



Health Education England
Professional Support Unit

Mental Health and Wellbeing

May 2019

A large, stylized orange bracket that spans the width of the slide, positioned below the date 'May 2019'.

Developing people
for health and
healthcare

www.hee.nhs.uk

Dr Chris O'Loughlin
Head of School, Psychiatry
Professional Support Unit

Mental Health and Wellbeing

May 2019

Developing people
for health and
healthcare

www.hee.nhs.uk



Mental Illness and Stress

May 2019

A large, dark, stormy sky with multiple bright, jagged lightning bolts striking down. The bottom of the image shows a dark silhouette of a treeline or forest.

Developing people
for health and
healthcare

www.hee.nhs.uk



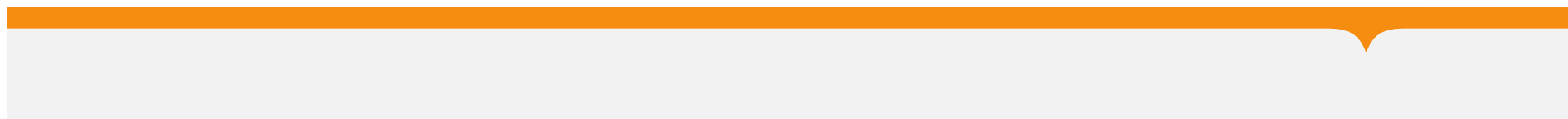
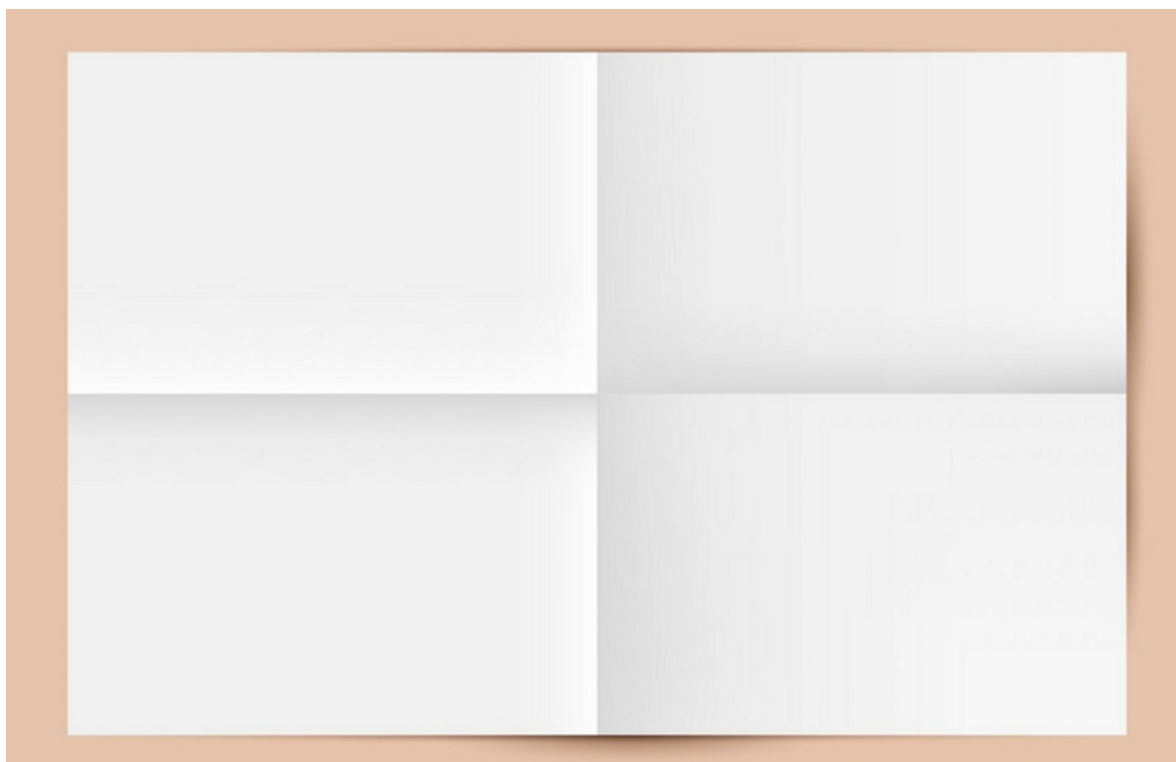


Health Education England

Introduction



Introduction...



**So... why are we talking about
mental health and junior doctors ?**

| Doctors | Mental Health |
|---------|---------------|
| | |
| | |
| | |
| | |



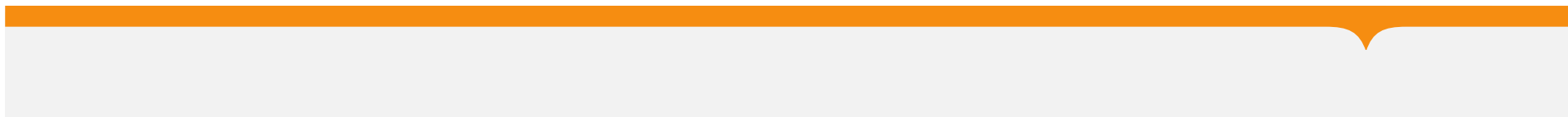
| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

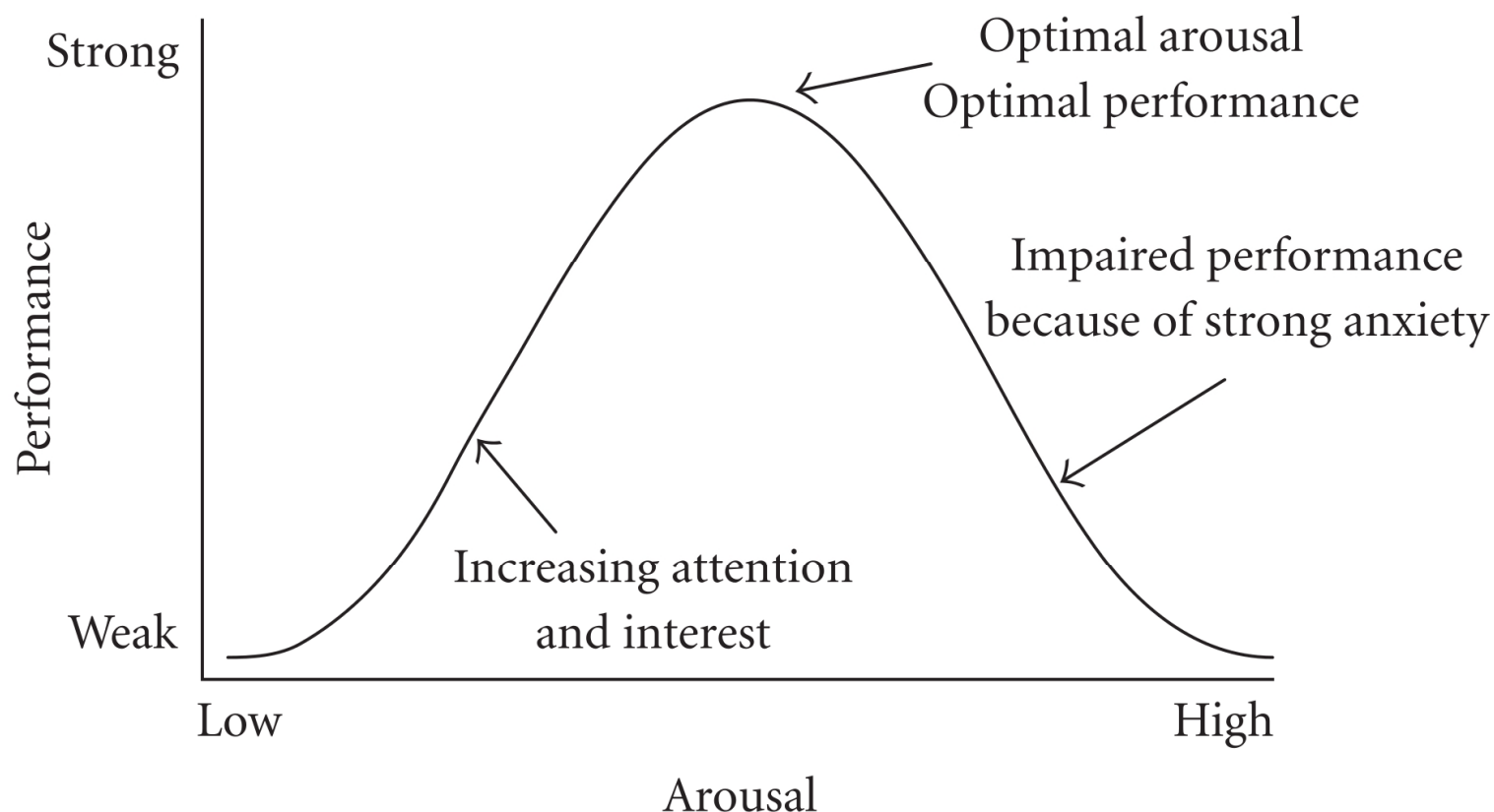
| Doctors | Mental Health |
|-----------------------|---------------|
| Work as a risk factor | |
| | |
| | |
| | |



What is stress ?

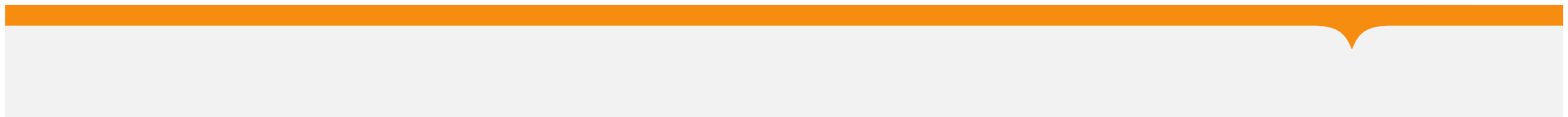
Stress is the result of any emotional, physical, social, economic, or other factors that require a response or change.





What is stress ?

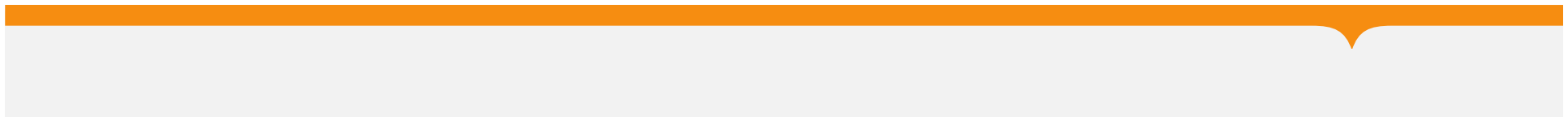
Work-related stress is a harmful reaction that people have to undue pressures and demands placed on them at work.



What is stress ?

"Workplace stress" then is the harmful physical and emotional responses that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands.

In general, the combination of high demands in a job and a low amount of control over the situation can lead to stress.



Stress from..



Stress from..

- Job-specific factors
- Roles
- Career development
- Relationships at work
- Organizational culture
- Work-life Balance

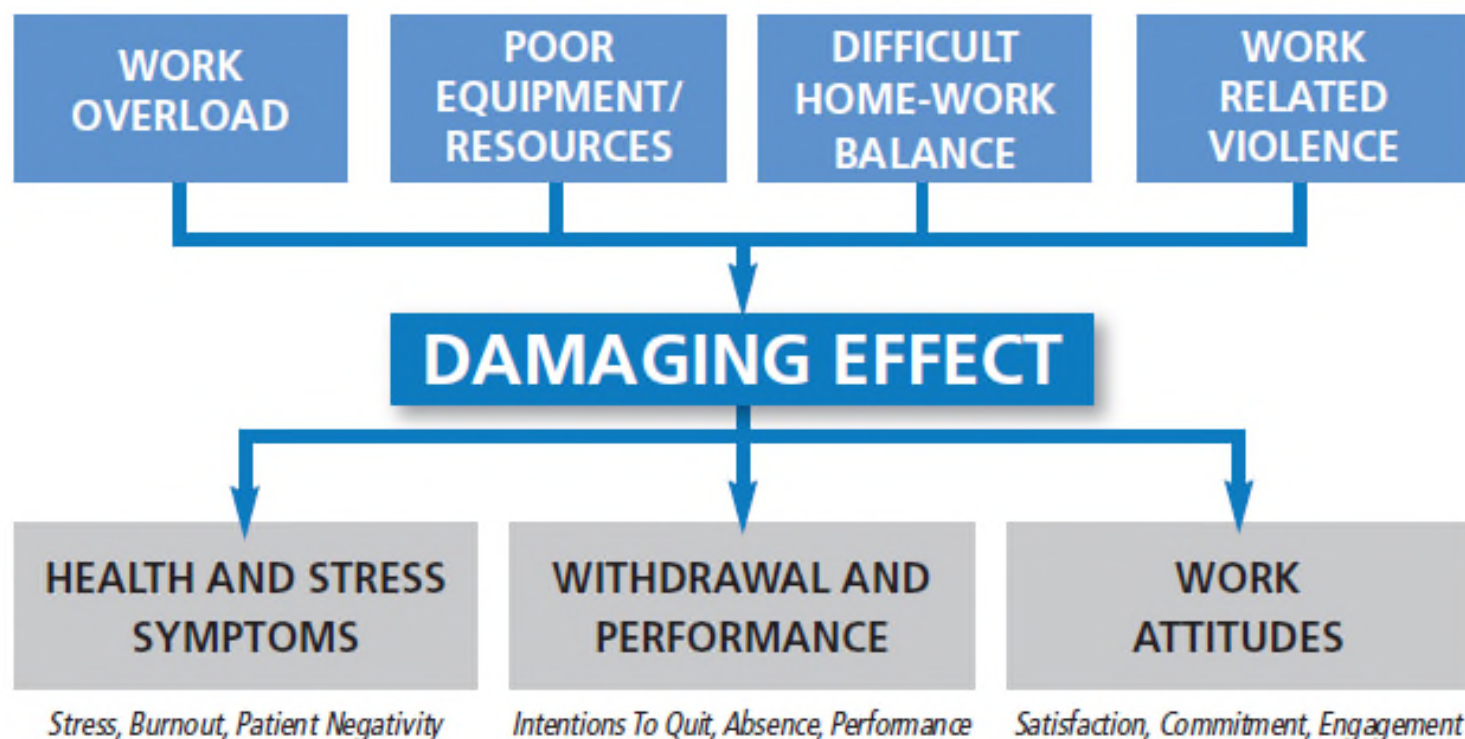


Figure 4: The four workplace features found to damage health and well-being

For trainees – Individual & Occupational Factors

- Educational attainment pressures from early age, perfectionism, self critical nature of many doctors, unhelpful or underdeveloped coping strategies
- Emotional demands of patient care: breaking bad news, deaths, unrealistic expectations from Public/Trusts
- Work load and long working hours, examinations, new clinical structures with less supportive teams.
- Junior doctors- frequent relocations/ financial worries/ ?readiness for consultant life
- Relationship pressures work and home

