



A PODCAST
BY PHYSICIANS
FOR PHYSICIANS

HOSTED BY DR. DAVID GRATZER

January 2025

Dr. Joss Reimer, CMA President, on living with depression

Edited for grammar and clarity by CAMH

Running time: 25:10

[Musical intro]

David Gratzner: An Olympian, discussing her depression in an essay for a major newspaper. A lawyer who has lived with bipolar disorder just edited a book about the mental health experiences of fellow lawyers. An award-winning poet who talks about her first episode of psychosis in the pages of a major journal. In the past number of months, you may have read all of these accounts, but it's less likely that you read anything about a physician talking about her or his experiences. Let's be blunt—doctors don't like to talk about our health and certainly not our mental health. It is as if the white coat were made of Kevlar, to borrow a line from Doctor David Goldbloom.

To discuss such things today, we're joined by Doctor Joss Reimer, who trained at the University of Manitoba. She's the chief medical officer of the Winnipeg Regional Health Authority. She's the president of the Canadian Medical Association. And she's somebody who struggled with depression. Welcome, Doctor Reimer.

Joss Reimer: Thank you so much for having me.

David Gratzner: Doctor Reimer, as a former Winnipegger, I ask you—are you a fan of Bridge Drive-In, which is possibly the best ice creamery in the world?

Joss Reimer: Oh, you know what? I actually do love Bridge Drive-In. It's, uh, going over that bridge with an ice cream or even just, you know, on a bike, walking across. I can't complain about that.

David Gratzner: Now you are making time out of your busy schedule. Besides all the other things you do, you're now the president of the Canadian Medical Association. What's that experience been like for you?

Joss Reimer: You know, it's one of the most rewarding jobs I've ever had. I think second only to the work that we did during COVID. Um, I love doing advocacy work. I love trying to make our systems better for us as providers and for the patients that we serve. And so to be able to be paid to have a job where that's the whole gig is to try to do everything you can to advocate for changes to the health system—it's a wild job. The travel is incredible and probably not sustainable if this were a permanent job, but it's so fun and fulfilling and I'm so privileged to have this opportunity.

David Gratzner: You've used your position to talk about a variety of things, including public and private health care. But one thing you've also spoken about was mental health. Why?

Joss Reimer: Mental health is something that affects everyone in Canada. Mental illness is very common.

The stat we hear most commonly is that 20% of Canadians have a mental illness at any given time, and up to half of us will be affected by a mental illness at some point in our life. And that means that all of us either will experience it or have someone close to us who experiences it. And within the healthcare field, and particularly with physicians, it's a little worse than the general population. We see a bit more, um, higher rates of suicide amongst physicians than in the general population, for example. And so it's something that as physicians, we don't like to talk about our own health. We don't want to be vulnerable. We're supposed to be the helpers. And we need to [talk about our own health] because we see physicians struggling all the time. And I want to be part of a solution. I want to be part of moving us into a direction where we can value our own mental health, because when we're not well, we can't take care of other people to our best ability either.

David Gratzer: Part of your advocacy has included discussions about your own health experiences.

Joss Reimer: Yeah. One of the strangest experiences in my life was when my own mental illness was front-page news. That's a pretty surreal thing to see. Not something you ever expect. But when the newspaper approached me with the idea of doing a story about it, it seemed like a really great opportunity to be vulnerable, but in the space where it's fairly safe for me and my current position to be more vulnerable. And it's not safe for a lot of other people. When you're earlier in your career or you're a learner, you're a med student or a resident, it can be very risky to be open about things like mental illness. And so, much like I want to work in advocacy and be part of the solution for the health care system, I want to be part of the solution for the wellness of physicians as well. And that means being willing to talk about this and being willing to be honest about so many of us who are struggling and my own mental illness.

