

BRAIN STRAIN

MENTAL HEALTH 101 - Part Two

Dousing the Heat of Burnout



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In the second installment of Mental Health 101, Rochelle Morandini talks to Dr. Kourosh Edalati, the Clinical Director of the Elumind Centres for Brain Excellence, about the causes, diagnoses, physiology and treatments for burnout.

RM: *What causes someone to burn out at work?*

Dr. Edalati: When it comes to burnout, work-related burnout is one of the areas that has received the most research.

There are many reasons someone may burn out:

- People feel neglected at work
- They do not feel they have control of their work
- They are working hard without any end in sight
- They receive little recognition for what they are doing

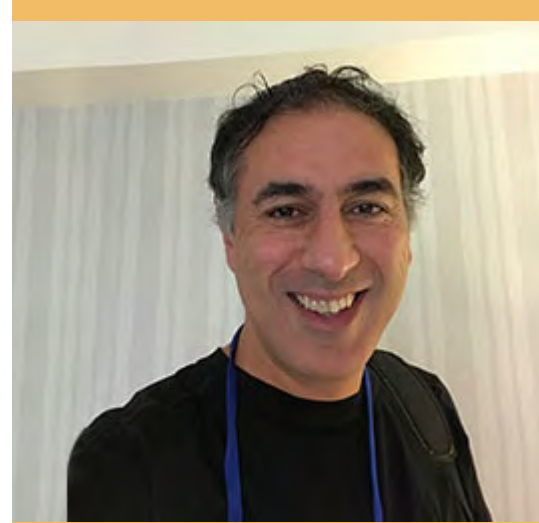
I look at my own staff and try to see what makes them look tired. They look tired when they are not challenged. They want to be constantly stimulated in their work. If they do the same thing over and over without being taught anything new or being asked to do something they have not done before, they get fatigued.

When days are ‘go go go’ with high pressure situations, and I am pushing my team to get things done, this also leads to being tired. These are the situations where there is limited structure to the day, there appears to be chaos, and everyone is super stressed out. This can lead to burn out if these high stress situations are repeated without self-care and without times to calm down. So, I always keep an eye on the level of fatigue of my staff when we are super busy and connect with each person constantly to make sure they can express themselves.

Another thing to watch is if my expectations are constantly beyond their abilities. If someone feels they are unable to regularly achieve what is being asked of them, they get a feeling of helplessness that they are not doing their job.

So, in summary, burnout can be prevalent where there is too much expectation, not enough structure, high pressure work, no real help for someone doing their job, and a lack of control that makes an individual feel helpless in their work environment.

An individual by the name of Christina Maslach did a lot of research in the 1970’s and 1980’s on what type of people burn out. Those with Type A personalities – a prelude to burnout – often need to be in charge and/or take on too much. They need to know and respect the boundaries of their job or they just keep going. They tend to do it all, as they do not believe another can do the job as well as they can and they tend to take on more responsibility. Sometimes, they are perfectionists and will go over something again and again. This results in a feeling of non-accomplishment. Just being perfectionistic, a form of Obsessive Compulsive Personality Disorder, can destroy both themselves and their relationships due to the ‘perfectionistic’ personality.



Dr. Kourosh Edalati
Clinical Director,
Elumind Centres for Brain Excellence

Dr. Edalati began his journey in holistic brain health as an immunology student at McGill University. He observed that foods had a major impact on his own immune system. His improved immune system not only kept him away from illnesses, but also turned his brain into a calm and happy one, to the extent that people around him nicknamed him the “Zen dude”.

Later on, Dr. Edalati started to look at clinical hypnosis and mindfulness-based psychotherapies with other psychological interventions as part of his psychiatry training. His conclusion was that these treatments — when combined with proper nutrition — can have a far greater impact on the health not only of people’s minds but also of their bodies.

After observing the connection between the domains of biology, psychology, spiritual beliefs and social networks, Dr. Edalati decided that addressing just individual domains (such as biology through nutrition) when treating patients was not enough and a more comprehensive philosophy of healing the brain — and therefore the body — was needed. With this intention, he founded the Elumind Centre for Brain Excellence.

