

## EDITORIAL

# Preventing Suicidal Ideation in Medical Interns

Charles F. Reynolds III, MD

**In the first such study** of its kind, to my knowledge, Guille and colleagues<sup>1</sup> have shown that the use of web-based cognitive behavioral therapy (CBT) is effective in reducing suicidal



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ideation among medical interns. Relative to interns in an education and attention-only control condition, those who participated in web-based CBT were 60% less likely to endorse suicidal ideation during the internship year. Building on the work of Christensen et al<sup>2</sup> in developing electronic health interventions for suicide prevention, this study<sup>1</sup> demonstrates that young physicians can be “inoculated” at a very critical time in their lives, that is, provided with knowledge and skills that enable them to be resilient to the stresses of internship, depression, and suicidal ideation (a form of “selective” prevention in the Institute of Medicine’s taxonomy of mental illness prevention strategies).

To place this study in context, we have long known that rates of suicide among physicians (particularly among women physicians) are higher than in the general population.<sup>3</sup> While the proportionate mortality ratio of physicians who smoke has declined as physician education regarding the dangers of smoking has increased, by contrast, the proportionate mortality ratio for suicide among physicians has remained high.<sup>3</sup> Risk factors for physician suicide are mainly unipolar or bipolar mood disorders and substance use disorders.<sup>3</sup> Physicians often do not recognize depression in themselves and/or have patterns of self-medication. Moreover, stigma and concerns about confidentiality are frequent barriers to medical students and physicians seeking help.<sup>4,5</sup>

Depression complicates the lives of young physicians.<sup>6</sup> It disrupts sleep and begets and amplifies cognitive disabilities. By exacerbating interpersonal difficulties, it undermines the ability to function effectively in caregiving teams and to find the support needed to cope with medical training. And, as Guille and colleagues<sup>1</sup> emphasize, depression can be a precursor to suicide, with 1 doctor dying by suicide approximately every day.

To date, some medical schools and academic health centers have responded by curriculum reform (eg, including ma-

terial on physician depression and suicide in lectures), use of depression-screening instruments to fill out privately and confidentially as a learning experience (eg, Patient Health Questionnaire-9), and education about stress and how to get help. These are important steps. They address the need for early education about depression and can address stigma as a barrier to seeking help. However, many students and young physicians do not want to take time for treatment, have limited ability to pay for care, and worry about issues of confidentiality, medical licensability, and clinical referrals.<sup>6</sup>

It is within this broader institutional context that the Guille et al<sup>1</sup> study can be understood. Specifically, it is a study of prevention, not treatment—thereby showing how to circumvent many of the barriers to treatment including social, financial, and temporal issues. As a web-based intervention, it offers access to mental health intervention to persons who might be unable or unwilling otherwise to access such services. The intervention is evidence based and efficient with respect to time and money, 2 barriers that impede treatment of clinical depression. As a web-based intervention, it is also private, circumventing the concerns that could attend face-to-face treatment. Finally, it also has the potential for scalability, pending further research in other training programs, that is, for expanded use by the 24 000 medical trainees who begin their first postgraduate year annually.

Finally, Guille et al,<sup>1</sup> to my knowledge, have contributed the first controlled experimental observation about the efficacy of a learning-based approach to reducing the risk for suicidal ideation in physicians—sadly, data on this have been lacking heretofore. Specifically, 12% of interns (12 of 100) randomly assigned to CBT endorsed suicidal ideation vs 21.2% of interns (21 of 99) assigned to the attention-only control arm of the study. These data are broadly consistent with the efficacy of brief behavioral and psychological interventions to reduce the incidence of episodes of major depression in at-risk adults (indicated and selective prevention).<sup>7</sup>

Going forward, one can anticipate that as issues of work-life balance and self-care are addressed and as physicians adopt wellness strategies that promote well-being, patient care will also benefit.<sup>3,6</sup>

## ARTICLE INFORMATION

**Author Affiliation:** University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania.

**Corresponding Author:** Charles F. Reynolds III, MD, University of Pittsburgh School of Medicine, 758 Bellefield Towers, 3811 O'Hara St, Pittsburgh, PA 15213 (reynoldsfc@upmc.edu).

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