So I have depression as a diagnosis. I've had it for a very long time, and it's a part of who I am. It's a chronic illness. It's something that I have to manage every single day. And I want people to know that you can have a mental illness and still thrive with the right treatment, the right management, the right supports. That mental illness doesn't have to be incapacitating for everyone. Both from a stigma perspective, so that when you look at other people, you don't categorise them into a box of they're weak or they're not able to cope. And then also for the people who are going through it to hopefully see a little bit of hope that they might be able to thrive if we can just get them into the right support system.

David Gratzer: The newspaper article you reference was the front page of the *Winnipeg Free Press*. Some of our listeners may not read the *Winnipeg Free Press* regularly—as it turns out, I do—and it was a very personal article. You spoke about your illness. You spoke about staying well. What was that like—the experience of seeing it on the front page and then the experience of talking to friends, family, neighbours about them seeing it on the front page of a major newspaper?

Joss Reimer: Yeah. I mean, I'll be honest, it was hard. It's scary to open up about something that still does have stigma around it, and you don't know how people are going to react and you don't know what people are going to say about you. Um, I thought the reporter did a great job in how they covered the topic. It was very respectful and it presented that there's multiple different types of management and, you know, not everybody needs medication, but medication is totally okay. And so I was really encouraged by the reporter's approach and by the article itself, because obviously I didn't write the article, but there's no question it's scary and just a very strange feeling to see something that you're struggling with somehow be front-page news. That's not something anybody ever expects in their life. Um, but what I heard back was overwhelming positive responses from people who were struggling or had family members who were struggling. The stories I got back were so touching. It was amazing to hear about the struggles that so many people—some people, many people in my own organisations—reached out to me and said, hey, I've never told anybody this before, but I'm going through something like that. And, you know, thank you for sharing because it made me feel seen. And so it really reinforced what the statistics tell us, that all of us are touched by mental illness, because there were all sorts of people that I already knew in life who suddenly were coming forward to tell me about this, who had never felt comfortable talking about it.

David Gratzer: In the article, you talked about your own journey, and you're somebody who's lived with depression for many years. How has that shaped your career?

Joss Reimer: Well, one of the things I've talked about is how in residency, it's when I went through sort of an episode of burnout or a depressive episode, however you want to define it. And, you know, reflecting on what the triggers were for me—the lack of sleep, the lack of control over my own schedule, my own environment, um, the long hours that we were working—all of those things really played into it. And I met with a psychologist at the time and was trying to describe to him what it meant to be on call, and I had to explain it so many times because it made no sense to somebody who doesn't work in medicine, that I would work for 26 hours without sleeping. He thought that was just a baffling concept.

And throughout our counselling, he finally said to me, which has always stuck with me, he said, you don't need counselling, you need a new job. And I at the time thought, well, that's not very helpful advice. But in retrospect, he was right. And I actually did switch programs and moved to a speciality in medicine that was much more supportive of what I needed. So I'm not trying to say anything negative about the speciality that I left, because it works well for some people, but because of the sleep being such a trigger for me, delivering babies in the middle of the night all the time was not a good environment for my mental health.

And so switching to public health was instrumental in me being able to be successful in my career and continue as a physician. I don't think I could have kept going in obstetrics. I don't think I my mental health would have survived that chronic lack of sleep that comes along with that speciality. So it has definitely shaped things. But I also turns out love the work that I do. I love public health. I love this work with the Canadian Medical Association, trying to think about the community wellness in a broader sense, not just the individual in front of me, but the whole community is incredibly rewarding and energising work for me.

So my depression, as hard as it's been for me many times in my life, has also led me down a path to a career that I love and I find energising and inspiring. And I get to be part of a greater solution. So in some ways, I'm thankful to have had this illness because it's got me to where I am and helped me understand other people who are struggling. But in many ways, I'm also not thankful because, you know, having depression is a really, uh, to put it very mildly, very unpleasant disease to have when it's not being well managed.

David Gratzer: And you've spoken about your journey and what's been helpful to you. And I quote, "daily physical activity, including running several times a week, is an important part of maintaining my mental health. But even more so are my antidepressants."

