (2017) presented the drivers of physician burnout and engagement (summarized in Figure 3 of their article), and suggested organizational strategies that can be implemented (Table J.12.3).
- The Stanford University Emergency Department time banking intervention program provides support to alleviate work-life conflicts and observed a 60% improvement in physician attrition and satisfaction.
- The Healthy Workplace Study showed improved satisfaction and lower burnout scores among primary care physicians with the initiation of workflow optimization with increased support and quality improvement projects (summarized in that study's Table 1).

- **Weekend breaks** for intensive care unit physicians in a cluster-randomized trial showed better perception of work-life balance, lower job distress, and decreased burnout.
- A peer-led physician small-group skills-class with protected time from clinical duties at the Mayo Clinic promoted engagement and finding meaning in work.

Individual

Selected individual interventions with some evidence of effectiveness are presented in Table J.12.3

CONCLUSION

Information specific to child and adolescent psychiatry providers is scarce, but available data suggest that we are at an even higher risk for developing burnout, depression, and suicide compared to our colleagues in other fields of medicine, who are already at a high risk compared to the general population. Personal and situational factors contribute to these providers' experience, and initiatives promoting wellbeing should target both systems and individuals. Currently, many of the interventions place the burden on the individual. By offering skills training, promoting physical exercise, or hosting social events with limited or no change to the workflow, these well-meaning solutions may further overwhelm an already overburdened practitioner, instead of alleviating the problem – an approach that has been aptly criticized by Drozdowicz (2017) as putting "lipstick on a pig".

There is no simple answer to the crisis we are facing. The providers in the studies presented, which tend to be physicians from developed countries, would face different challenges compared to non-physicians, and would also be different from mental health providers in developing parts of the world who may be serving as the only provider for an entire country or region. There is no simple answer to the crisis and the overall goal is not only to have absence of burnout/depression/suicide etc., but also to achieve a meaningful and well-lived life, which is defined differently by each individual. Therefore, the process to get to that end result will also vary.

Click on the image above to access a TED talk on how a child psychiatrist channeled his own experience with depression into raising awareness for children's mental health (18:41)

ADDITIONAL RESOURCES

Australia and New Zealand:

- Royal Australian and New Zealand College of Psychiatrists

- Australasian Doctors Mental Health Network Survey

- Heads Up (Better mental health in the workplace, not just for health professionals) Please add bullet point:

- Mood Gym interactive self-help tool

Europe:

- Royal College of Psychiatrists

- Doctors Support Network

- EU Framework for Action on Mental Health and Wellbeing

North America:

- American Psychiatric Association (APA)

- American Foundation for Suicide Prevention (AFSP)

- Stanford Medicine WellMD Center

- American Medical Association (AMA) Online Module

- National Academy of Medicine

REFERENCES

Ahola K, Honkonen T, Isometsa E et al (2005). The relationship between job-related burnout and depressive disorders--results from the Finnish Health 2000 Study. *Journal of Affect Disorders 88:*55-62. doi:10.1016/j.jad.2005.06.004

Alexandrova-Karamanova A, Todorova I, Montgomery A et al (2016). Burnout and health behaviors in health professionals from seven European countries. *International Archives of Occupational and Environmental Health 89:*1059-1075. doi:10.1007/s00420-016-1143-5

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Arlington, VA: American Psychiatric Publishing.

Awa WL, Plaumann M, Walter U (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling 78:*184-190. doi:10.1016/j.pec.2009.04.008

Beezhold JN, Durant D, Ginzler A et al (2017). Prevalence of depression in psychiatry trainees in 22 countries: Findings from the international burnout syndrome study (BoSS). *European Psychiatry 41:*S569. doi:https://doi.org/10.1016/j.eurpsy.2017.01.836

Boscarino JA, Adams RE, Figley CR (2010). Secondary Trauma Issues for Psychiatrists. *Psychiatric Times 27:*24-26.

Brady KJS, Trockel MT, Khan CT et al (2018). What do we mean by physician wellness? A systematic review of its definition and measurement. *Academic Psychiatry 42:*94-108. doi:10.1007/s40596-017-0781-6

Cetrano G, Tedeschi F, Rabbi L et al (2017). How are compassion fatigue, burnout, and compassion satisfaction affected by quality of working life? Findings from a survey of mental health staff in Italy. *BMC Health Services Research 17:*755. doi:10.1186/s12913-017-2726-x

Cohen M, Gagin R (2005). Can skill-development training alleviate burnout in hospital social workers? *Social Work in Health Care 40:*83-97. doi:10.1300/J010v40n04_05

Deary IJ, Agius RM, Sadler A (1996). Personality and stress in consultant psychiatrists. *International Journal of Social Psychiatry 42:*112-123. doi:10.1177/002076409604200205

Edwards D, Burnard P, Coyle D et al (2000). Stressors, moderators and stress outcomes: findings from the All-Wales Community Mental Health Nurse Study. *Journal of Psychiatri Mental Health Nursing 7:*529-537.

