Medicine vs Motherhood

I'm sitting at my desk, trying to concentrate. On anything. It's impossible. No, I should rephrase that, it's "challenging" is the term I've been taught to use. I can't focus. I have no motivation. And it's been like this for nine months.

I've been treated for depression twice in the past and promised I'd never let myself get depressed again. "Let myself" - that phrase shows how ignorant I still was. Whilst on maternity leave, I became snappy, lethargic, irritable, moody and low. I was certain that it was all due to being a mother with a newborn. All new mums are exhausted, right? I couldn't be bothered to see people, to cook, to do anything really. But surely it was all down to extreme tiredness?

I couldn't be depressed. I come from a secure background, have a loving and supportive husband and family, close friends, a good job (I'm a doctor, did I mention that?), a beautiful house and no financial worries. I had no reason to be depressed. I was diagnosed, however, with depression and anxiety. How could I let it happen again?

That's the point - I didn't "let it happen". It's not my fault. Depression and anxiety are medical illnesses. Like diabetes. Or heart failure. It could happen to anyone.

Depression and anxiety permeate your life. Small things become unmanageable. You cry for no reason. You hate yourself. You feel terrible and unrepentant guilt. About everything. It's a frightening and lonely world. Nobody understands that even when you look happy on the surface, you're flat inside, terrified that you're crazy and may not get better.

My return to work became the main focus of my anxiety. I would lie in bed at night panicking. I couldn't concentrate, focus or make decisions. How could I run an acute medical take? Surely I wouldn't be safe as a doctor anymore?

You cannot understand tiredness until you've experienced the tiredness associated with having small children. Or the tiredness associated with having small children and depression. Sometimes I feel like I'll never have any energy ever again. That I will forever be trying to catch up, to get through the day, to make it to bed. I feel like my life is constantly on the brink of chaos and that I can only rest when I collapse into bed.

Except that I can't rest in bed. Bedtime is the worst. I lie there thinking. Thinking about everything. One night I was still awake at midnight, so got out of bed and scribbled down everything that was in my head. I was thinking 47 things at once. That's how well women can multitask. And that's why I can't relax and get to sleep. They say that anxiety makes it hard to fall asleep and depression makes you wake up early. Well I have anxiety, depression, a four year old and a baby, so that makes for little sleep.

Depression seeps into your bones. It gnaws away at your soul, until you don't know who you are anymore. At times you feel overwhelmed with emotion, wretched, beyond help. At other times you feel nothing at all. Absolutely nothing. I don't know which is more frightening.

I wrote this eighteen months ago. I am now back at work as an acute medical consultant, having had Cognitive Behavioural Therapy, psychiatry input and antidepressants.

Depression and suicide are more common in the medical profession than in the general public,[1-4] yet we rarely discuss it. Many of the personality traits that help us to become highly functioning professionals also increase our risk of depression, such as perfectionism and being overly self-critical.[5-6] Depression has also been shown to be associated with symptoms of burnout,[2] which is commonplace within the medical workforce. Other risk factors for depression within the medical profession include poor relationships with senior doctors, work overload, job responsibility, making mistakes, lack of sleep and a conflicting work-life balance.[5]

How to deal with mental health within the medical profession will not be straightforward and will need addressing from medical school onwards. We must recognise the risk factors and provide adequate support, mentoring, debriefing and rest periods. But first, we need to reduce the stigmatisation and start talking about it.

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