Joss Reimer: Yeah. And I think that's the message I want to get across to people, because being on any sort of medication for mental illness is extra stigmatised. Like, it's one thing to talk about not being well mentally, but as soon as you say you're on antidepressants or even worse, antipsychotics, that comes with a ton of stigma.

And I have family members who are going through mental illness and still, despite seeing all this, are really resistant to taking antidepressants because they hear from other friends or family about these being harmful or you'll never get off them or whatever the messages are. And so I wanted to destigmatize a little bit that, you know, sometimes it's a chronic illness and sometimes medication is necessary. And if you have diabetes, you need insulin. And sometimes when you have depression, you need antidepressants.

Not everybody does. And you don't necessarily for your whole life. But if you do, that's okay too. And when we have high blood pressure, we take anti-hypertensives. And that's what you need to do to be healthy. And for me, being on antidepressants is what I need to be healthy. And I also need to make sure that I'm having a lifestyle that contributes to my well-being. And that means sleeping, most nights. That means getting regular physical activity. That means trying to eat healthy, trying to have a social circle that's supportive. All of these things are critical, but for some people like me, medication is also critical.

David Gratzer: Some of our listeners are physicians right now who might be hesitating, worried about the implications to their career if they seek care for mental health problems. What advice might you give them?

Joss Reimer: I know a lot of people are scared about what their colleges are going to say if they find out that they have a mental illness. My experience with my college is that they've been very supportive, that they want physicians to do well and to thrive, and so they want to not punish you for seeking help, but just make sure you have the supports that you need. But that doesn't mean that it's not a scary thing to think that the group that's regulating you might *regulate* you.

I think what's really critical, though, is that people get the help they need. Because if you're not getting the help that you need, you're not going to be able to be a well-functioning doctor. And so forgetting regulation, like I said, physicians have higher suicide rates than the general population. And that's far worse than having to deal with your college. And so it's so important to get the help you need so that you can do well in your job and thinking about that as the main priority.

David Gratzer: And of course, those of us who are listening treat patients. And of course, you have been involved in clinical care and you've seen people with depression. What are some things that you think are particularly important to get across to patients and families?

Joss Reimer: I think reaching out is really important. And to think about if they had a loved one who was struggling and wouldn't they want to have that opportunity to help them because people feel really guilty about asking for help. They don't want to bother other people. But when we think about the people in our lives, if I had, you know, a family member or a close friend, and I found out after the fact that they were going through something horrible and they didn't want to bother me, like I'd be heartbroken that they didn't bother me. Because when you love somebody, you want to help them through things. And so that's the message I try to, to bring to people is that we all need help sometimes. Even people who don't have a mental illness are still going to have times when they're going through stressful circumstances and are having very appropriate, normal mental reactions to those stressful circumstances. So whether it's a diagnosed illness or just a normal stress response, it's still really great to reach out and get the help that you need.

David Gratzer: Knowing what you know now, what is advice you might give a younger version of yourself around mental health?

Joss Reimer: At the time when I had my worst episode, the burnout or depressive episode, and I don't, I don't always know what to call it. I really thought that I wasn't going to be able to do this. I wasn't going to be able to be a doctor, and I felt like a failure. I'd love to go back to myself to say, you know, obviously you're not a failure. You're going to go on to do great things. But in that moment, I didn't think any of this would be possible. I certainly never thought president of the Canadian Medical Association was anywhere in the realm of possibility for me at the time.

But I would say, like, you're going to get out of this and you're going to get the right supports and you're going to find a career that you love. And that's the message to anybody who's in a really dark place is that with the right supports, with the right management, almost everybody—and not everybody, and there's no shame either in people who continue to struggle and aren't able to necessarily thrive. Sometimes a mental illness is, is great, is vast, and that's not shameful either. But for most people with the right management, you really can thrive in life and treat it like a chronic illness. And I think that's the message I would give back to myself in that pit where I felt a lot of despair, just knowing that there was hope.