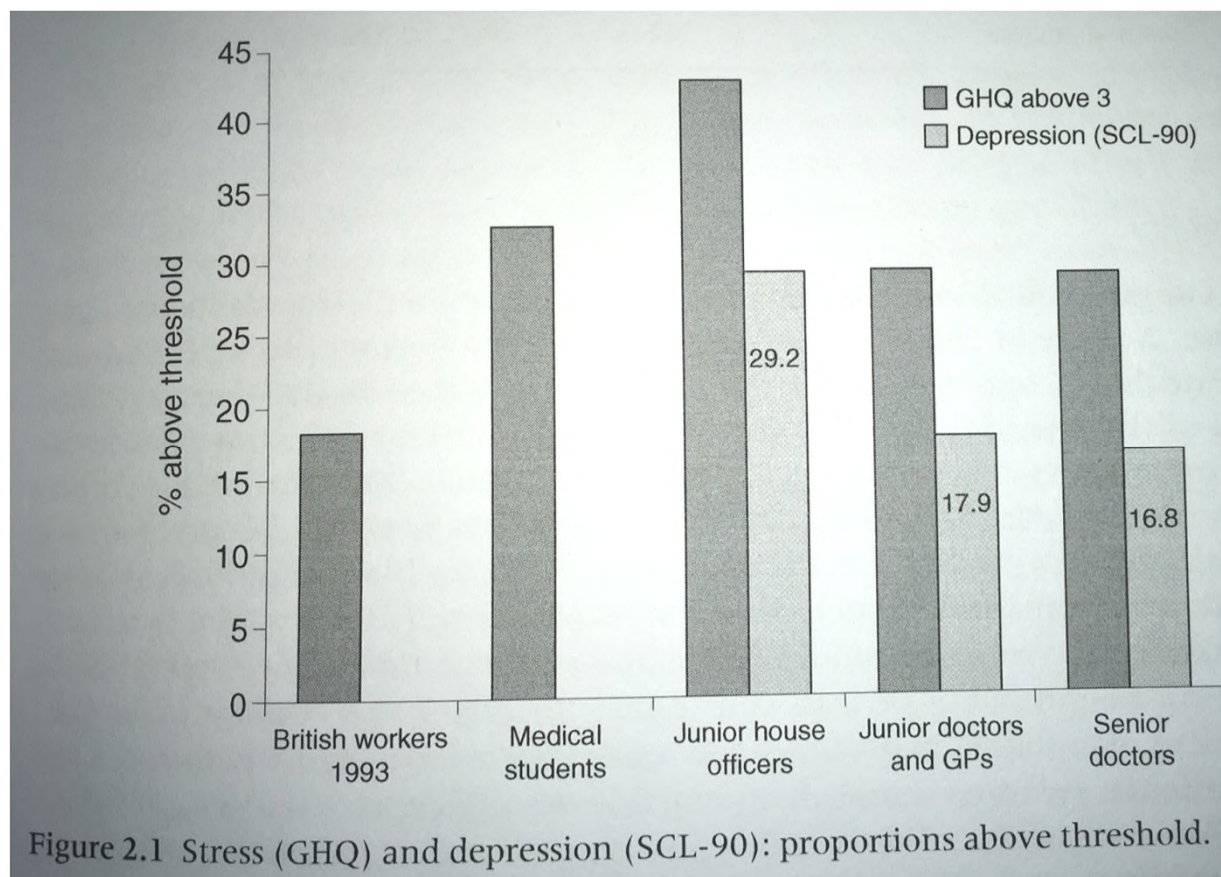
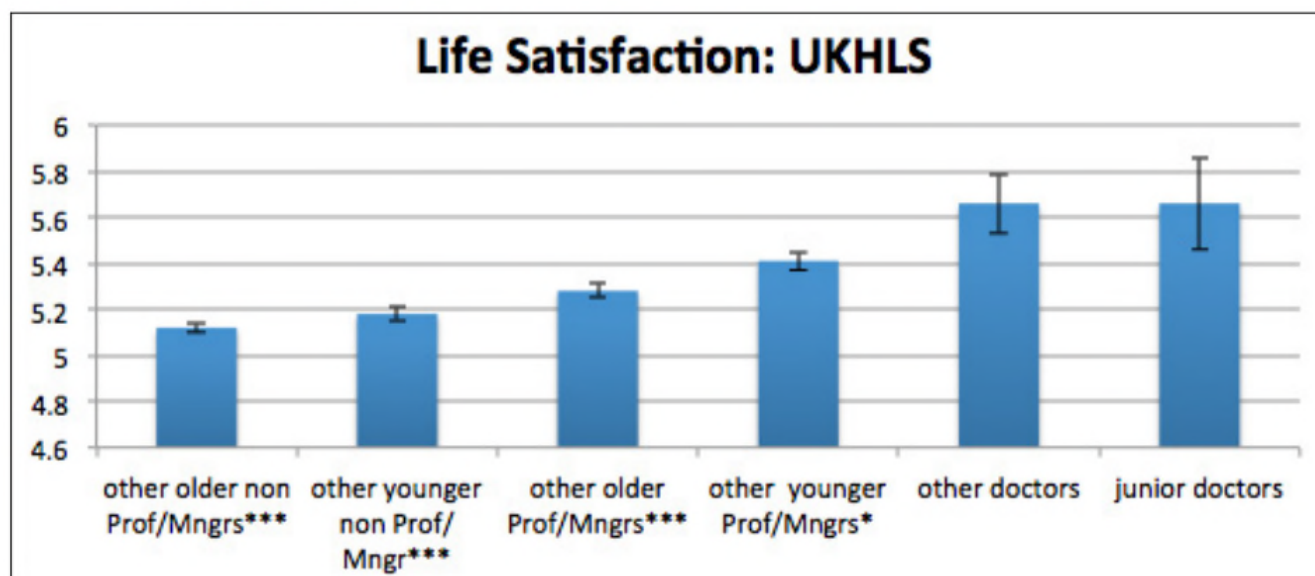


Figure 2 Average (mean) levels of life satisfaction.



Sleep...



Sleep...

Anaesthesia 2017, 72, 1069–1077

doi:10.1111/anae.13965

Original Article

A national survey of the effects of fatigue on trainees in anaesthesia in the UK*

L. McClelland,¹ J. Holland,¹ J.-P. Lomas,² N. Redfern³ and E. Plunkett⁴

1 Specialist Trainee, Anaesthesia, University Hospital of Wales, Cardiff, UK

Effects of fatigue...

- Effects on physical health (73%)
- Effects on psychological wellbeing (71%)
- Effects on personal relationships (67%)

- 57% report accident or near-miss when travelling home from night shifts

- Problems: night shifts, absence of breaks, inadequate rest facilities



Health Education England

Who ?



Personality ?

BMC Medicine



Research article

Open Access

Stress, burnout and doctors' attitudes to work are determined by personality and learning style: A twelve year longitudinal study of UK medical graduates

IC McManus^{*1}, A Keeling¹ and E Paice²

Address: ¹Department of Psychology, University College London, Gower Street, London WC1E 6BT, United Kingdom and ²London Department of Postgraduate Medical and Dental Education, 22 Guilford Street, London WC1N 1DZ, United Kingdom

Email: IC McManus^{*} - i.mcmanus@ucl.ac.uk; A Keeling - mike_keeling@whsmithnet.co.uk; E Paice - epaice@londondeanery.ac.uk

^{*} Corresponding author

Published: 18 August 2004

Received: 27 March 2004

BMC Medicine 2004, 2:29 doi:10.1186/1741-7015-2-29

Accepted: 18 August 2004

This article is available from: <http://www.biomedcentral.com/1741-7015/2/29>

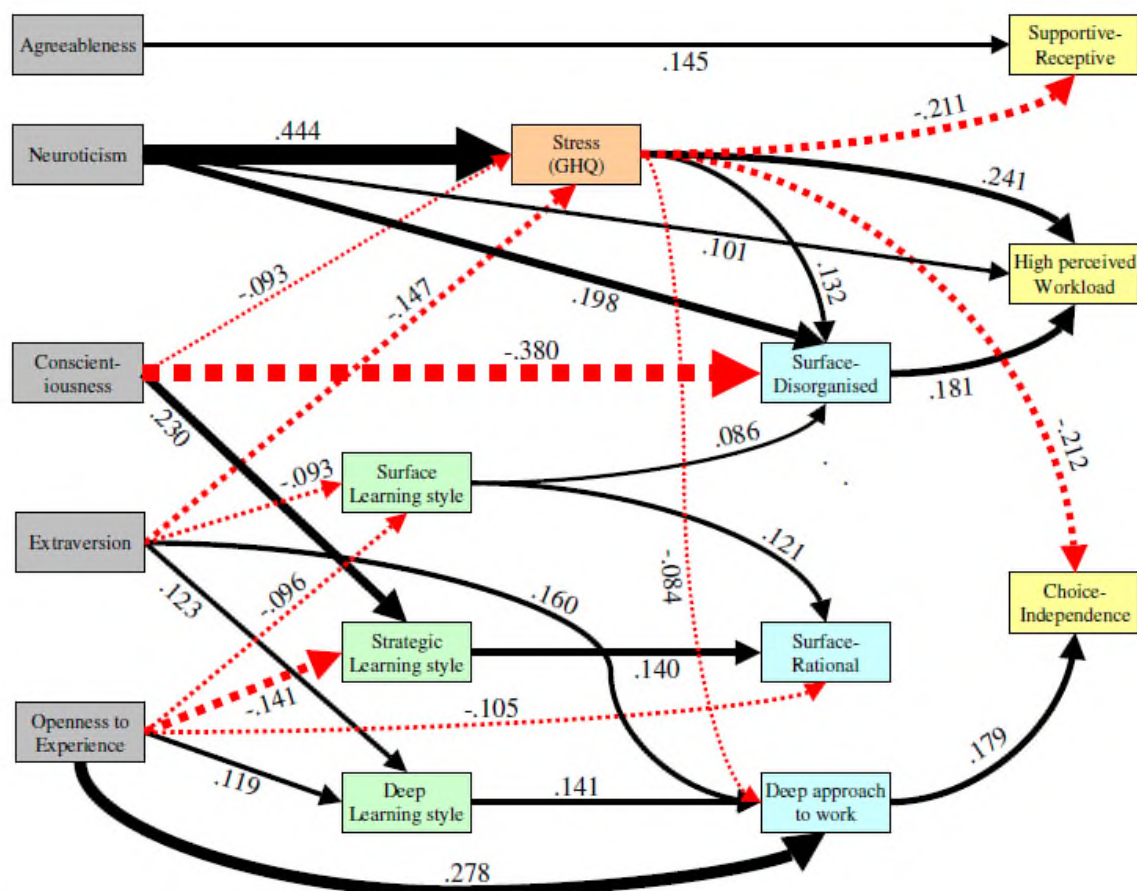
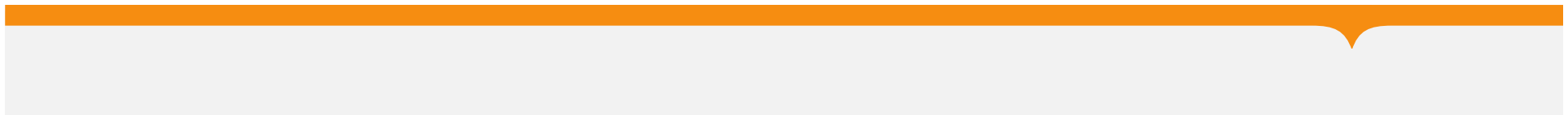


Figure 2

Path diagram showing the relationships among the measures of personality, learning style, stress, approaches to work, and workplace climate. The width of arrows is proportional to the strength of an effect, which is shown alongside each line as a path (beta) coefficient. Negative effects are shown as red, dashed lines. For details of the statistical method and a fuller model incorporating all links, see [Supplementary Information](#).

Personality ?

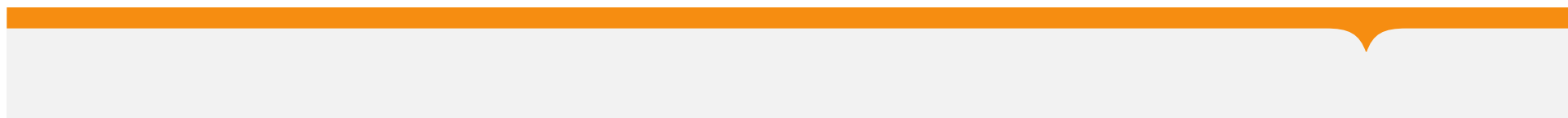
- Reporting stress/burnout now correlates with reporting stress/burnout 5-6 years earlier (when doing different jobs)
- Some of the difference between doctors correlates with learning styles and personality at medical school a decade (or more) previously



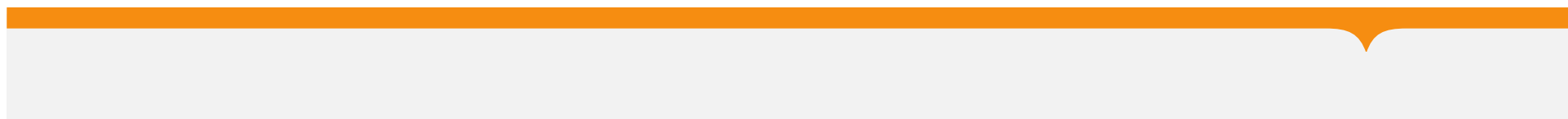
It is uncertain how much mental ill health in doctors results from the stresses of the job and how much from the characteristics of those who choose medicine as a career. Both are likely to play a part. Doctors are a committed and conscientious group. Personality traits such as perfectionism, self-criticism and dependency are reportedly common in medical students. In some, such traits may influence their perceptions of work, making it more stressful.^{19 20}

| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

| Doctors | Mental Health |
|-------------------|---------------|
| | |
| Role of educators | |
| | |
| | |



Identifying trainees...



Identify

The “disappearing act”:

not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.

Low work rate:

slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.

“Ward rage”: bursts of temper; shouting matches; real or imagined slights.

Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate ‘whistle blowing’.

“Bypass syndrome”: junior colleagues or nurses find ways to avoid seeking the doctor’s opinion or help.

Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

Insight failure: rejection of constructive criticism; defensiveness; counter-challenge.

Identify

Other

Lack of engagement in educational processes

Lack of initiative / professional engagement

Inappropriate attitudes

Identify...

... Ask them !