Ewers P, Bradshaw T, McGovern J etal (2002). Does training in psychosocial interventions reduce burnout rates in forensic nurses? *Journal of Advanced Nursing 37:*470-476.

Frank E, Biola H, Burnett CA (2000). Mortality rates and causes among U.S. physicians. *American Journal of Preventive Medicine 19:*155-159. doi:10.1016/S0749-3797(00)00201-4

Freudenberger HJ (1974). Staff burn-out. *Journal of Social Issues 30:*159-165. doi:10.1111/j.1540-4560.1974.tb00706.x

Ginsburg SG (1974). Problem of burned out executive. *Personnel Journal 53:*598-600.

Gold KJ, Sen A, Schwenk TL (2013). Details on suicide among U.S. physicians: Data from the National Violent Death Reporting System. *General Hospital Psychiatry 35:*45-49. doi:10.1016/j.genhosppsych.2012.08.005

Goldhagen BE, Kingsolver K, Stinnett SS et al (2015). Stress and burnout in residents: Impact of mindfulness-based resilience training. *Advances in Medical Education and Practice 6:*525-532. doi:10.2147/amep.s88580

Goodman MJ, Schorling JB. (2012). A mindfulness course decreases burnout and improves wellbeing among healthcare providers. *International Journal of Psychiatry in Medicine 43:*119-128. doi:10.2190/PM.43.2.b

Guille C, Zhao Z, Krystal J et al (2015). Web-based cognitive behavioral therapy intervention for the prevention of suicidal ideation in medical interns: A randomized clinical trial. *JAMA Psychiatry 72:*1192-1198. doi:10.1001/jamapsychiatry.2015.1880

Koreki A, Nakagawa A, Abe A et al (2015). Mental health of Japanese psychiatrists: the relationship among level of occupational stress, satisfaction and depressive symptoms. *BMC Research Notes 8:*96. doi:10.1186/s13104-015-1054-7

Korkeila JA, Toyry S, Kumpulainen K et al (2003). Burnout and self-perceived health among Finnish psychiatrists and child psychiatrists: a national survey. *Scandinavian Journal of Public Health 31:*85-91. doi:10.1080/14034940210133880

Krasner MS, Epstein RM, Beckman H et al (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA 302:*1284-1293. doi:10.1001/jama.2009.1384

Lebensohn P, Dodds S, Benn R et al (2013). Resident wellness behaviors: relationship to stress, depression, and burnout. *Family Medicine 45:*541-549.

Leiter MP, Durup J (1994). The discriminant validity of burnout and depression: A confirmatory factor analytic study. *Anxiety, Stress, & Coping 7:*357-373. doi:10.1080/10615809408249357

Maslach CJS, Leiter MP (1996). *Maslach Burnout Inventory Manual* (3rd ed.). Palo Alto, California: Consulting Psychologists Press.

Maslach C, Leiter MP (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry 15:*103-111. doi:10.1002/wps.20311

McLellan AT, Skipper GS, Campbell M et al (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ:337.* doi:10.1136/bmj.a2038

Mitani S, Fujita M, Nakata K et al (2006). Impact of post-traumatic stress disorder and job-related stress on burnout: a study of fire service workers. *Journal of Emergency Medicine 31:* 7-11. doi:10.1016/j.jemermed.2005.08.008

Morelius E, Gustafsson PA, Ekberg K et al (2013). Neonatal intensive care and child psychiatry inpatient care: do different working conditions influence stress levels? *Nursing Research and Practice* 761213. doi:10.1155/2013/761213

Morse G, Salyers MP, Rollins AL et al (2012). Burnout in mental health services: A review of the problem and Its remediation. *Administration and Policy in Mental Health and Mental Health Services Research 39:* 341-352. doi:10.1007/s10488-011-0352-1

Ospina-Kammerer V, Figley CR (2003). An evaluation of the Respiratory One Method (ROM) in reducing emotional exhaustion among family physician residents. *International Journal of Emergency Mental Health 5:*29-32.