Dr. Edalati is a psychiatry graduate from the University of British Columbia, and his private practice works with a variety of mental health conditions. He worked at BC Children’s Hospital in the Child and Family Clinic specializing in PTSD in children and adolescents, and was a clinical instructor for the Department of Psychiatry at the University of British Columbia.

You also bring your interpersonal factors to the workplace. For example, you have no supportive relationships in your personal life or have limited social networks, and consequently, you cannot unclutter yourself from work and let go. You may be a single parent with young kids who does not get enough sleep, on the go at home and on the go at work, day after day. Basically, you burn out when you are living in two places of high stress and not getting enough sleep.

RM: *Is burnout a specific diagnosis?*

Dr. Edalati: Yes and no. In North America, we use The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to diagnose mental disorders. There is no specific diagnosis for burnout in the DSM-5 but the World Health Organization (WHO) considers a diagnosis of burnout if an individual presents with symptoms defined on the WHO checklist:

1. feelings of energy depletion or exhaustion
2. increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
3. reduced professional efficacy

DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients, and establishes consistent and reliable diagnoses that can be used in the research of mental disorders.

RM: *Does burnout lead to other health conditions?*

Dr. Edalati: Interestingly, in a 2019 review of all the data out there related to burnout, depression, and anxiety, it found that there was no conclusive evidence [to solidly link] these three conditions. Keep in mind that the research in this field is still very new and in its early stages – especially as it pertains to the explanations based on neurobiology. There are many parallels between burnout, depression, and Post Traumatic Symptoms Disorders (PTSD), however where there is a causal versus a co-current relationship needs to be answered better.

When someone is depressed, they have high levels of cortisol in their system, just like they do for burnout and

anxiety. High levels of cortisol result in:

- no motivation
- a lack of interest in doing things that normally give someone pleasure
- disinterest in relationships
- feelings of hopelessness
- apathy

What happens biologically is that when cortisol levels are high, there is a reduction in physical and mental energy which can lead to problems with weight gain. Again, these symptoms are very similar between depression and burnout. With anxiety, although burnout causes a reduction in energy and anxiety increases energy, both can lead to little motivation or feelings of helplessness.

To me it makes sense that burnout and psychiatric conditions are very close. Burnout can lead to those conditions in the long run in terms of symptoms. They are, however, very separate issues – sort of like the chicken and the egg. Does someone have depressive symptoms first and then burnout appears, or vice versa?

Burnout parallels three conditions:

- **PTSD** – emotional numbing, being dysfunctional, disassociated with those around you
- **Generalized Anxiety Disorder** – feeling helpless, fatigue and body tension
- **Depression** – lack of motivation, apathy, irritability

RM: *How would you describe what happens in the brain of someone who experiences burnout?*

Dr. Edalati: An acute stress response is when we see a threat, such as the fear of seeing a dangerous tiger coming at us. Our brain activates the amygdala which activates the hypothalamus, which in turn, impacts the sympathetic nervous system. The sympathetic nervous system triggers the adrenal glands to produce adrenalin so our breathing increases, our heart pumps faster, and we run quicker to enable us to flight or fight. When we have responded to the danger and the threat is gone, our body creates a negative feedback loop due to too much adrenaline in our system. This triggers our parasympathetic nervous system which calms everything down in our body back to normal stasis.

In modern day times, the dangerous tiger is now replaced by chronic stress. In chronic stress, the secondary

system – the “HPA” axis – gets activated on a chronic basis. When this happens, your hypothalamus starts to lose sensitivity to the negative feedback loop messages to kick in the parasympathetic nervous system. Just like when you enter a grocery store, you first hear the background music. However, after some time, you do not notice it anymore. In a very similar vein, the negative feedback loop is supposed to shut off the hypothalamus, but because you have chronic stress, your hypothalamus does not shut down. There may still be a response, but not to the same level.

HPA Axis: We have two master glands: the hypothalamus and the pituitary. The hypothalamus gland produces the corticotropin-releasing hormone (CRH) that stimulates the pituitary gland, and the pituitary gland produces the adrenocorticotropin hormone (ACTH) that stimulates the adrenal gland, which sits on top of your kidneys and produces cortisol.