Diagnose

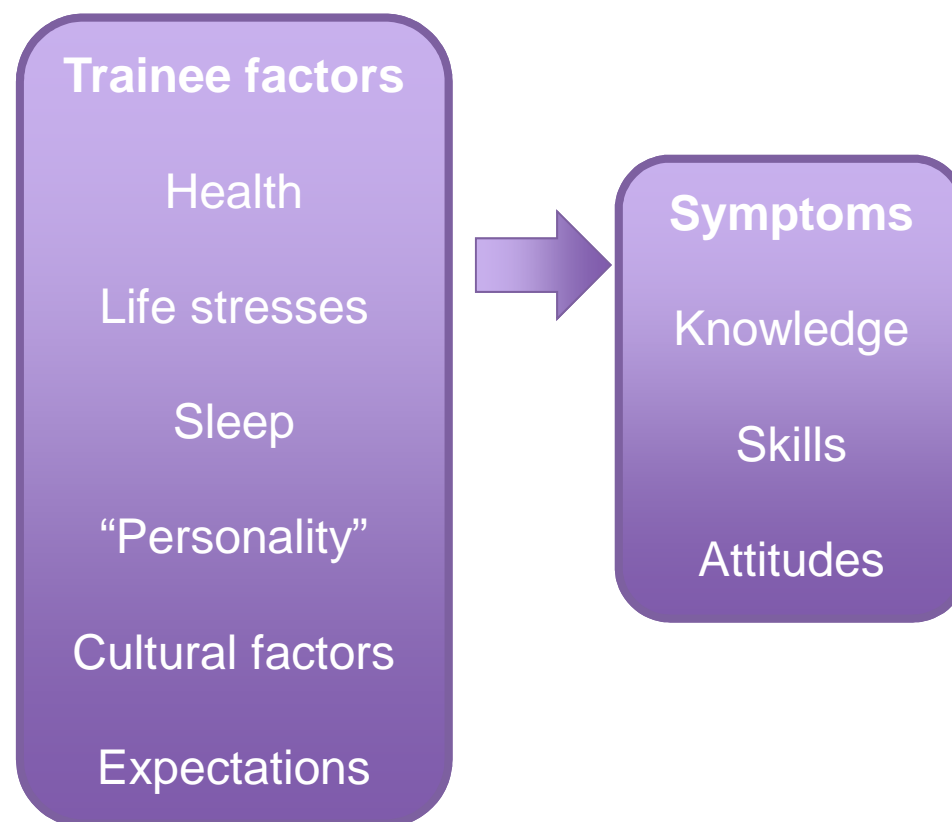
Symptoms

Knowledge

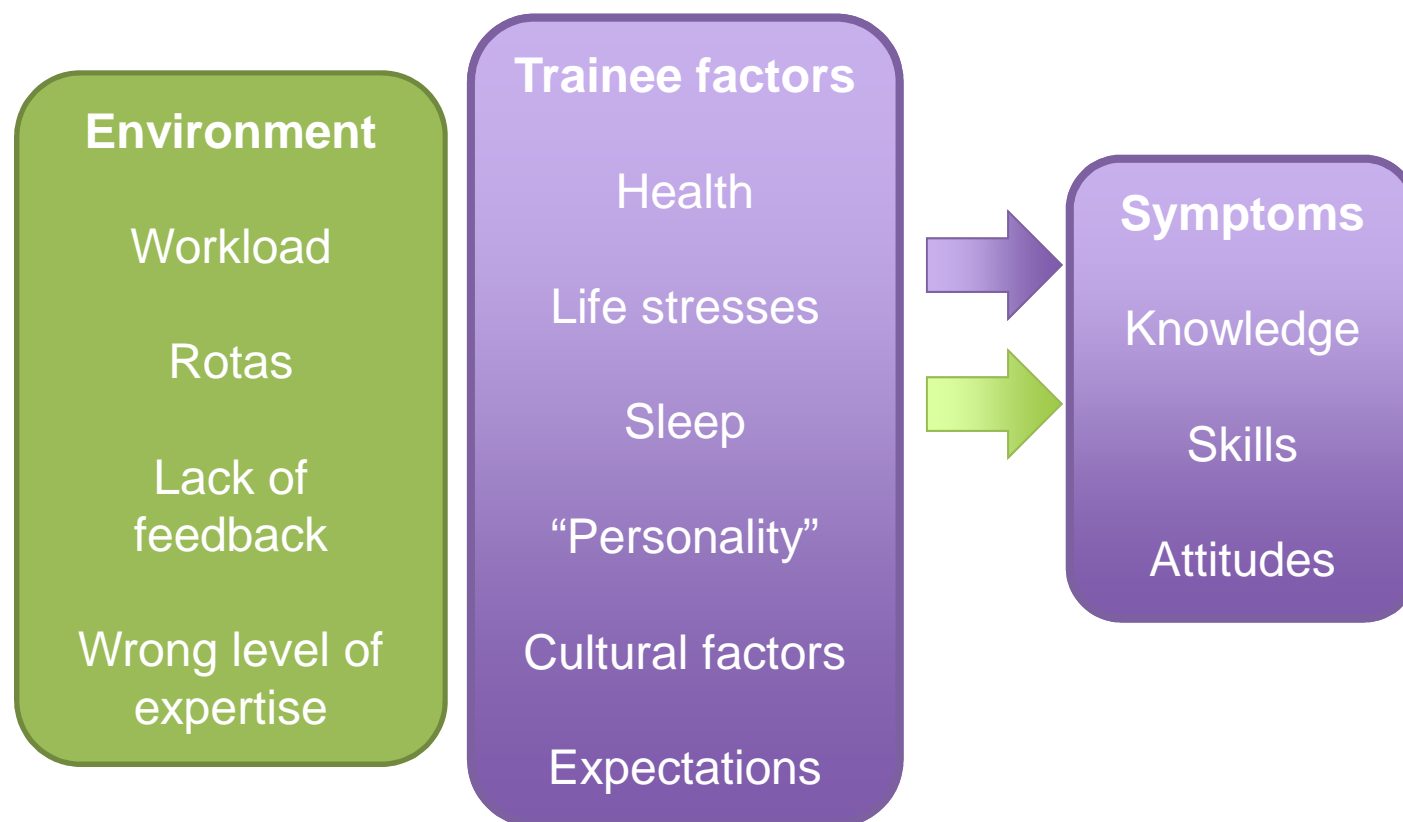
Skills

Attitudes

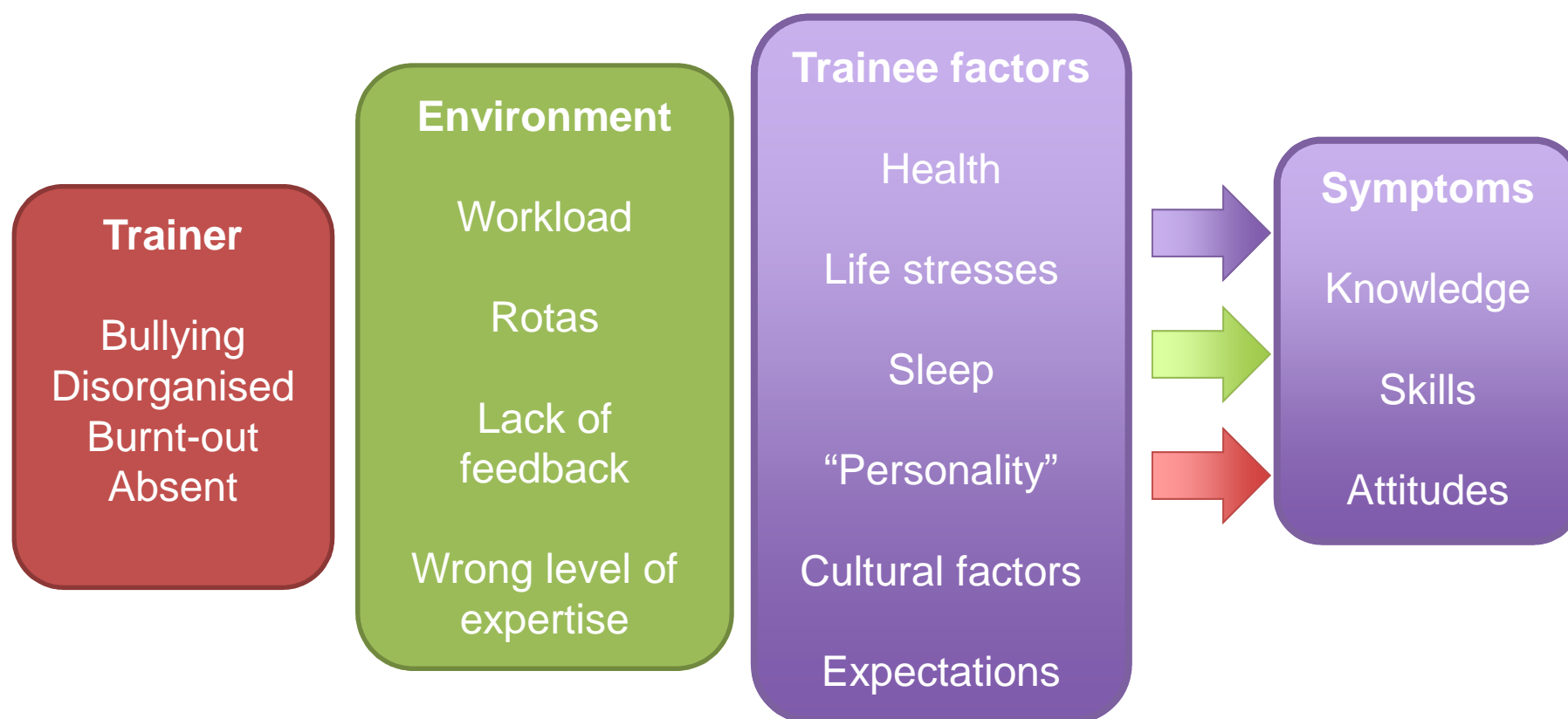
Diagnose



Diagnose



Diagnose



Roles and Responsibilities of Educators

| CLINICAL SUPERVISOR: supervises clinical work, WPBA, feedback | EDUCATIONAL SUPERVISOR: oversees longitudinal educational progress, reports to ARCP, career advice | TPD: Deanery Appointment, oversees all postgraduate training in Trust, Pastoral Support for all trainees | HEEoE HOS: Speciality or Programme perspective of educational processes |
|--|---|---|--|
| <p>Early detection of difficulty</p> <p>Ensures patient safety</p> <p>Documentation of incidents</p> <p>Feedback</p> | <p>Liaises with CS</p> <p>Collates evidence</p> <p>Reports concerns to Tutor and TPD</p> <p>Joint meetings with TPD</p> <p>Remedial plans</p> | <p>Supports CS and ES when training progress compromised</p> <p>Adverse ARCP outcomes discussed jointly with trainee</p> <p>Referral to Professional Support Unit where appropriate</p> | <p>Supports educators</p> <p>Speciality specific advice</p> <p>Helps manage all trainees in difficulty</p> |

Moving from reactive to proactive service...





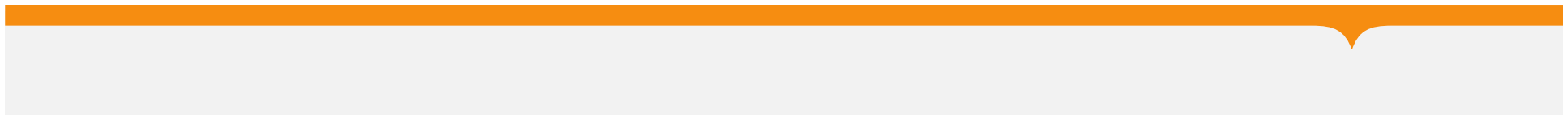
Creating a Learning Friendly Work Environment

- Moore and Kuol (2007) analysed students' recollections of excellent teaching; these included interest, positive affect, humour, fun, enjoyment, enthusiasm, commitment, dedication and compassion.
- '***who a teacher is with their students***' was more relevant in the recollection of good learning experiences than '***what a teacher does with his/her subject***' .

- Trainees are new to team working and may be overwhelmed by 'organisational' environment:

As organisational members, we learn to collaborate, influence, negotiate, motivate, and achieve results through our interaction with others, all of which can be highly charged with emotion (Turnbull, 2000).

- They need support in understanding team dynamics/multi-disciplinary working.

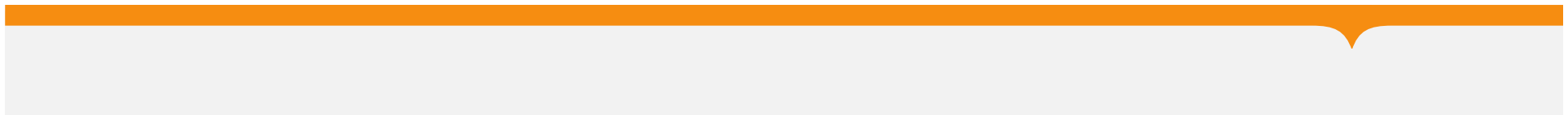


Preventing Stress for Junior Doctors

- Increasing supervision of a new doctor at the beginning of the posting
- Not allowing trainees to become sleep deprived/to come to work if unwell
- Ensure juniors have time to discuss challenging cases and de-brief when necessary
- Ensure that juniors have a work-life balance and encourage support outside work

Supervision

- McKimm (2009) suggests building in 10 minutes of 'talk time' at the beginning or end of supervision.
- Trainee is invited to talk about any personal issues that may be causing concern.
- This approach acknowledges and validates the interplay between 'work' and 'life'.



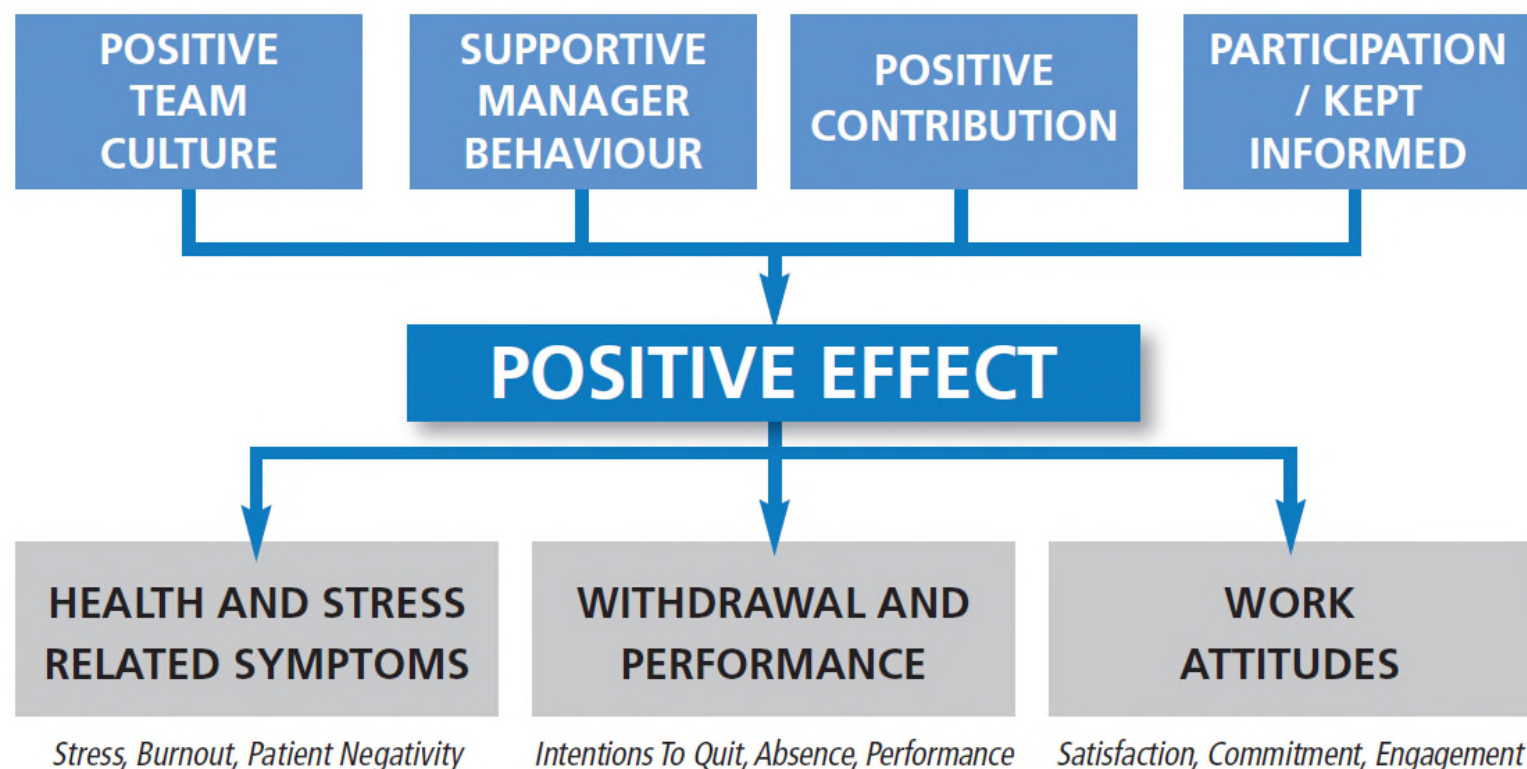


Figure 3: The four workplace features found to improve health and well-being

| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

| Doctors | Mental Health |
|----------------|---------------|
| | |
| | |
| Accessing help | |
| | |



Opinion Doctors

Wed 6 Jun 2018 17:06 BST



514 185

For doctors with mental illness, 'help me' can be the hardest words

Clare Gerada

There is a greater openness about mental health generally, but for medical professionals the taboo remains



▲ In a portrait taken in 2003, David Emson holds a photograph of his wife, Daksha, and their daughter, Freya.
Photograph: Martin Godwin for the Guardian

The charity Mind has found that almost half of all patients consulting their general practitioner do so for problems with their mental health, such as **anxiety and depression**. This will not be a surprise to most GPs. These illnesses are common; but there is now also a greater willingness to talk about them, and to seek medical help. That is to be welcomed.