Panagioti M, Panagopoulou E, Bower P et al (2017). Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis. *JAMA Internal Medicine 177:*195-205. doi:10.1001/jamainternmed.2016.7674

Peterson U, Demerouti E, Bergstrom G et al (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing 62:*84-95. doi:10.1111/j.1365-2648.2007.04580.x

PricewaterhouseCoopers. (2014). *Creating a Mentally Healthy Workplace: Return on Investment Analysis.* https://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf

Regehr C, Glancy D, Pitts A et al (2014). Interventions to reduce the consequences of stress in physicians: a review and meta-analysis. *Journal of Nervous & Mental Disiese 202:*353-359. doi:10.1097/nmd.0000000000000130

Rosdahl JA, Kingsolver K (2014). Mindfulness training to increase resilience and decrease stress and burnout in ophthalmology residents: a pilot study. *Investigative Ophthalmology & Visual Science 55:*5579-5579.

Rotenstein LS, Torre M, Ramos MA et al (2018). Prevalence of burnout among physicians. A systematic review. JAMA 320:1131-1150. doi:10.1001/jama.2018.12777

Rowe MM (2006). Four-year longitudinal study of behavioral changes in coping with stress. *American Journal of Health Behavior 30:*602-612. doi:10.5555/ajhb.2006.30.6.602

Salyers MP, Bonfils KA, Luther L et al (2017). The Relationship between professional burnout and quality and safety in healthcare: A meta-analysis. *Journal of General Internal Medicine 32:*475-482. doi:10.1007/s11606-016-3886-9

Salyers MP, Fukui S, Rollins AL et al (2015). Burnout and self-reported quality of care in community mental health. *Administration and Policy in Mental Health and Mental Health Services Research 42:*61-69. doi:10.1007/s10488-014-0544-6

Shanafelt TD, Balch CM, Dyrbye L et al (2011). Special report: suicidal ideation among American surgeons. *Archives of Surgery 146:*54-62. doi:10.1001/archsurg.2010.292

Shanafelt TD, Noseworthy JH (2017). Executive leadership and physician wellbeing: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings 92:*129-146. doi:10.1016/j.mayocp.2016.10.004

Shanafelt TD, West CP, Sloan JA et al (2009). Career fit and burnout among academic faculty. *Archives of Internal Medicine 169:*990-995. doi:10.1001/archinternmed.2009.70

Sharon O, Leah O (2007). Assessing burn-out and occupational stressors in a medium secure service. *The British Journal of Forensic Practice 9:* 32-48. doi:doi:10.1108/14636646200700011

Siebert DC (2005). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research 32:*25-44. doi:10.1300/J079v32n02_02

van der Heijden F, Dillingh G, Bakker A et al (2008). Suicidal thoughts among medical residents with burnout. *Archives of Suicide Research 12:*344-346. doi:10.1080/13811110802325349

Webster L, Hackett RK (1999). Burnout and leadership in community mental health systems. *Administration and Policy in Mental Health and Mental Health Services Research 26:*387-399.

Weight CJ, Sellon JL, Lessard-Anderson CR at al (2013). Physical activity, quality of life, and burnout among physician trainees: the effect of a team-based, incentivized exercise program. *Mayo Clinic Proceedings 88:*1435-1442. doi:10.1016/j.mayocp.2013.09.010

West CP, Dyrbye LN, Erwin PJ et al (2016). Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet 388:*2272-2281. doi:10.1016/s0140-6736(16)31279-x

West CP, Dyrbye LN, Rabatin JT et al (2014). Intervention to promote physician wellbeing, job satisfaction, and professionalism: a randomized clinical trial. *JAMA Internal Medicine 174:*527-533. doi:10.1001/jamainternmed.2013.14387

West CP, Dyrbye LN, Shanafelt TD (2018). Physician burnout: contributors, consequences, and solutions. *Journal of Internal Medicine.* doi:10.1111/joim.12752

White A, Shiralkar P, Hassan T et al (2018). Barriers to mental healthcare for psychiatrists. *Psychiatric Bulletin 30:*382-384. doi:10.1192/pb.30.10.382

Winefield H, Farmer E, Denson L (1998). Work stress management for women general practitioners: An evaluation. *Psychology, Health & Medicine 3:*163-163.

World Health Organization. (1946). *Preamble to the Constitution of WHO as adopted by the International Health Conference*, New York.

Wurm W, Vogel K, Holl A et al (2016). Depression-burnout overlap in physicians. *PLoS One 11:3*, e0149913. doi:10.1371/journal.pone.0149913

Yoon JD, Daley BM, Curlin FA (2017). The association between a sense of calling and physician wellbeing: A national study of primary care physicians and psychiatrists. *Academic Psychiatry 41:*167-173. doi:10.1007/s40596-016-0487-1

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