David Gratzer: CMHA years ago used to have a series where they'd interview prominent physicians, and they interviewed at one point the editor of *BMJ*, and I can't remember his name. I think he was a nephrologist. And one of the questions they asked him was if what disease would you dread getting the most? And he thought about it for a bit and he chose depression. He didn't choose cancer. He didn't choose many of the awful,

awful illnesses that we've seen and treated. But he chose depression, and the interviewer was a little bit curious and asked why. And he responded, because it's the only disease that deprives you of your hope.

Joss Reimer: Yeah.

David Gratzer: What are your thoughts?

Joss Reimer: Yeah. I mean, that really resonates. I mean, I just talked about how I wasn't feeling any hope at that time and, and if I could tell myself anything, it would be that there is hope. I think his, his reflection on the lack of hope is, is very realistic that something that most people with depression would probably describe. For me, the imagery that was always in my head is, is sort of feeling like I was in a hole in the ground and looking up at the world, and everybody's up there and all of the tasks I need to do, the just simple things like grocery shopping, you have to first climb out of a hole. And that's how I felt like everything was too big and too far away and not reachable. And so, you know, just that hope of like, there's maybe a ladder coming or like, yeah, you're going to have to still climb out, but you will be able to climb out. Uh, was powerful imagery that I slowly was able to get out of over time.

David Gratzer: You wear many hats and as a result, you tend to think of things from a system perspective. Um, what are we doing right with regard to mental health care and what are we doing wrong these days?

Joss Reimer: I like that we're moving in the direction of destigmatizing mental illness because it is so common. I think we do the best job, though, with people with the most severe mental illness where we have, you know, psychiatrists and we have hospital beds and all that kind of stuff. But what our system lacks is strong support systems for people who just need a bit of help. And those are the people who really struggle navigating our system.

If you're having, you know, hallucinations and are thinking about self-harm, you can get admitted to hospital and you can get care. Although even there, there's challenges in waiting for space and not enough beds. Um, but the person who isn't linked to the health system maybe doesn't have a family doctor and has some depression but doesn't need a hospital admission. They might need some counselling that they can't afford to pay out of pocket for it. Those are the resources that are really hard to find, and those are the people who, with just a little bit of support, could really thrive.

And that's where I wish our healthcare system is. Something that we're pushing for, is to invest more in the community, invest more in mental health and prevention when people are still closer to healthy and not just waiting until they're in a crisis, because who wants to be in that crisis? We want to keep people healthy. We don't want to wait until they need the emergency room, and they need the psychiatric nurse who's on call that night. So that's the direction that I want to see us move, that the CMA wants to see us move is to see all of our health systems invest more in mental health but at the preventive stage or at the early management stage. Both people who don't have a mental illness but just, you know, help them stay healthy and those who have one but could do very well in the community with just counselling, or maybe just some antidepressants or something that isn't a massive investment but might be out of reach for them as an individual, because paying out of pocket for counselling is really expensive.

David Gratzer: As you know, in the United Kingdom, about what, 15 years ago they had this discussion, in fact, decided to cover some aspects of psychotherapy within the public system. IAPT is the name of the program. One of the original arguments was that they would move so many people off government support that the program would pay for itself, and the data actually supports that. Do you think we might see something like that in Canada, where we do more fully embrace that?

Joss Reimer: Canada is so tricky because we really have like 16 different health systems functioning at the same time, and they all make decisions separately. And different provinces have different mental health supports existing in their health system. So I would love to see that. And the data from the UK showing that it

really did help people get out of other types of social net supports is exactly what we want to see, and people want that. People want to be working and doing well in the community and contributing to their community, contributing to the economy. So I love that the data came out supporting that, and we need to bring that to all the provincial and territorial governments and the federal government, because they run three of the health systems themselves the indigenous health and military and corrections. But across the board, if we can really show them, like, look, this is going to help your tax base, also, you're going to get more taxes in from these people and you're going to not have to pay for their supports. You know, maybe we could convince them to do more investments.