Doctors as patients:

a systematic review of doctors' health access
and the barriers they experience

Margaret Kay, Geoffrey Mitchell, Alexandra Clavarino and Jenny Doust



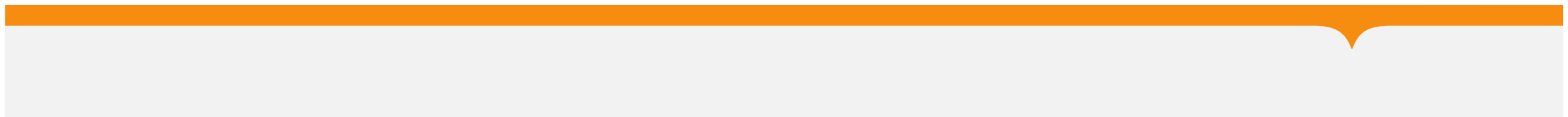
| | | |
|---------|---------------------------|--|
| Patient | Embarrassment | Exposing self to peers personally and emotionally Feel a failure as should be able to cope Worried illness may be trivial Worried self-diagnosis or treatment might be wrong Worried about imposing on another busy doctor Mental health issues |
| | Time | Time |
| | Cost | Fees Inadequate insurance (health, disability, business) |
| | Personality | Locus of control |
| | Specialty | Specialty practice of physician |
| | Who | Not easy to find the right doctor Lack of regular source of care (GP) |
| | Already satisfied | Already satisfied with own care (no need for GP) |
| | Fear | Loss of control |
| | Awareness of implications | Getting future insurance Awareness of burden on colleagues and patients |
| | Knowledge | Awareness of limitations of the medical system Easy to justify symptoms as insignificant |

| | | |
|----------|-----------------|--|
| Provider | Confidentiality | General concerns Doctors might discuss care with peers Staff might find out personal information Workplace may receive confidential information |
| | Quality of care | Poor medical care Failure to be treat doctor–patient like a normal patient Failure to recognise specific needs of doctor–patient |

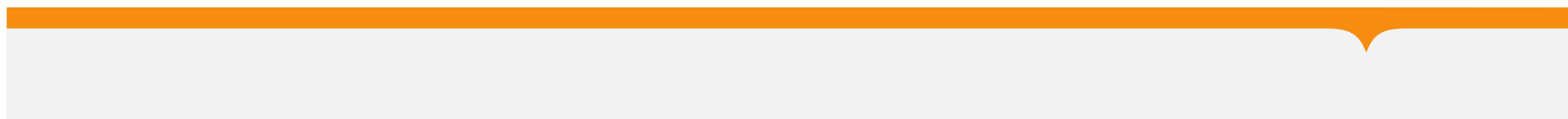
| | | |
|--------|-----------|--|
| System | Culture | Pressure from doctors to be healthy Pressure from community to be healthy Self-treatment OK Partners/peers tend not to intervene Lack of normal cues to health seeking |
| | Structure | No locums Long hours of duty Lack of medical training on seeking health care as a doctor and treating doctors |

Do Doctors Seek Support?

- Regulation structures can deprive rights to confidentiality
- Potential impact on careers
- Use informal channels / self-treat

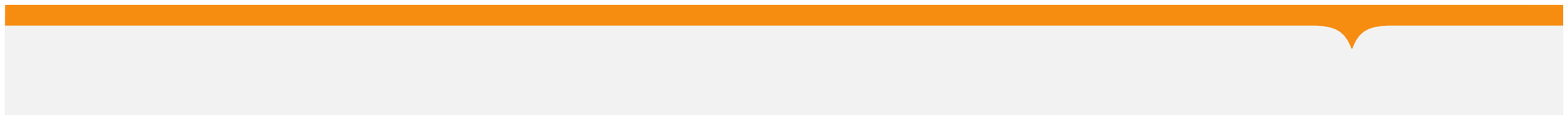


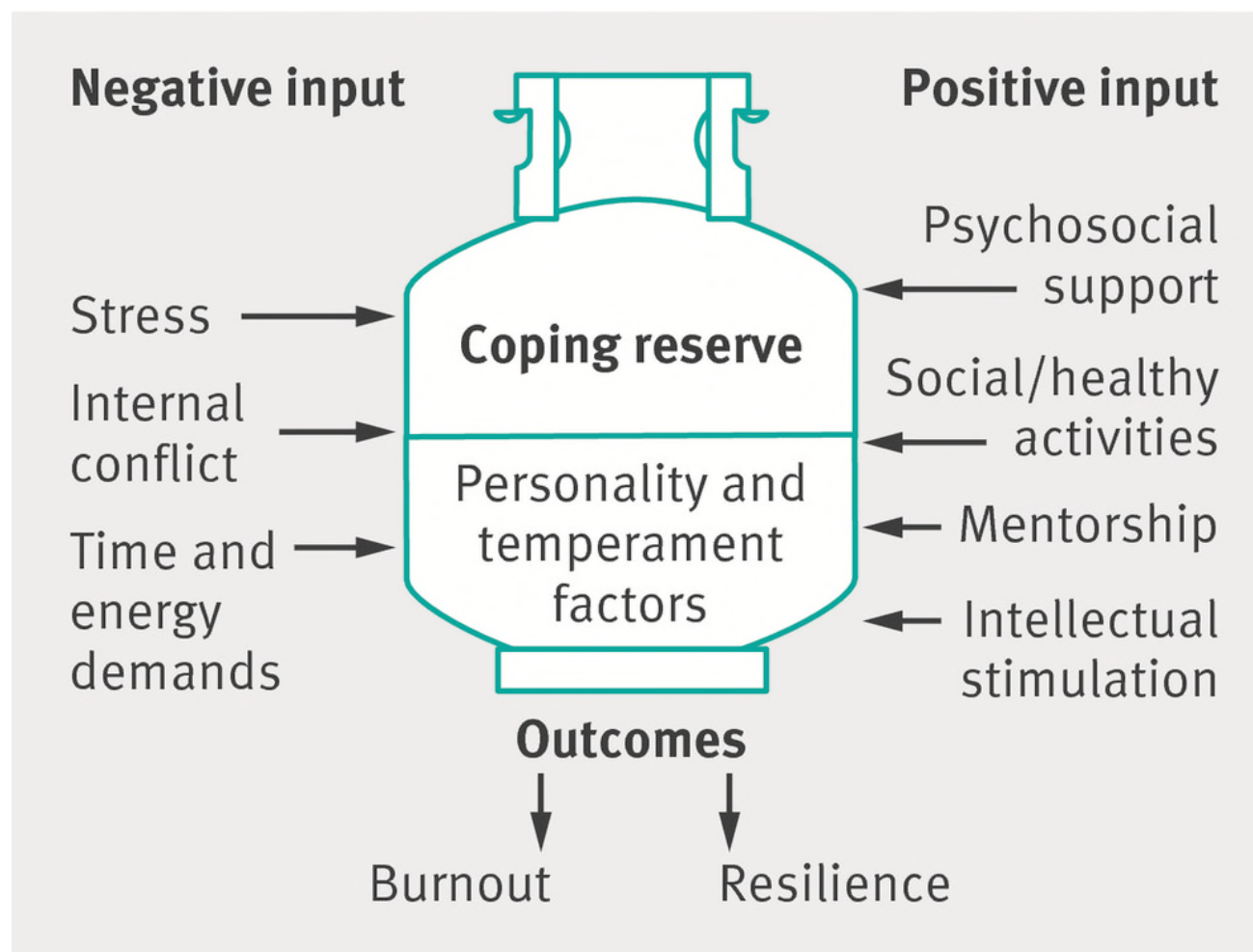
What can trainees do ?



Trainees...

- Ensure registered with a GP
- Monitor health and well-being
- Exercise
- Pro-actively manage sleep (particularly when on-call)
- Watch alcohol (and other substance) use
- Look for supportive colleagues / structures





Sources of help

- GP
- Employer eg Occ Health
- IAPT ... not ideal for some
- Mental Health services
- Substance misuse services

Sources of help

- Professional support unit

The screenshot displays the website for the East of England Professional Support Unit. At the top, a large banner image shows a smiling man in a white shirt and grey vest, with a pink text overlay that reads "Welcome to the East of England Professional Support Unit". To the right of the banner is a vertical navigation menu with the following items: "East of England Professional Support Unit" (in a pink box), "About us", "Contact Us", "PSU Documents", "Support", and "Workshops hosted by HEEoE". Below the banner is a grid of six smaller images, each with a caption: "Who are we?", "Support Available", "Frequently Asked Questions", "Workshops", "Referral Documents", and "Contact us". To the right of the grid is a "Content Creators Menu" with links: "Browser Compatibility", "Adding or Editing a Content Page", "Editing Home Pages", "Adding Events", "Adding Contact Lists", "Content Creator's Forum", and "Content Creators List".

East of England Professional Support Unit

About us

Contact Us

PSU Documents

Support

Workshops hosted by HEEoE

Welcome to the East of England Professional Support Unit

Who are we?

Support Available

Frequently Asked Questions

Workshops

Referral Documents

Contact us

Content Creators Menu

[Browser Compatibility](#)

[Adding or Editing a Content Page](#)

[Editing Home Pages](#)

[Adding Events](#)

[Adding Contact Lists](#)

[Content Creator's Forum](#)

[Content Creators List](#)

Key question for PSUs ...

To what extent are you going to be providing mental healthcare ?



Sources of help

- Professional support unit
- NHS Practitioner Health Programme (mostly London, mental health / addictions)
- Trainee Doctors and Dentists Support Programme
- Sick Doctors Trust (Alcohol / Drug problems)
- Colleges' support services / BMA

For serious mental illness

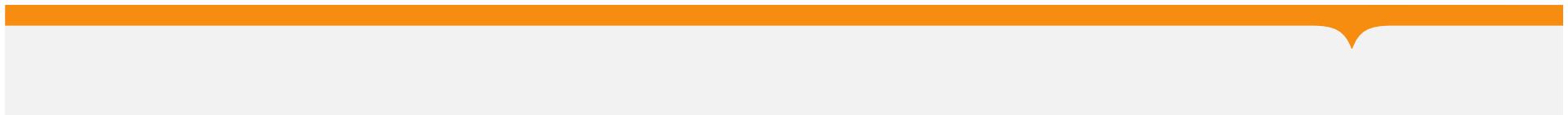
(ie beyond stress / mild-moderate illness)

- Should be engaged with secondary care services or alternative
- Likely to be on medication
(which may have side effects)
- Under specific consultant
- May have GMC involvement

Prognosis...

Data from PHP:

- Excellent rates of recovery when in treatment
- High rates of abstinence from substance misuse (80%)
- 80% return to work
- Bipolar 75% (25% at presentation)



| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

| Doctors | Mental Health |
|------------|---------------|
| | |
| | |
| | |
| Resilience | |



Developing Explanations

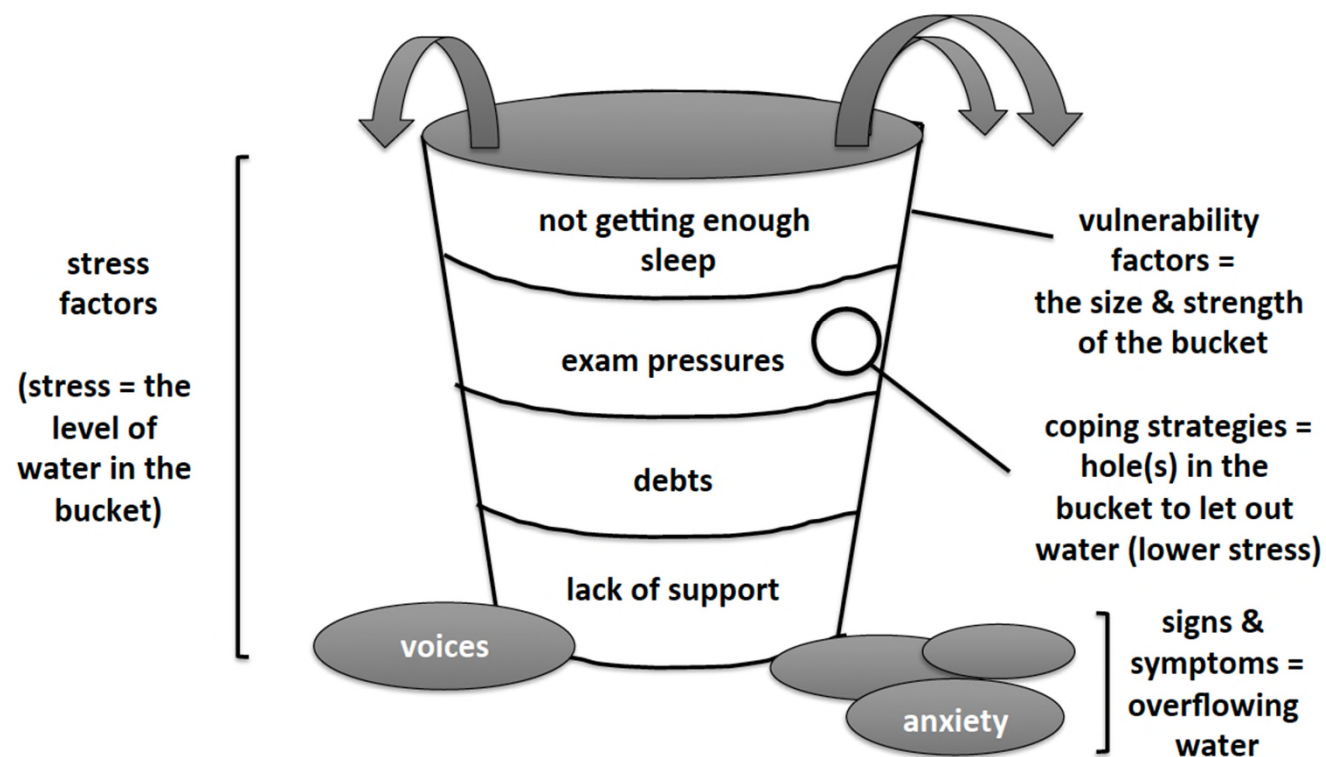
the 'vulnerability - stress' model (after: Zubin & Spring 1977)

Zubin & Spring suggest that:

'...as long as the stress induced by challenging events stays below the threshold of vulnerability, the individual... remains well within the limits of normality. When the stress exceeds the threshold, the person is likely to develop a psychopathological episode of some sort... when the stress abates and sinks below the vulnerability threshold, the episode ends.'

using an analogy: the stress bucket

(based upon: Brabban & Turkington 2002)



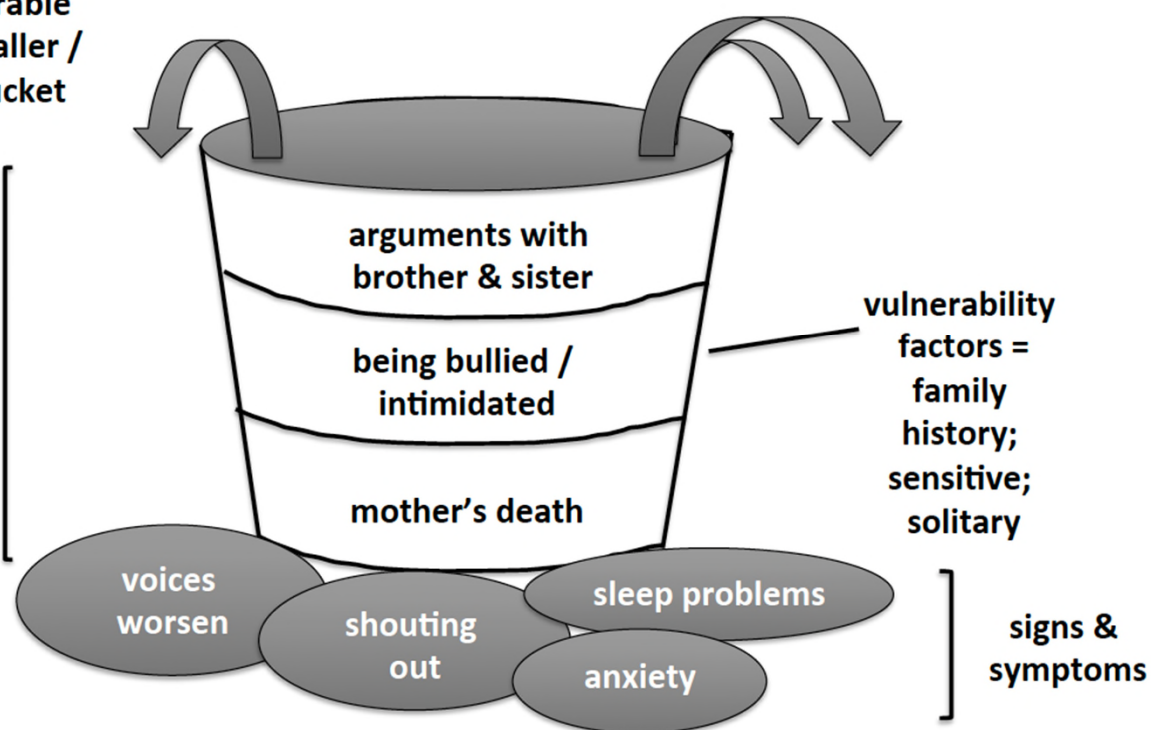
Aetiology

- Predisposing Factors - genetic burden, childhood trauma, abuse, foster care, significant bullying
- Precipitating Factor s- medical disorders, substance misuse, non-compliance with treatment, 'life events'
- Perpetuating Factors - unresolved precipitating factors, homelessness, financial issues

more vulnerable = a shallower bucket

a more vulnerable
person = a smaller /
shallower bucket

stress
factors



Resilience ?



Resilience ?

A complex and dynamic interplay between an individual, the individual's environment, and sociocultural factors that promotes a positive outcome from adversity.