This chronic phase produces cortisol. Cortisol takes a slower path through the HPA which causes more chaos in our body and has a detrimental impact. Cortisol produces the burnout machine.

Now, say a stuffed-animal tiger appears at the door. Normally, the pre-frontal cortex tells me that this is not a threat, and thereby would not normally trigger my amygdala, the anatomical part of our brain that triggers our fight-or-flight response. My pre-frontal cortex is like a brake for my amygdala and says, “Stop! No need to react, all is fine”.

During burnout, the amygdala starts to fire regularly. The amygdala connects and communicates with the pre-frontal cortex, the part of our brain which has multiple important jobs including executive function, emotional regulation and cognitive function. The connections between the amygdala and pre-frontal cortex become thin, the brakes fail, and sensory stimuli goes through, unnecessarily triggering the amygdala. Over time, the amygdala actually grows in size from this constant firing. So now, with poor brakes and a large amygdala, more stimulus is getting in. Because of these physiological changes in the brain, you basically have difficulty regulating your emotions and paying attention. These are some of the biggest issues with people in burnout due to their pre-frontal cortex starting to thin out. They start to experience collateral

damage, such as difficulties with short-term memory, concentration, and other executive functions.

This creates an ongoing cycle that keeps going and there is no stopping it. A lot of cortisol is produced, and the adrenal glands become exhausted as they are under so much pressure. This scenario creates secondary issues. The stress hormone has a bad effect on your body’s sugar metabolism, mood, and immune system. If you are always under stress and are anxious, the immune system will not respond well and you may get sick. Cortisol starts to work on your blood sugar metabolism which can lead to increasing fasting blood sugar levels, weight gain and damage to blood vessels. Sleep may be impacted. Finally, this high level of cortisol in your system affects your mood. High levels of cortisol are also known to be the precursors to depression and anxiety, and therefore will start to have mental health impacts.

RM: *What type of interventions are often prescribed to help those with acute burnout symptoms to cope and to recover?*

Dr. Edalati: The first thing we need to do is to have someone identify that they are burning out. For example, Type A personalities are the best deniers – they just keep



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going and going until it gets dangerous. In our office, my staff have key performance indicators (KPI's) for self-care – they get points when they take care of themselves.

Ideally, an employer can create a template and identify those individuals who are Type A, who are perfectionists, who feel they have to prove themselves, and who work obsessively. These are the staff who will be affected the most. Identify these individuals. They are the ones that never say 'no'. Those who say 'no' can continue to work for you longer term, and do not have to prove themselves.

Look at individuals who are neglecting what they need to do at the cost of working more. Are they putting their personal lives on hold by staying at work late? They will be at risk of burnout – they are withdrawn from life and may even show signs of substance abuse as they finish a bottle of wine each night trying to find a way out of feeling hopeless. This is pretty telling for us therapists.

“The first thing we need to do is to have someone identify that they are burning out.”

Once an individual has been identified, they need to see their family doctor to make sure nothing else sinister is going on. Often a first step will be to give an anti-depressant, but this is only temporary help. Family physicians are limited in how they can help individuals address burnout.

Then, they need to identify the causes of their burnout: personality traits, financial distress, etc. What are the things that are pushing this individual to be a go-getter? This can be done through counselling (through funding from Extended Health Benefit (EHB) plans) or life coaches. We encourage our staff to use their EHB, as people often don't see counsellors because they do not have the money or this is not their priority.

Individuals should work with their counsellor or coach to find the stressors and learn to eliminate them. Where are you at with your daily routines? For example, what do you do on weekends? In the evenings? How are you spending time away from work? Are you still working, or do you turn off? Identifying where you are spending your time each day is helpful. As for other interventions, it depends on

where we are in the stages of burnout.

We have to determine if someone is in full burnout syndrome. In my office, we have a questionnaire designed by Maslach that identifies three domains that indicate that you are positively burnt out. If someone scores as positive, then they need some time off to go and get help.

