



Dr. John P. O'Keefe

“I believe that community involvement is crucial to the well-being of dentists.”

Lonely, But Not Alone

It seems hard to believe that I have been a dentist for over 27 years now. During this time I have had the privilege of meeting members of the profession from around the world. These encounters reinforce my belief that there are very decent, generous and caring individuals in dentistry.

A prime example of this decency is highlighted in the *JCDA* profile of Dr. Allan Jeffries. This June, Dr. Jeffries will be cycling across Canada in under 20 days to raise money for children and families living with cancer. Here is a dentist who is giving back to the community through a charitable event that is meaningful to him on a personal level. Dr. Jeffries' philanthropic gesture proves the old adage that you must first give in order to receive.

While cycling is considered a solitary pursuit (similar to dentistry), Dr. Jeffries shows how it can also be a collective experience, bringing together like-minded people for a greater good. In April, during National Oral Health Month™, dentists will have an ideal opportunity to engage with members of the community in local activities planned by the various component dental societies.

It's important to participate in these activities, as dentistry can sometimes be a lonely profession. Recently a dentist friend approached me with his personal experience of isolation and ultimately depression. His story began innocently enough — he attributed some minor behavioural changes to the burnout or mental fatigue from running a busy practice for several years. But when his sleeping patterns changed drastically and he was feeling no joy in his life, he finally sought help. It took encouragement from his wife and a close friend to persuade him to see his family physician about his mental state. He was eventually diagnosed with depression and it immobilized him physically and mentally for almost 3 months.

Like most people, my friend thought mental illness would never happen to him. He was in denial. As he said, “I thought you had to feel sad to be depressed.” Looking back, he realizes that a person can be totally unaware of what is happening. He asked that his testimony be passed along to colleagues in order to open up a dialogue about depression and mental illness. He wants people to realize that it can happen to anyone and to underscore the importance of seeking help early if any symptoms start to appear.

According to a report from the Public Health Agency of Canada,¹ 20% of Canadians will experience a mental illness in their lifetime. Mental illness likely touches every Canadian family either directly, through family members, or indirectly, through friends or colleagues. Urban myths persist about the dental profession experiencing unusually high depression and suicide rates. I made inquiries about this to the American Dental Association and was directed to results of their most recent Mental Health Screening Project. The preliminary results indicate that in general, the incidence of depression and suicide is no higher in dentistry than in the overall population.

My friend's honesty in recounting his experience with depression really touched me. Many people don't seek treatment even when the warning signs are visible, which is unfortunate, because there is a wealth of resources available for dentists who need help. CDSPI offers the Members' Assistance Program (MAP), a confidential counselling service for dentists and their families. Many provincial dental associations also provide similar programs on a local basis. Updated resources and helplines for dentists are listed on page 121.

I believe that community involvement is crucial to the well-being of dentists. *JCDA* tries to act as a community builder for the profession. We try to foster dentist-to-dentist communication by reaching out to fellow practitioners across the country. You may be feeling lonely but you are not alone. Always remember that there is a community of colleagues waiting to lend you support.

Reference

1. Health Canada. A report on mental illnesses in Canada. Ottawa, Canada; 2002. Available: www.phac-aspc.gc.ca/publicat/miic-mmact/pdf/men_ill_e.pdf.

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Helplines for dentists

CDSPI - Members' Assistance Program (MAP)

The MAP provides confidential counselling and related support services to all dentists, their extended families and staff members at no cost. To speak with a MAP counsellor, please call:

From North America: 1-800-268-5211 (English)
1-800-363-3872 (French)

Alberta

Confidential Assistance Program

1-800-Canniff (226-6433)

British Columbia

Dental Profession Advisory Program (DPAP) Counselling

John Palmer, BDS, MC, RCC

1-800-661-9199

Toni Pieroni, RDH, MA, RCC

1-888-669-9199

Manitoba

The association refers dentists to the CDSPI service.

New Brunswick

The association refers dentists to the CDSPI service.

Newfoundland and Labrador

The association refers dentists to the CDSPI service.

Northwest Territories & Nunavut Dental Association and Yukon Dental Association

The associations refer dentists to the CDSPI service.

Nova Scotia

Professional Support Program

(902) 468-8215

Ontario

The association's Creating Balance in Dentistry Program refers dentists to the CDSPI service.

Prince Edward Island

The association does not have its own service but refers members either to the CDSPI or Nova Scotia service.

Quebec

Médi-Secours. Exclusively for physicians and dentists who have an alcohol or drug problem.

(514) 440-4520

PROACT Member Help Program

Members of the Association of Dental Surgeons of Quebec and their immediate families can use the services of this employee assistance program if they experience certain difficulties.

Free bilingual telephone service (24 hours/7 days)

(514) 875-0720 ou 1-800-361-4858

Saskatchewan

Team Assistance Program, administered by PAR Consultants of Canada Limited. Contact PAR directly at:

(306) 978-8282 or 1-877-978-8282 (Saskatoon)

(306) 352-0680 or 1-877-352-0680 (Regina)