- Not just “lack of burnout” (though most research here)
- Taken from military
- Tendency to focus the problem back on the trainee

Burn-out

- Described in 1974
- Long-term, “unresolvable” job stress

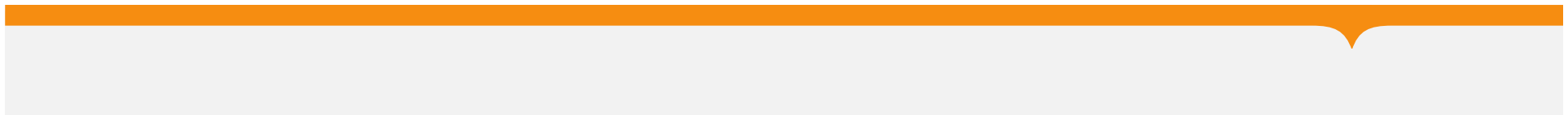
Characterized by (varying definitions):

- Exhaustion
- Depersonalization / Cynicism / Loss of empathy
- Lack of sense of achievement

Building resilience

(Uncertain benefits)

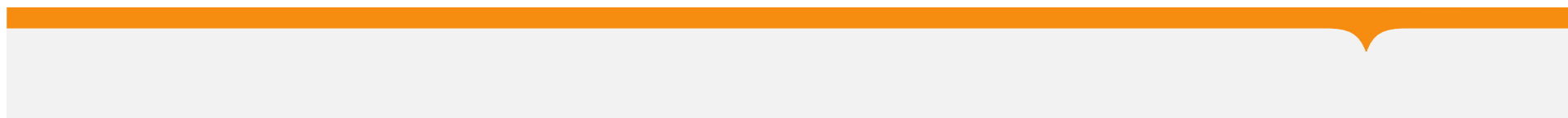
- Promote intellectual interest
- Self awareness
- Time management
- CPD
- Wider support and mentors



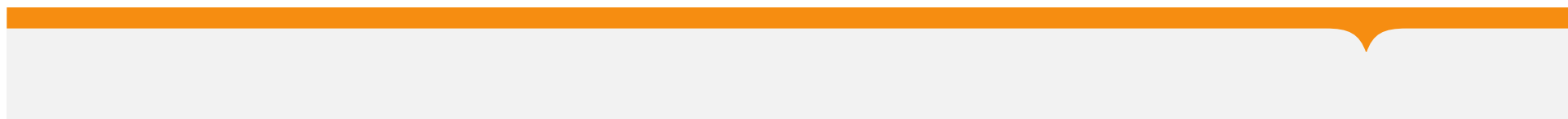
Why is the job so bad that I've had to have talks on resilience since I started at medical school...



| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |



| Doctors | Mental Health |
|---------|-----------------|
| | Common problems |
| | |
| | |
| | |



526,000

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2016/17

12.5 million

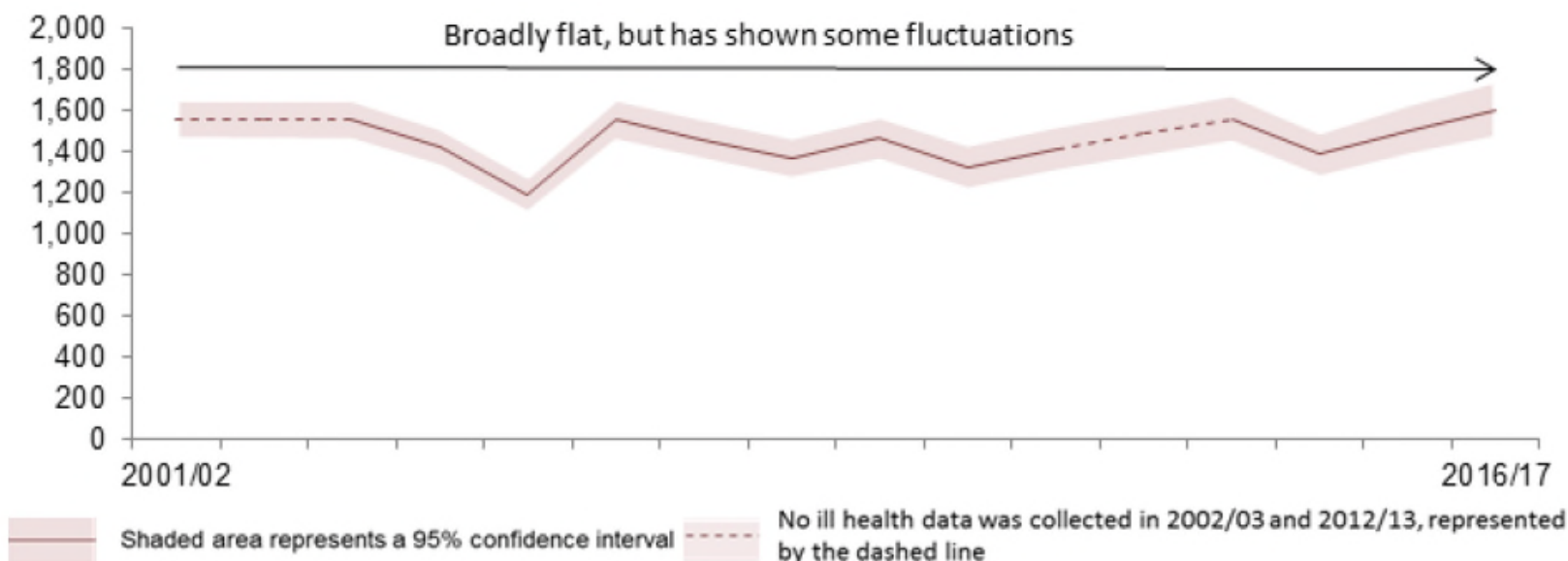
Working days lost due to work-related stress, depression or anxiety in 2016/17



- Around 30-40% of NHS staff report stress in the workplace in the previous 12 months
- Accounts for over 30% of all sick leave
- Costs £400 million per year
- General / Universal factors:
 - Increasing demands
 - Organizational change

How has stress changed ?

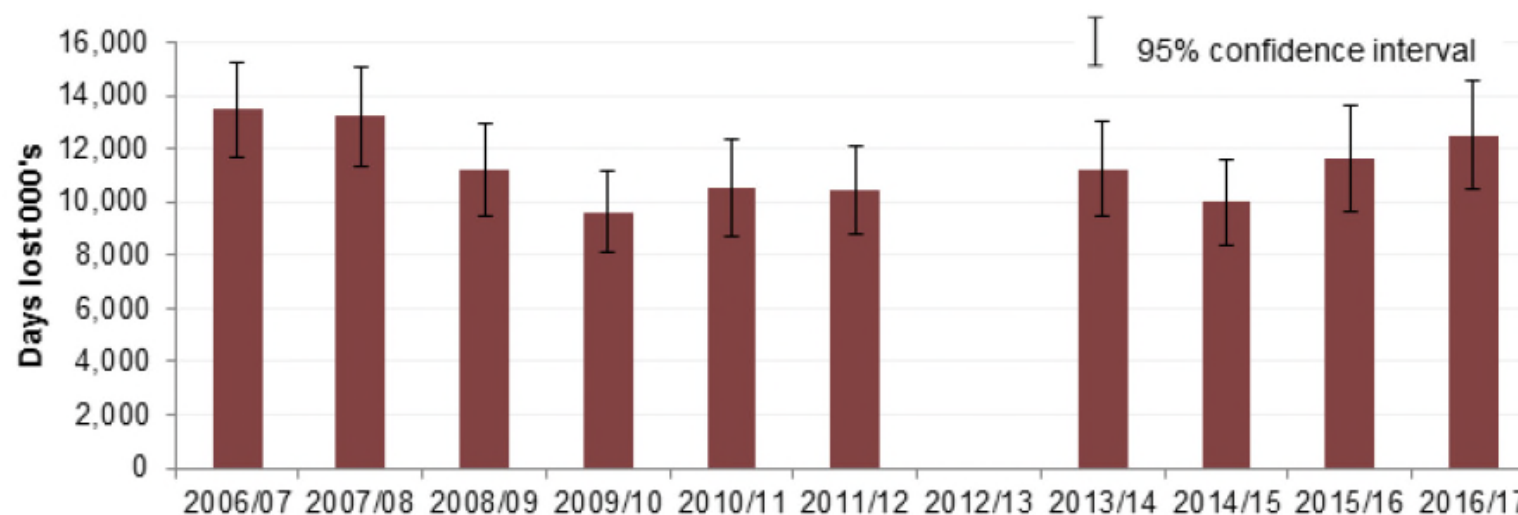
Stress, depression or anxiety per 100,000 workers: new and long-standing



Source: **Labour Force Survey** (Estimates of self-reported stress, depression or anxiety caused or made worse by work)

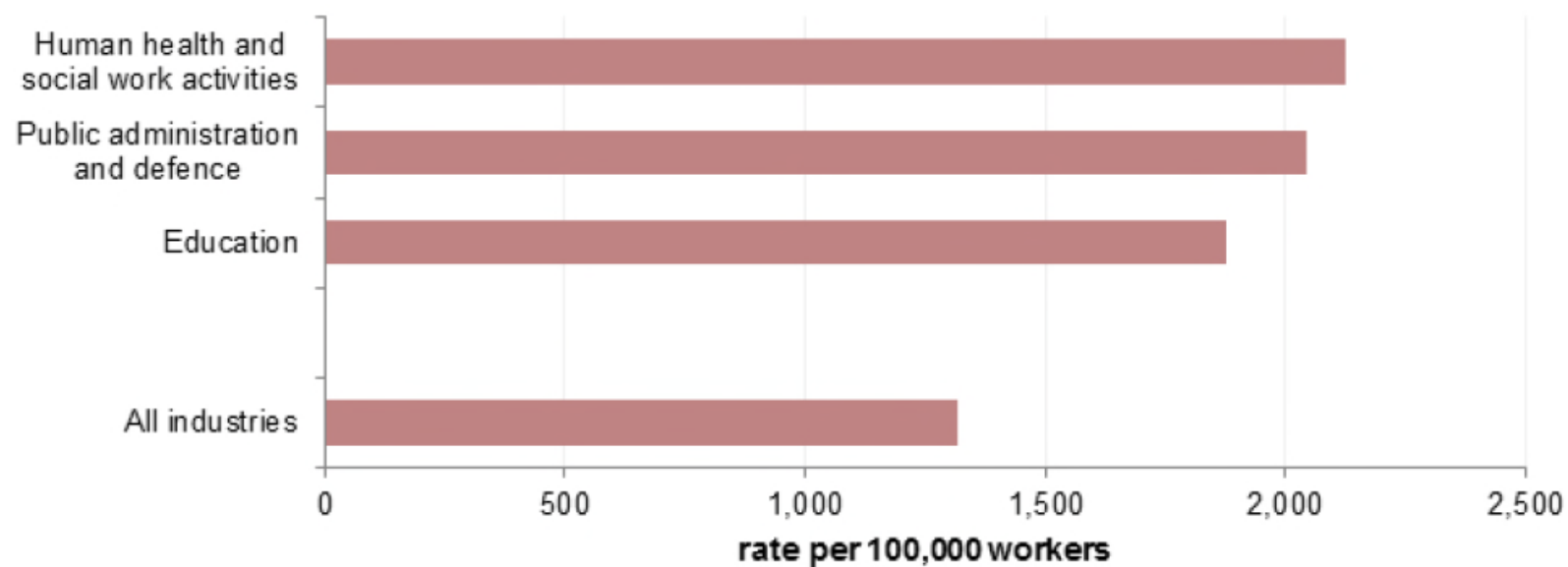
How has stress changed ?

Figure 2. Days lost due to self-reported work-related stress, depression or anxiety in Great Britain, for people working in the last 12 months



Source: Labour Force Survey

Note: No ill health data collected 12/13



Base: all adults

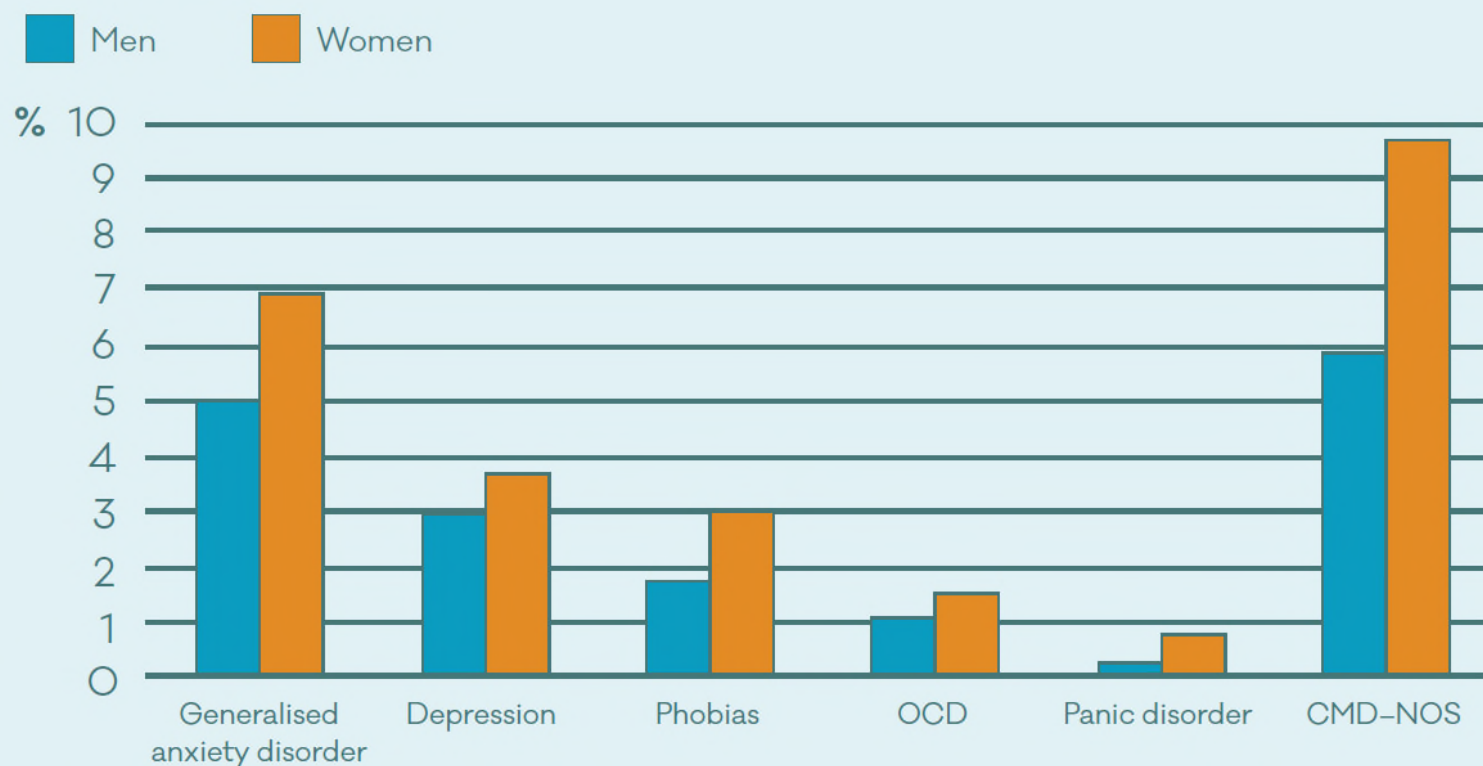
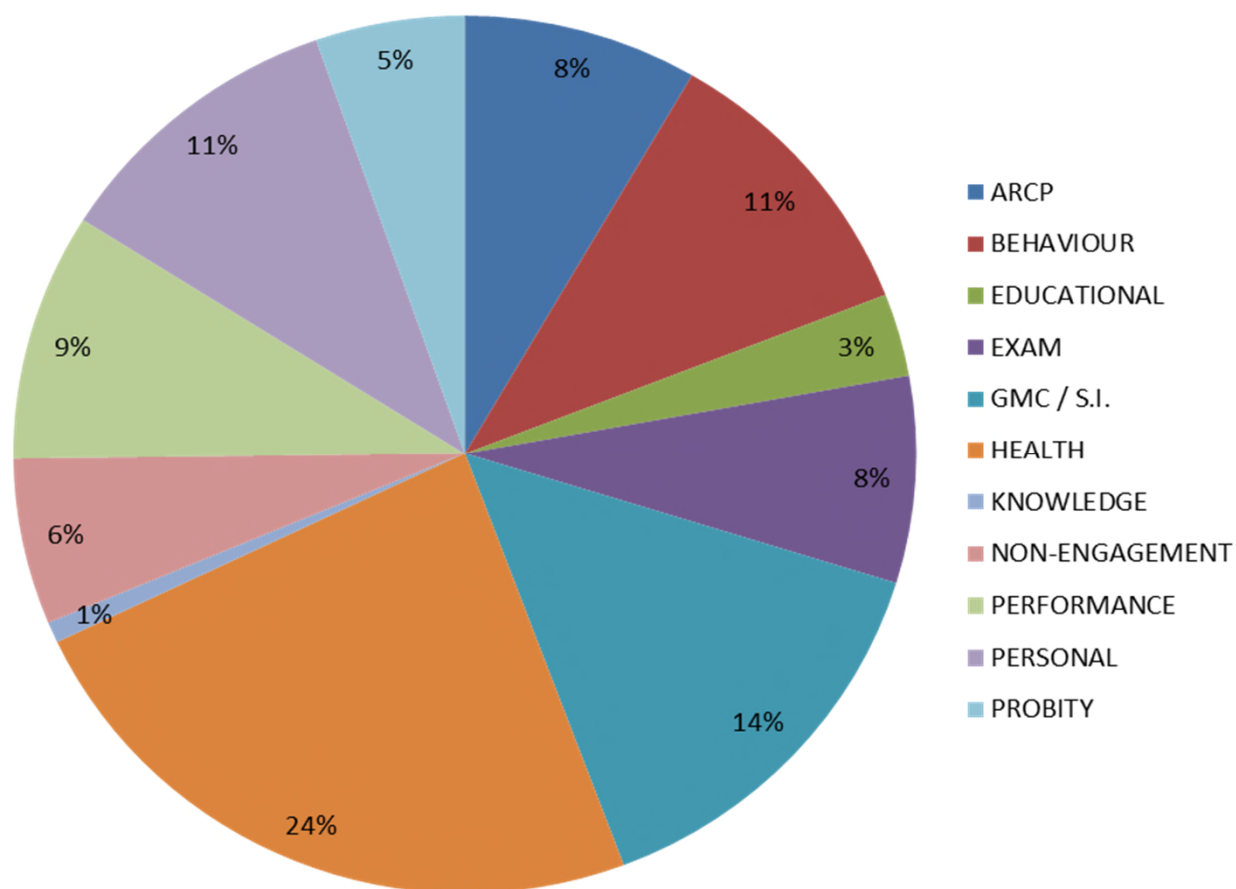