The burnout inventory (Maslach) can be filled out on the spot in a therapist's office, and if there is a positive result, a visit to the family physician is a necessary first step.

Treatment looks like:

- Time off
- Help in determining the types of activities to do during time off from work. *(Some people have worked so much of their lives that they don't know what to do when not working. Outside of work, they may have ignored or neglected their relationships and/or not have invested time in developing social connections.)*
- Help in discovering things that are interesting for you, or working with a counsellor to explore these options

If someone is past the early stages, they are shut down, their system is exhausted and often all they want to do is disappear into bed. We believe in encouraging a wellness plan that includes time for the self, sleep, hygiene, meditation, yoga and mindfulness practice.

The healthcare system is very limited in what it can offer. Your family physician or an endocrinologist can do a variety of tests to measure cortisol levels, thyroid function, reproductive hormones and so forth. These hormones are all impacted, and can show up as someone with a hypothyroid, low libido, low testosterone or reduced progesterone.

If these actual biological signs and symptoms of burnout are present, then specialists need to get involved, such as a functional medicine doctor who can work symptom management. Unfortunately, due to limited resources, our medical system is more focused on alleviating symptoms rather than going after the cause.

We focus on nutrition, sleep, social relationships and increased activity and try to improve these. MSP solutions tend to come in the form of drugs to relieve depression and thyroid function. Your doctor may prescribe you vitamins for your poor immune system.

While access to help is very limited, we can still maximize our efforts by getting the family doctor to prescribe lifestyle changes, which can often be a great addition to medications in combatting symptoms.

RM: *On average, how long would it take for someone with acute burnout and the right treatment to begin to show signs of recovery?*

Dr. Edalati: It depends on the stage of burnout – easily months. If a person is in burnout syndrome stage – 1 to 3 years.

RM: *Can someone fully recover from burnout?*

Dr. Edalati: Yes and no. Yes, you can recover because these are basic body functions that can be restored.

However, no, in that if you don't change the personality type and deal with the causes, you are at a high risk of relapse. Individuals who have already burned out have a lower threshold. If they do not change, the root causes of their condition will continue. For example, if they continue to be a pleaser, to have low esteem, this continues the cycle. You need to be careful to go after the true cause, or else this will become a recurring theme in your life.

RM: *What tips do you have that can help someone avoid burnout and/or not regress once they have gone through successful treatment?*

Dr. Edalati: Know yourself. Don't settle for just being in the 'rat race' to make it. So many people have become slaves of the money machine and are not recognizing who they are and their own values. What is important to you? The heart of your self-esteem – how can you value yourself unless you know yourself?

“Individuals who have already burned out have a lower threshold. If they do not change, the root causes of their condition will continue.”

I recommend keeping a diary – each day write down what is important to you, and what is affecting you. Then identify patterns to take to your counsellor or life coach.

To prevent burnout is to find the causes. On the surface level:

- Put aside time for yourself.
- Have some structure in your life.
- Make sure you have reasonable expectations of yourself, and communicate these to your boss: for example, that you will not be there until midnight working for them.
- Reduce your stressors in your life that are unnecessary. For example, you may have neighbours in your life that are not that challenging to deal with, but you are constantly setting yourself up for stressful times with these neighbours. Being easily insulted by small, insignificant events is an example. You make small issues significant. This will build up.
- Have a realistic sense of who you are – and what you can do. If you move faster than you are ready to move, or you jump steps, this often leads people to a sense of helplessness. You get too focused on the end result versus the journey. Enjoy the journey – see how far you have gone in life to date, versus where you are at today.
- Do an annual audit of people who are draining your energy – this could include friends. But when you do this as an audit, you can see how these people either add or take away from your life.
- Take care of yourself. Exercise. Have hobbies.

Overall, the most important factor – #1 – is self-esteem. If you value yourself, you will do all of these things. If you learn who you are and appreciate who you are – all else will fall together. If you love yourself, you will take care of yourself.

Read Part One of Brain Strain: Mental Health 101 - Feeling the Flames of Burnout

Look for Part Three in the November issue of BCPVPA Princip(ed) Magazine