Major Developments During Medical School

Before matriculating as a first-year student, I was filled with worry about whether I would be able to handle medical school. Not because I lacked the potential to complete a rigorous academic program, rather, I was apprehensive about whether my long-standing depression would allow me to reach that potential. I understand that success, reach, and so many goals that we are encouraged to strive for are subjective and personal. But for someone who had (unhealthfully) tied academic success to my own intrinsic value, the idea of mental illness hampering my preconceived notions of what I should be like as a medical student was terrifying.

Clinically, I have a diagnosis of major depressive disorder, or MDD for short. But I feel a disconnect between the name and manifestations of illness in my own life. When I hear the term MDD, I imagine a burly cartoonish man, the Major, coming to stomp all over happiness and the cute bunnies that frolic in the space that I view as positive emotions. The reality, for me at least, is that MDD manifests more slowly, creeping into physical health, mental clarity, and my emotional state until I begin to sink without even recognizing it.

During my first year of medical school, I struggled to adjust to a new city, a new curriculum, and the idea that my self-worth and value could exist separate from the ability to attain perfect scores and excel in the myriad of extracurriculars that my peers seemed to immediately get involved with. My depression, with its ebbs and flows, never reached a point where I felt I needed to remove myself from the work, as it had previously during college. But my mental health reached a point where I knew it would be unsustainable without further intervention.

Readers of this essay might assume that I wasn’t managing my mental health before entering medical school. But the reality was I met regularly with a therapist and psychiatrist and was taking an antidepressant long before gaining the title of medical student. Living with any chronic illness, MDD included, entails having to make adjustments when your previously successful treatments stop working. It means reevaluating manifestations of depression, which will not look exactly the same in any 2 people, and may even evolve within the same person over time.

For me, getting help meant reaching out to student health, campus mental health services, and taking a higher dose of medication. It meant concentrating my efforts into what I could handle and taking a step back from situations that I could have, in a state of full health, handled with ease. It meant getting enough sleep to combat the fatigue and exhaustion that characterize the way I experience depression. It meant hearing a lot of “I haven’t seen you in forever,” from friends and classmates who did not know that my deep avoidance, though somewhat seated in my firm identity as an introvert, was mostly me just being depressed. The irony of my first year of medical school is that as I descended into a deeper depression, I was learning how to foster openness and empower patients to ask for help. Imbuing interactions with empathy and compassion came naturally when engaging with other people, but as my therapist astutely pointed out, not when thinking about myself.

Today, as a recently minted second-year medical student, I feel good. I am able to be more emotionally and physically present for the people I love. I can do the things I am passionate about. I discovered I love rockhounding and roller skating. I am excited about the future and its many possibilities. But I also know that there may be times ahead when I will need to adjust how my depression is managed.

As a future physician, and someone with a mental illness, I find it is baffling that we do not speak more openly about mental health in medical school, residency, and beyond. Burnout, anxiety, depression, and suicide are common among those who are supposed to be nonjudgmental harbors for patients to receive help. I have been surprised by negative comments from some of my peers regarding psychiatry and mental health. They, and many others I have interacted with, are not aware of my personal history with depression. But their perception of me as a peer, student, and friend should not be tainted by the fact that I manage a chronic illness. I have moved on from living in fear of being judged for something I did not ask to have or live with.

Medical training is a journey that is exhausting and arduous. Asking for help has allowed me to get through year 1 of medical school, manage my MDD, and will undoubtedly help me be a better and more accepting physician in the future. I hope this type of openness and transparency will help turn the tides on stigmatizing mental health conditions among health care professionals. To best take care of others, it is okay to need to take care of ourselves. As medical students, we are tasked with being continuous learners ready to soak in cutting-edge research, patient care approaches, and constantly changing ways to diagnose and treat illness. Yet we can also benefit by accepting a similar attitude toward personal growth. The reality is, we are all works in progress. And that is not a bad thing.

I am acutely aware that my long journey to becoming a physician has just begun. But I hope that sharing my personal experiences will encourage others to do the same. Mental health is not anything to be ashamed of. And to me, that’s pretty major.