Figure 1a: APMS prevalence of common mental health problems by sex

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

HEE, EoE Breakdown - PSU



Symptoms / Signs

- Anxiety
- Low mood
- Boredom
- Apathy
- Fatigue
- Sleep disturbance
- Frequent headaches / colds
- Irritability
- Substance use
- Loss of sex drive
- Relationship problems
- Tearfulness
- Restlessness
- Significant illness
- Accidents
- Forgetfulness



DEPRESSION



ANXIETY
DISORDERS



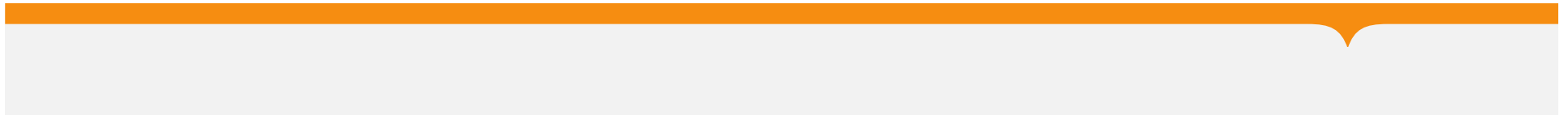
SUBSTANCE
MISUSE



BIPOLAR

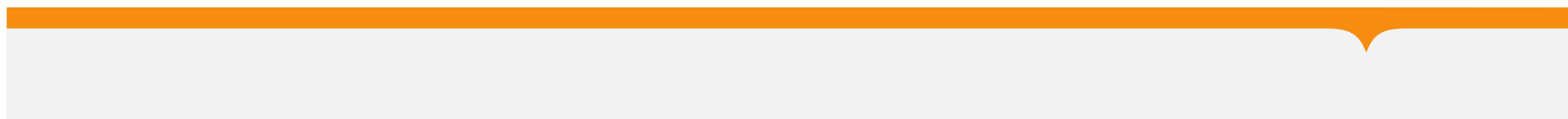


PSYCHOSIS



| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

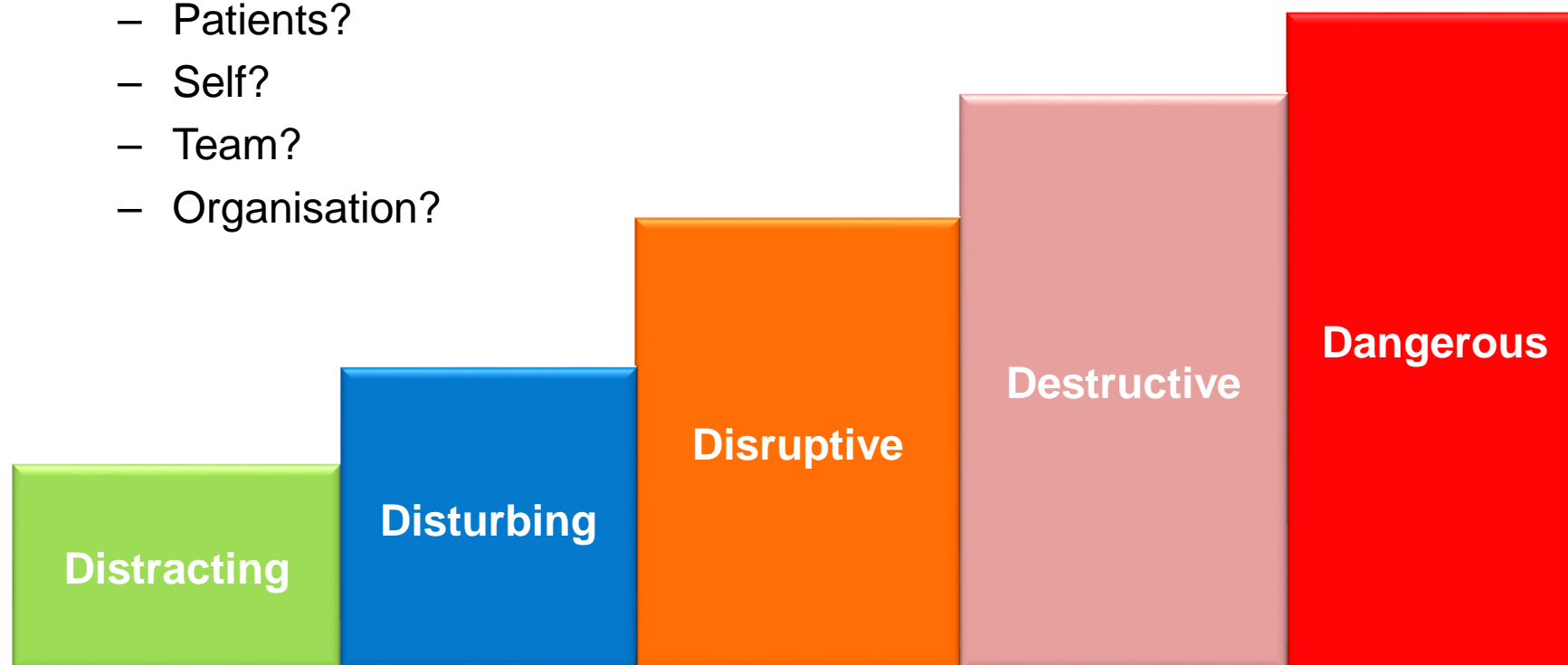
| Doctors | Mental Health |
|---------|--------------------|
| | |
| | Affect performance |
| | |
| | |



How much of a problem ?

What is the risk to:

- Patients?
- Self?
- Team?
- Organisation?



How do you “manage” performance ?



How do you “manage” performance ?

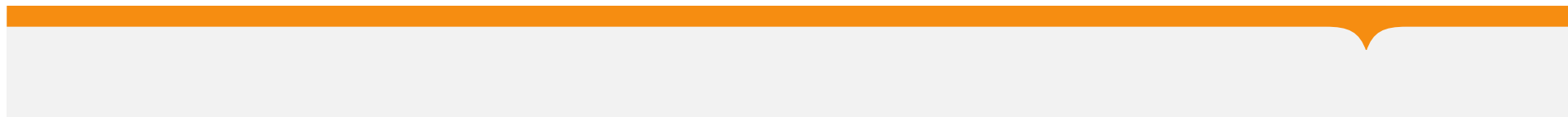
- Trust
- Deanery
- GMC

When the GMC ?

Broadly, when a doctor's health is affecting their fitness to practice...

... and in general this isn't the case if doctors are looking after their health and taking time off sick appropriately

So is mainly an “insight” issue



The questions

Statement 1

I have, or have had a health condition(s) which required me to change one or more aspects of my medical training or practice, to enable me to work safely with patients or to continue my training.

Statement 2

I have, or have had, a health condition(s) which has resulted in an interruption to, or breaks in my medical practice or studies, including retaking any part of my course or assessments/exams.

Statement 3

I have, or have had, a health condition(s), which has resulted in conditions being placed or undertakings being agreed in relation to my medical practice, training or registration.

Statement 4

I have, or have had, a health condition(s) which has been considered under fitness to practise proceedings whether in the UK or overseas.

Statement 5

Is there anything about your physical or mental health, which could prevent you meeting the standards described in our guidance?

GMC issues...



g to ill-health or to substance misuse should
s' occupational health processes and outside
ossible. When the doctor's fitness to practise
n, the GMC must be told and the
nformed in writing. The GMC should also be
mply with any measures that have been put in
ssues.

Drug and Alcohol Abuse amongst Anaesthetists
Guidance on Identification and Management

GMC issues...



Substance misuse (including alcohol)

- 91 The use of illegal substances is normally a fitness to practise issue. Where a student is addicted to a controlled substance, medical schools should offer support to the student alongside the fitness to practise process.

g to ill-health or to substance misuse should
es and outside
ness to practise
he
should also be
ave been put in

Drug and Alcohol Abuse amongst Anaesthetists
Guidance on Identification and Management

GMC ?

- You become aware through office chat that a trainee sometimes uses cannabis at weekends (away from work). You have no performance or behavioural concerns about this trainee...

GMC ?

- You become aware through office chat that a trainee sometimes uses cannabis at weekends (away from work). You have no performance or behavioural concerns about this trainee...

What about... Cocaine ? Or MDMA ?

Or instead of sometimes... Often ? Or Always ?

| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

| Doctors | Mental Health |
|---------|---------------|
| | |
| | |
| | Insight |
| | |

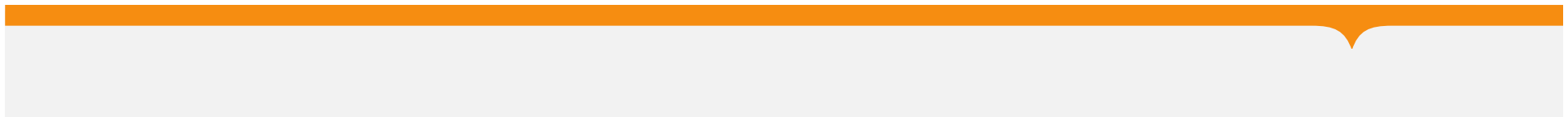


Why is “insight” important ?



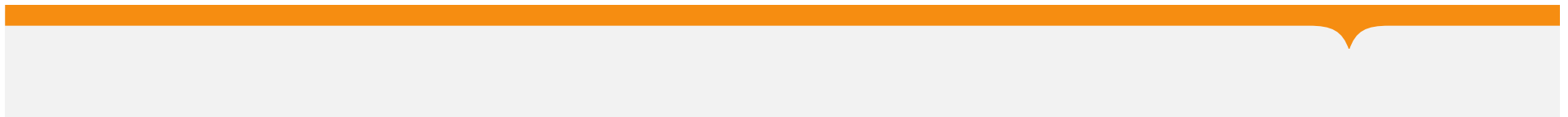
Issues for Trainers and Employers ?

- Risks to patients posed by doctors who are not well
- Risks to the trust / reputation issues posed by doctors who are not well.
- Ultimate cost of care/substitution for doctors and of poorly performing doctors.



What is insight ?

How does it relate to mental health ?





DEPRESSION



ANXIETY
DISORDERS



SUBSTANCE
MISUSE



BIPOLAR



PSYCHOSIS



| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

| Doctors | Mental Health |
|---------|---------------|
| | |
| | |
| | |
| | Suicide |



Blood, sweat and tears
Doctors

Stephanie D'Costa

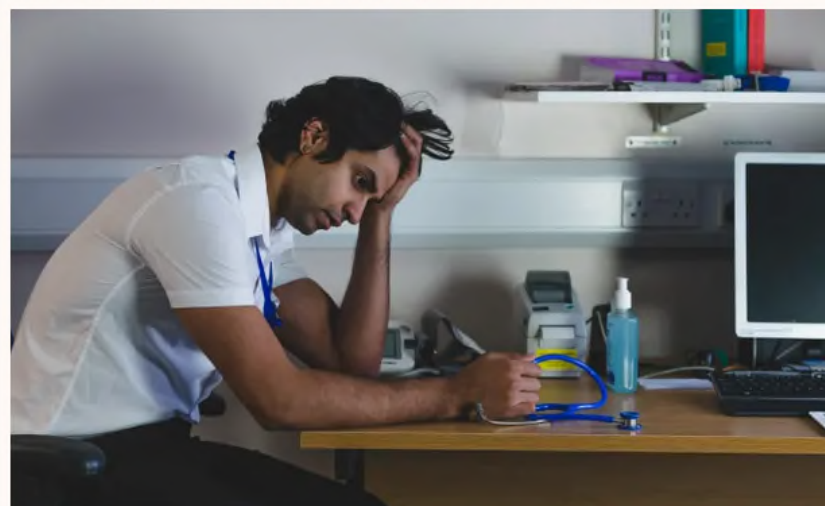
Thu 14 Mar 2019 12.37 GMT



231 87

Junior doctor suicide makes me worry about how I'll cope in the job

As a medical student, I can get support when I need it. That isn't the case for junior doctors struggling with mental health



▲ 'As a student mental health is acknowledged as a real issue but this isn't the case for junior doctors.' Photograph: SolStock/Getty Images

I was four months into my clinical training as a medical student when I first encountered a suicide.

It wasn't a patient.

VANISHED DOC LEFT NOTE NAMING JEREMY HUNT

BY RICHARD SMITH

A MISSING junior doctor left an emotional letter in which she refers to Health Secretary Jeremy Hunt.

Rose Polge, 25 - a supporter of strike action over Mr Hunt's changes - wrote to her family.

A source said: "The majority of the note concerns personal matters. It is very heartfelt."

