

# DOCTORS' MENTAL HEALTH

HKCFP CME Meeting

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# Aims of this talk

- ▣ Summarise the evidence for doctors' mental health and problems
- ▣ Consider the factors which occur in training and work settings which may be health promoting or otherwise
- ▣ Highlight the professional requirements of doctors to be safe to practise and ensure the safety of others
- ▣ Consider how educational opportunities may reduce the emotional burden of medical practice
- ▣ Consider how we can assist our own colleagues and students to strengthen our professional resilience

# Epidemiology

## U.K.

- ▣ 27%+ UK doctors show significant stress
- ▣ 7% substance misuse lifetime prevalence
- ▣ Doctors have a higher suicide rate than the general population and significantly higher than other professions such as lawyers

## Hong Kong

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- ▣ FMPs long hours
- ▣ Often single handed
- ▣ Culture may be different – higher workload but more coherent
- ▣ ? Less tendency to substance misuse

# *Causation*

- ▣ As for all patients – often unexplained
- ▣ Psychoses, neuroses, substance misuse, and nonpsychiatric stress/burnout all different
- ▣ Highly competitive environment
- ▣ Very responsible job with exposure to human suffering
- ▣ Doctors tend to be perfectionists in an environment which is hard to direct
- ▣ Exceptional coping is the norm

# Sources of stress for doctors

“May include:

- > work pressure – workload, inadequacy of resources and poor support;
- > nature of work – high demand and low control, in conjunction with the inherent trauma of dealing with suffering;
- > poor relationships with colleagues – particularly poor team working;
- > service pressures – investigations, complaints and court cases, including inquests”.

# How to prevent MH problems in doctors – the career pathway



Fundamental psychological  
principles of developing  
resilience

*'The ability to succeed, to live,  
and to develop in a  
positive way ... despite the  
stress or adversity that  
would normally involve the real  
possibility of a  
negative outcome'.*

# Early prevention

- ▣ Selection / admissions
  - Predictors of poor MH?
- ▣ Prior characteristics:
  - Selfcritical / introvert
  - Previous mental health problems
  - 'Wishful thinking'
- ▣ Reactive patterns – not coping with stress and workload, stressed about personal life as well as work

## Interventions

- ▣ Early recognition
- ▣ Coping strategies
- ▣ Relaxation
- ▣ Registration with GP
- ▣ Supervision / support
- ▣ Workplace culture
- ▣ Working time limits
- ▣ Professional expectations



# Recognition of doctors with mental health problems

## Presentations

- ▣ Behavioural changes
- ▣ Absenteeism / less reliability
- ▣ Third party concerns
- ▣ Self presentation
- ▣ Police / legal concern
- ▣ Medical intervention – 'signed off sick'

## Barriers to presentation

- ▣ Fear of / culture of stigma
- ▣ Ability to deny / minimise extent
- ▣ Access to drugs – self or colleagues
- ▣ Lack of / loss of insight
- ▣ Lack of access to services
- ▣ Loss of confidentiality



# Mental health – our professional responsibilities

- ▣ As a doctor patient – to act early to seek help and avoid negative consequences for others
- ▣ As a colleague – to offer confidential help, guidance and support while ensuring patient and professional safety
- ▣ As a manager or team leader – to monitor performance and work culture to prevent and detect problems
- ▣ As an educator – to increase awareness and reduce stigma

# Whistle blowing

- ▣ Disclosure to third parties is a professional duty if patients may be at risk, or a colleague may harm themselves
- ▣ There is no firm evidence that disclosing to a third party will lead to a worse outcome
- ▣ Anger and distress are inevitable
- ▣ Poor service responsiveness and breakdowns in confidentiality risk negative outcomes
- ▣ Confidential supportive services for doctors as patients are essential

# Mental health problems and fitness to practice

Health section of Good Medical Practice.

- 77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
- 79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

# Suspension of registration

- ▣ Is an action the GMC can take if a doctor's fitness to practise is impaired by a mental health problem
- ▣ Would not normally occur if doctor is not practising and is under supervision for treatment
- ▣ Could happen if fails to undertake treatment or remains chronically impaired
- ▣ More common to impose conditions of practice
- ▣ Legal protections for individuals

# The role of educational opportunities in improving mental health

- ▣ *“Adequate emotional expression, supportive relations, good peer relations, and prosociality constituted the main indicators of resilience”*
- ▣ Designing events which allow people to express feelings without negative judgement (significant event analysis, storytelling, reflective practice)
- ▣ Using these to explore difficult areas in a supportive environment (supervision / peer mentoring)
- ▣ Using the team to solve problems rather than individualising these (systems analysis)
- ▣ Exemplars in patient safety, psychiatry, FM ...

# Ways we can help

- ▣ Encouraging a workplace culture that allows expression of feelings on a discreet basis
- ▣ Routines for relaxation breaks and downtime
- ▣ Regular structured opportunities for examining difficult material
- ▣ Making ourselves get involved
- ▣ Reaching out to others for help
- ▣ Using professional advice early (
- ▣ Going home!



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