David Gratzer: We've started by talking about ice cream. We've finished by talking about saving the health care system. What have we missed?

Joss Reimer: You know as the psychiatrist, you have a lot more expertise than I do. I mean, I can speak from my personal experience, but the psychiatrists who really know mental illness and the treatments and the system need to be front and centre in these discussions. So I welcome you to add anything you can probably teach me about all of this.

David Gratzer: That's very kind, though, I'm going to push back a bit. I think there is the assumption that psychiatrists do so much mental health care. I like to think we do a lot of mental health care, frankly. But as you know, statistically speaking, most mental health care that's provided in Canada is actually at the primary care level, which is problematic because it's easy for me to keep up with things with psychiatry. But you do primary care as well as other things, of course. And as a result of practice, you've got to keep up with 15, 20 fields. Much harder task, I think, than mine. You know, thinking as a primary care doc, um, what should we do from a system perspective, including an education perspective to help you help people with major mental illness better?

Joss Reimer: You know one of the best things that I ever experienced when I worked in a primary care clinic, was having a counsellor as part of the team and then having a shared care psychiatrist as part of the team at that. You know, family docs are not particularly well trained to do counselling. And yet there's fee codes for it. We're sort of expected to do it. But that's really not where family docs have their biggest expertise and definitely not the time, because counselling takes a solid hour to really talk through things. And what family doctor is spending an hour with a patient? They've got how many more people in the waiting room who need to be seen.

And we had a counsellor on staff and we lost her partway through and it was night and day because I was doing prenatal care mostly at the time, and lots of people who had peripartum depression and just needed to get through that period. Like a lot of them, once they got out of the peripartum period, didn't have an ongoing mental illness. Some did, but really needed somebody just to get them through. And when I could refer them to the counsellor who could talk them through and give them sort of responses and skills and help them reframe some of the ways they were thinking about things. It was amazing the support that they had from that. So I want to see team-based care at the primary care level, where you have different experts working together to provide the best possible care to Canadians, and that includes mental health support.

David Gratzer: Doctor Reimer, it is a *Quick Takes* tradition that we have a rapid-fire minute, a series of quick answers to quick questions.

Joss Reimer: I'll do my best.

David Gratzer: We'll put a minute on the clock. Are you ready?

Joss Reimer: I'm ready.

David Gratzer: Here we go. Let's begin. One thing every doctor should know about depression?

Joss Reimer: The patients are going to be scared to talk to you about it. And so it's important to ask the question about how they're doing.

David Gratzer: One thing you'd like every one of your patients with depression to know?

Joss Reimer: Some of your doctors aren't going to know to ask about it, but we want to hear. We want to be there to support you. So please feel comfortable talking to us about your mental health.

David Gratzer: On a pivot, the biggest surprise about being the CMA president.

Joss Reimer: I think the biggest surprise is that I got here at all. Uh, my career trajectory has been unexpected throughout my career, but I've been loving this wave that I am riding.

David Gratzer: What's one thing you're going to do when you're done being CMA president?

Joss Reimer: You know, I have no idea. I have not successfully predicted much in my career, so I'm very interested to see what comes next. But I don't know yet, and I'm open to people's ideas.

David Gratzer: That's a minute. And on that note, I think we're all excited to see what's the next chapter of your career and what a career it's been. Um, really appreciate you talking so candidly about a variety of things, including your own journey.

Joss Reimer: I'm really thankful that this podcast exists, and there's this opportunity for physicians and learners to hear these types of stories and these conversations so that hopefully they feel safer if they ever need supports.

David Gratzer: Thank you again, Doctor Reimer.

[Outro:] *Quick Takes* is a production of the Center for Addiction and Mental Health. You can find links to the relevant content mentioned in the show and accessible transcripts of all the episodes we produce online at CAMH.ca/professionals/podcasts.

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