FULL STORY: PAGES 4&5



SEARCH Newly qualified Rose is missing in Devon

Suicide

- Commonest cause of death for men aged 20-49
- 75% men, 25% women in UK
- Strongly associated with mental illness
- Doctors have higher rates than general population
- Particularly anaesthesia, emergency medicine, ITU

FIGURE 1. Meta-Analysis of Male Physicians' Suicide Rate Ratios in 24 Studies^a

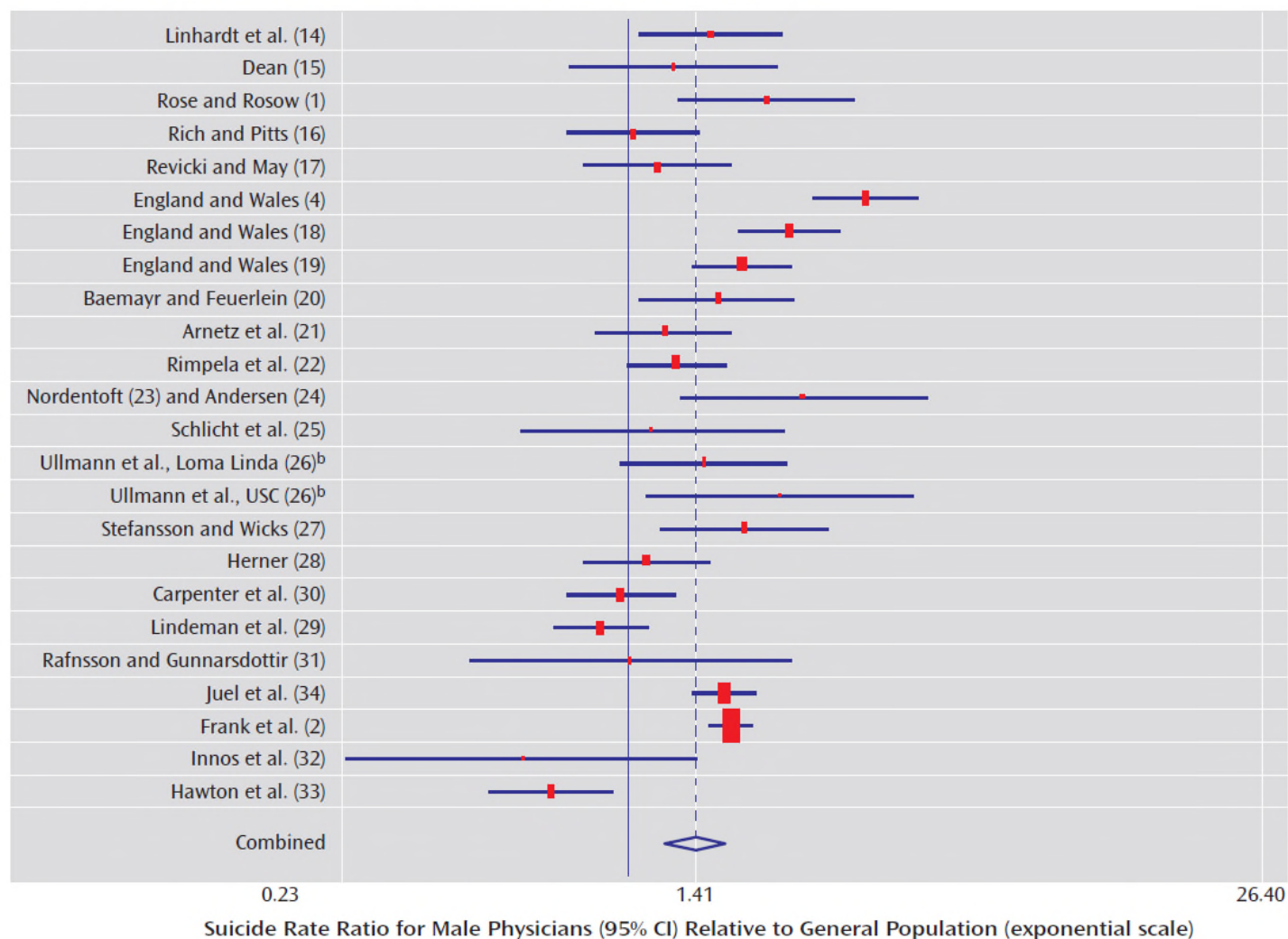
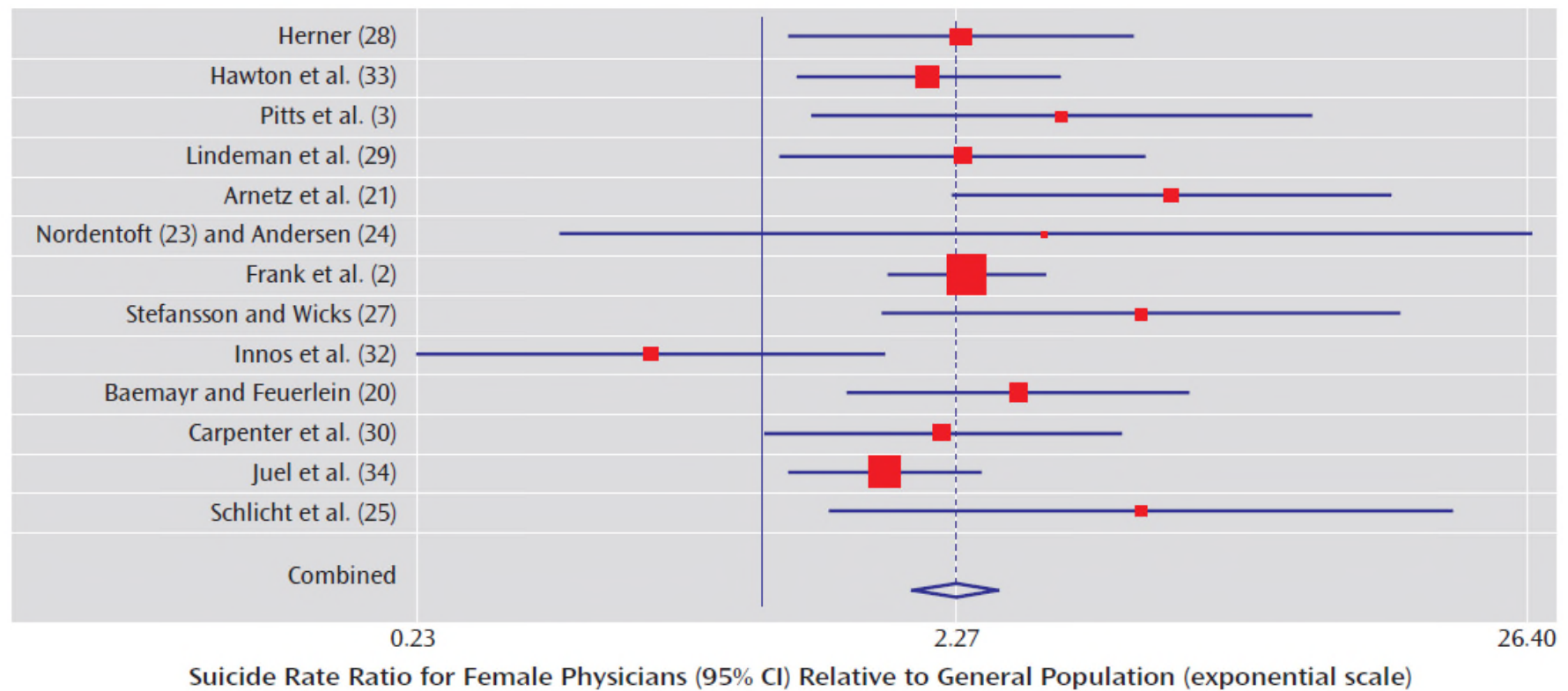
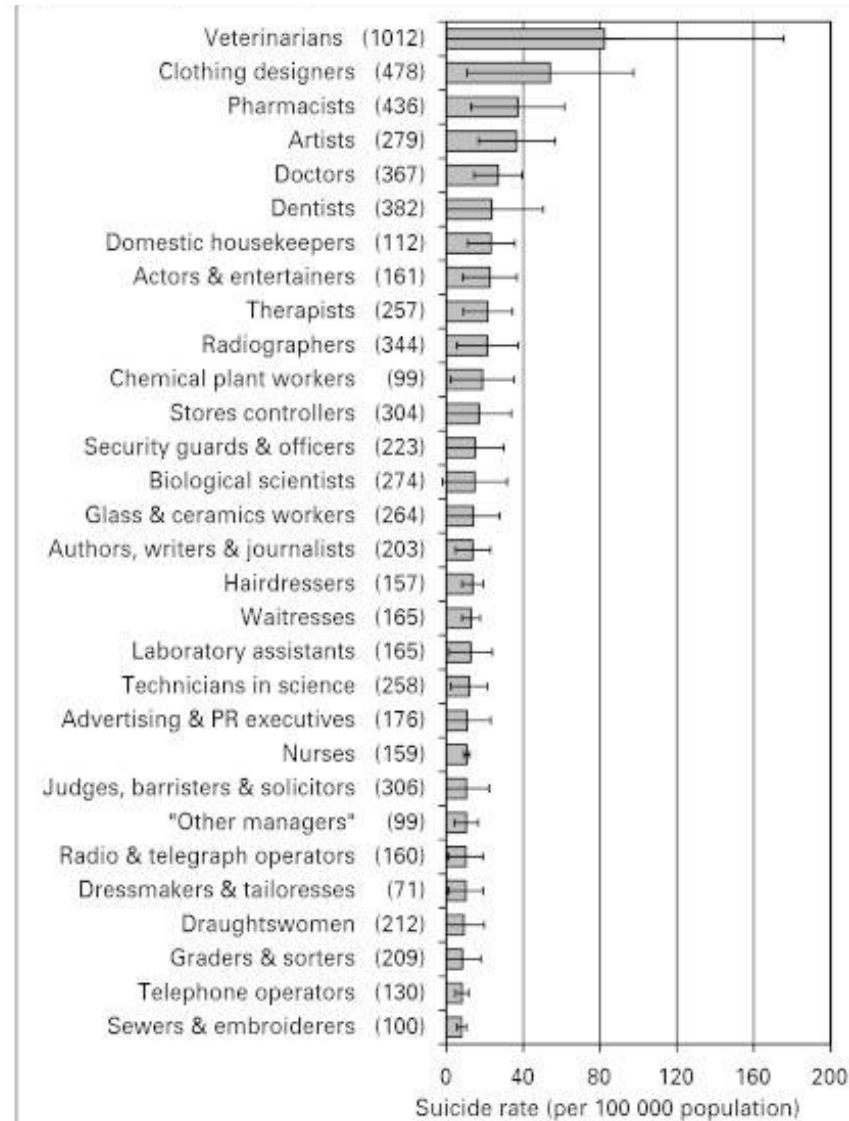
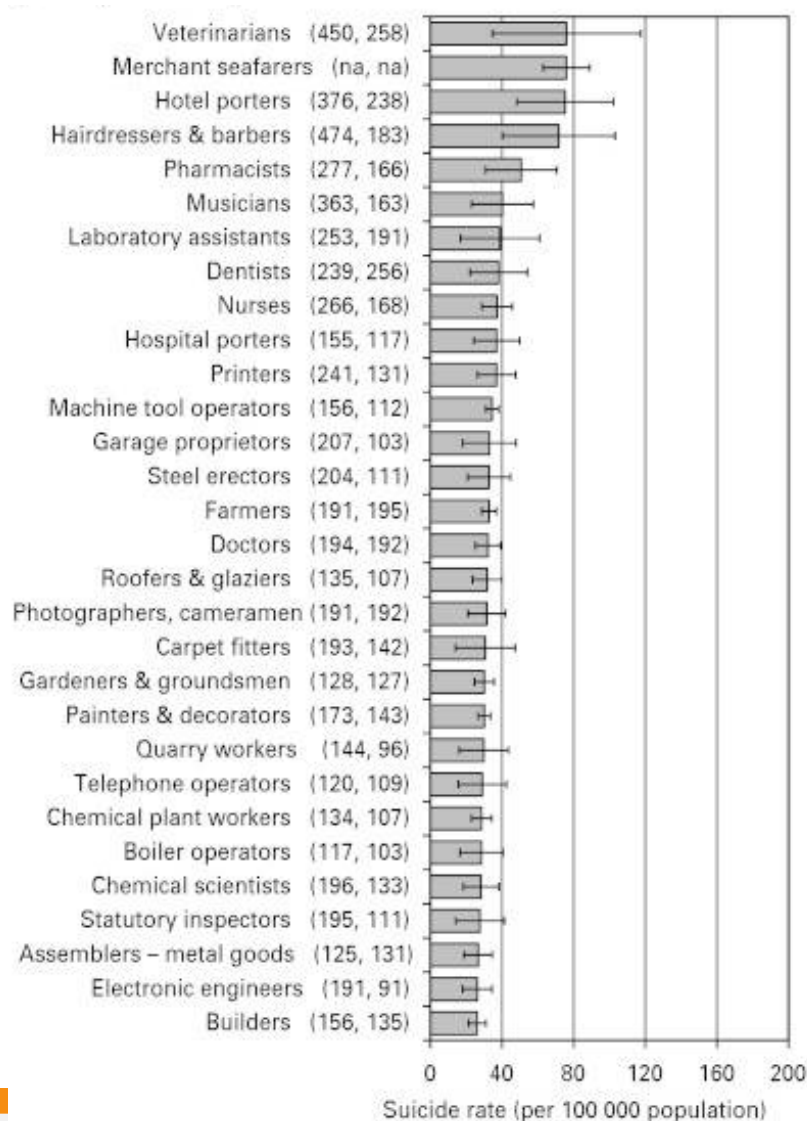
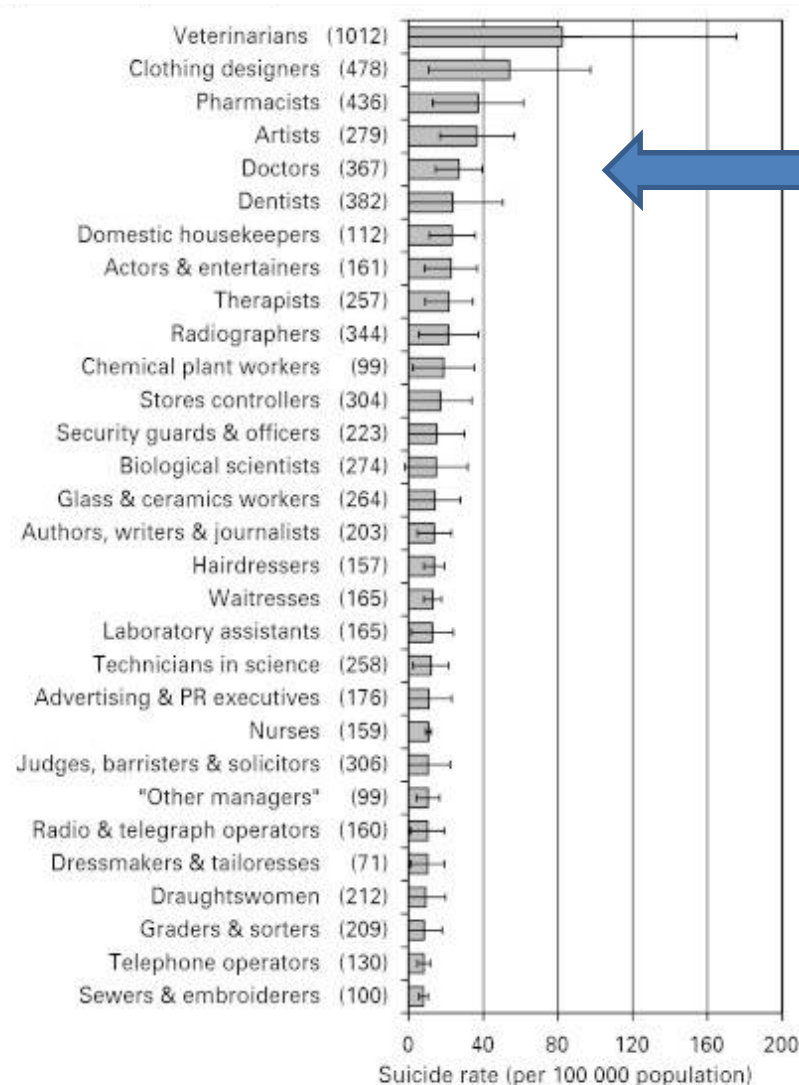
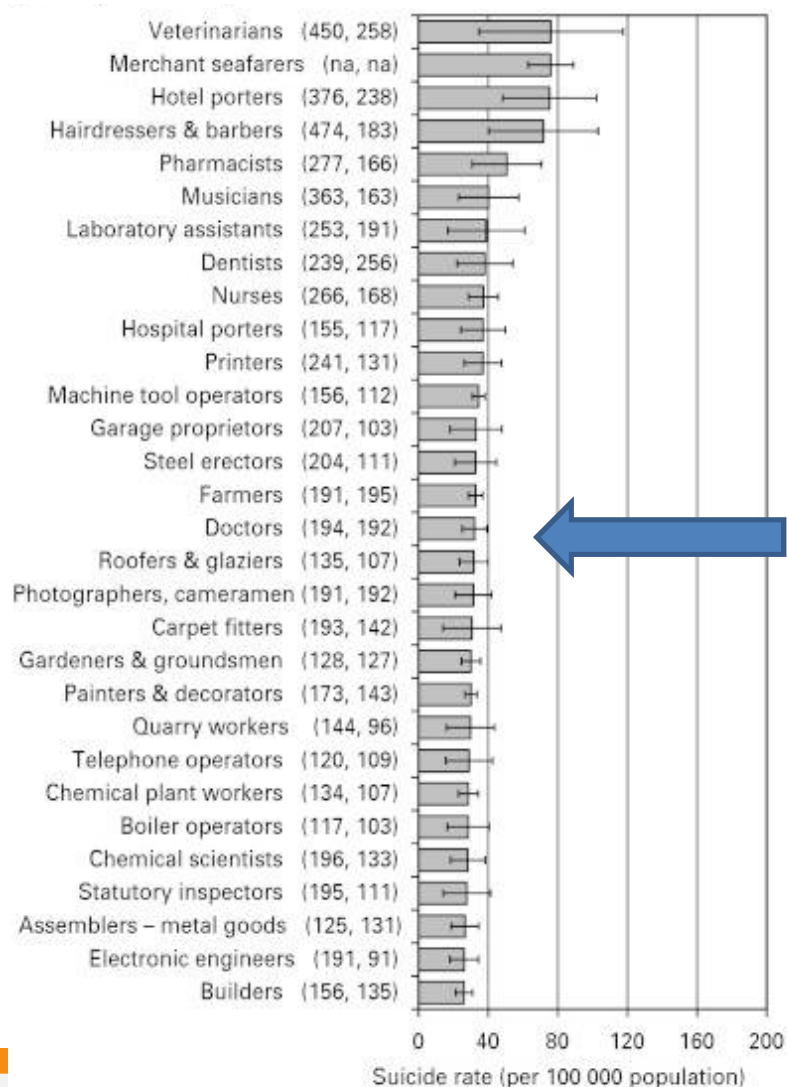
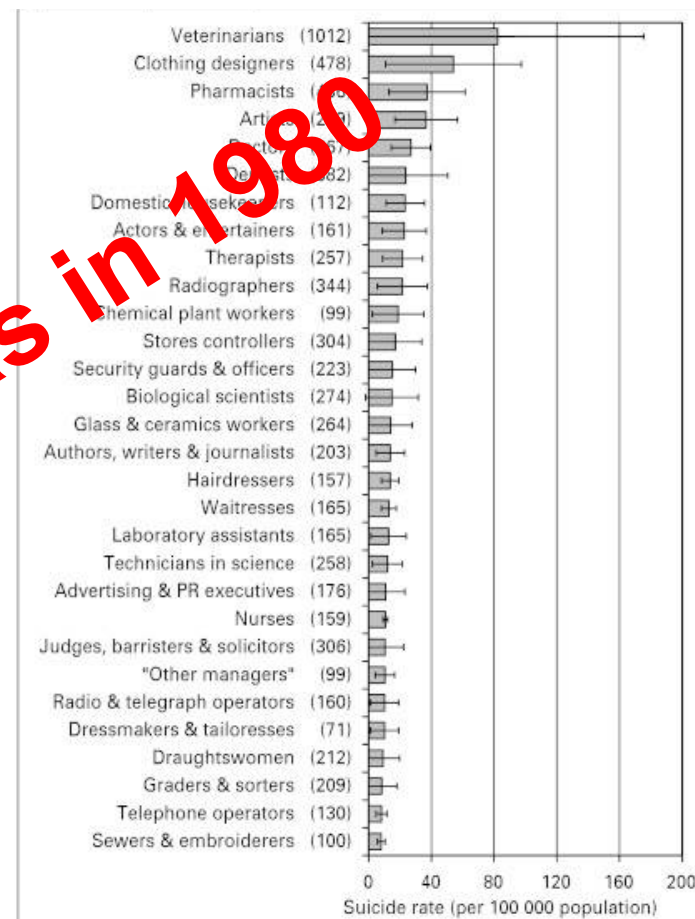
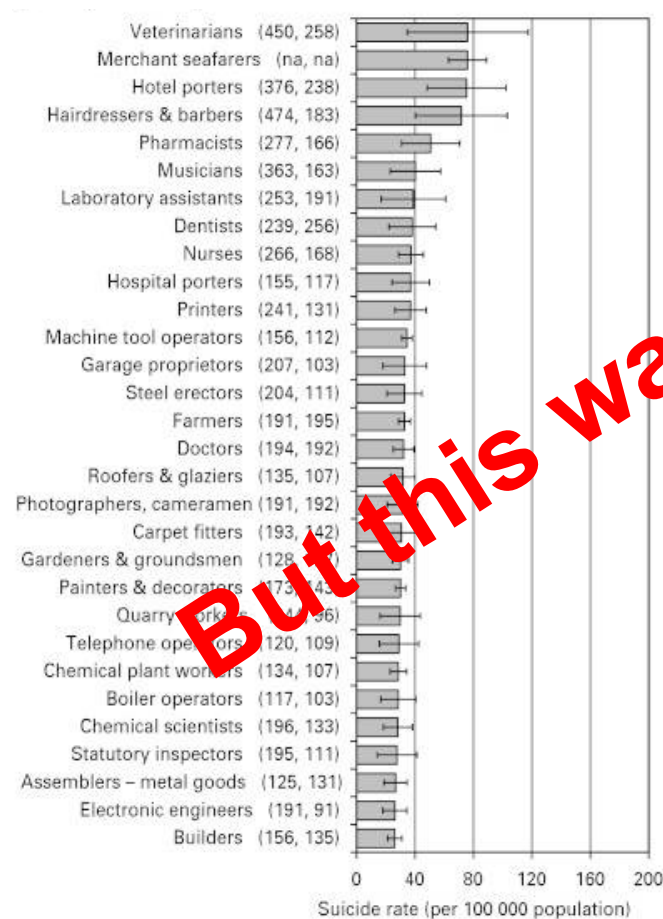


FIGURE 2. Meta-Analysis of Female Physicians' Suicide Rate Ratios in 13 Studies^a

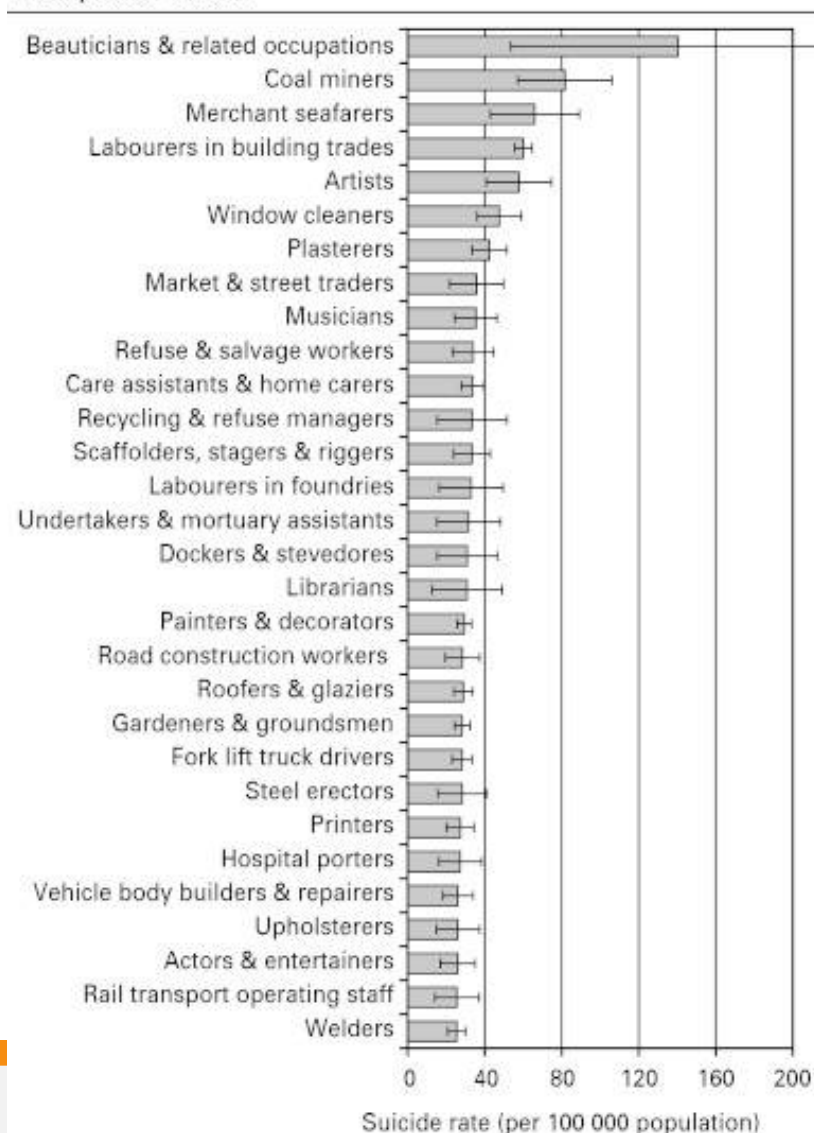








Men, 2001–2005



(d) Women, 2001–2005

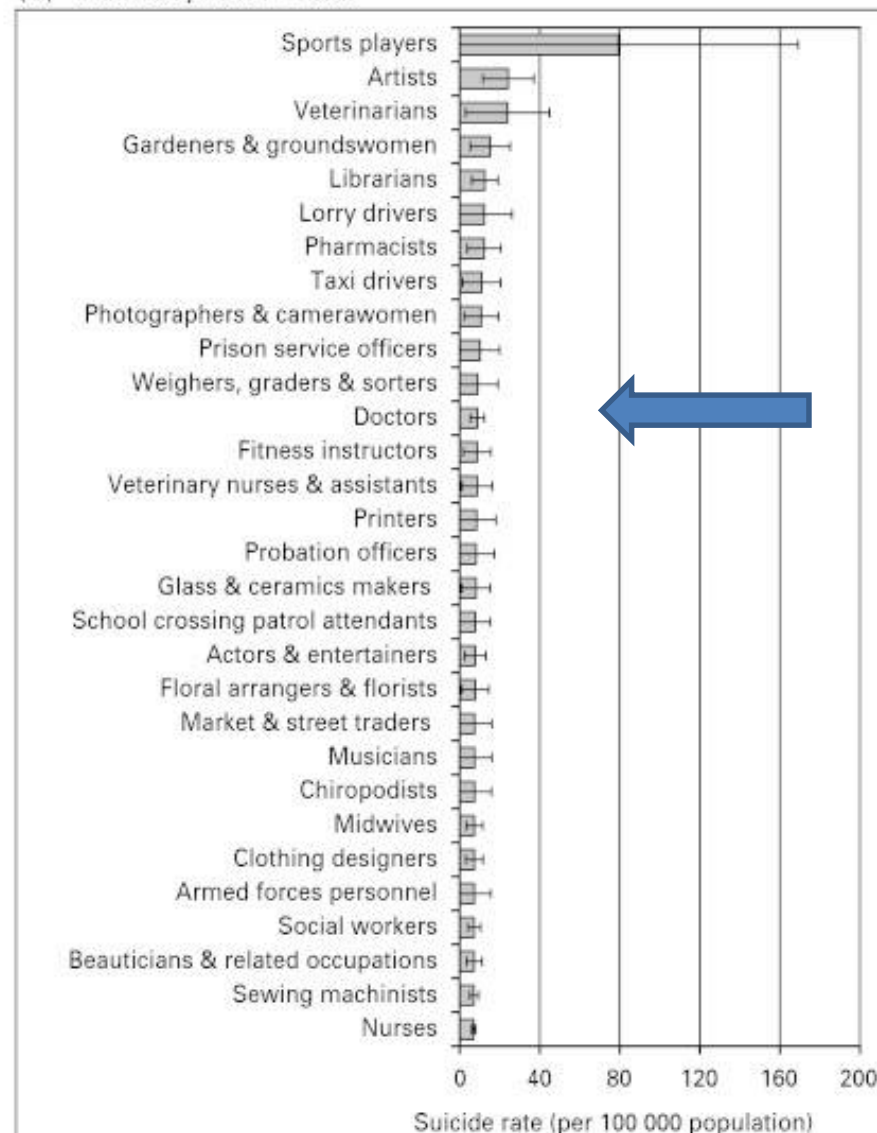
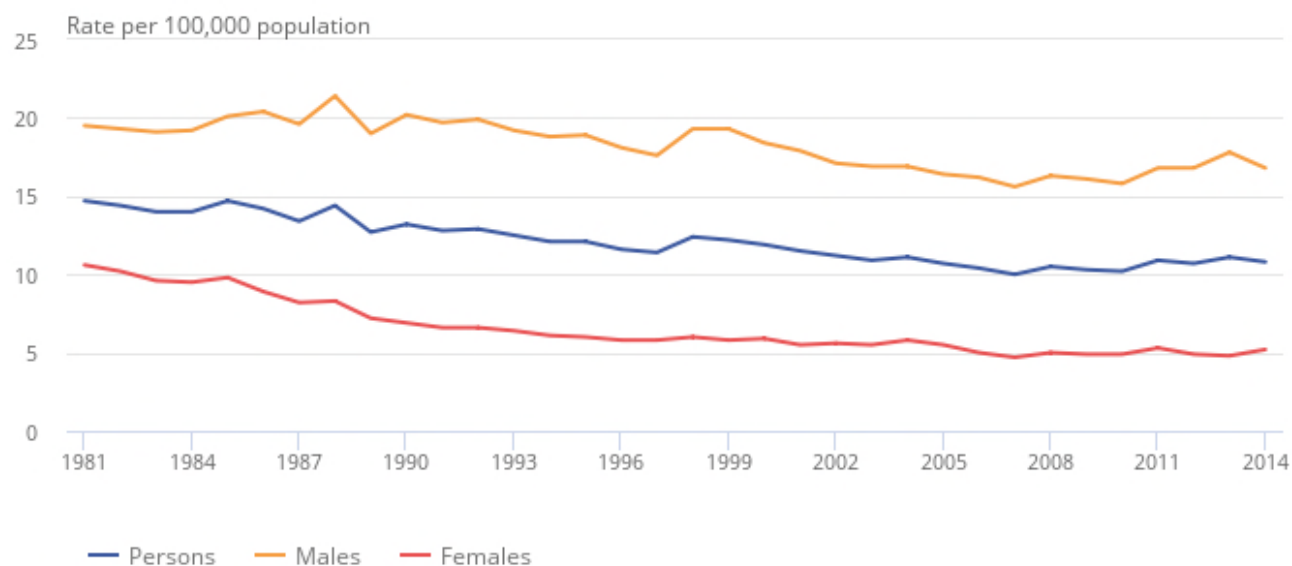


Figure 1: Age-standardised suicide rates by sex, deaths registered between 1981 and 2014

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Why ?

- High rates of mental illness (10%)
- Low rates of treatment
- Access to lethal means



DEPRESSION



ANXIETY
DISORDERS



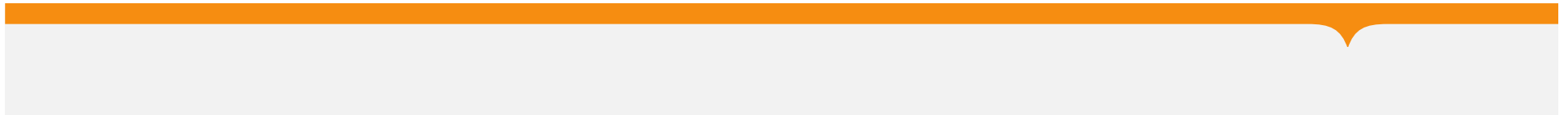
SUBSTANCE
MISUSE



BIPOLAR



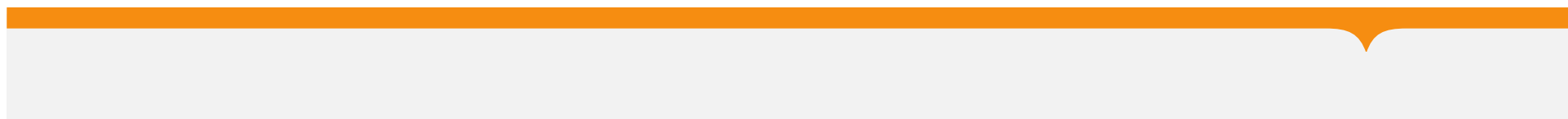
PSYCHOSIS



For the PSU...



Specific issues and triggers ?



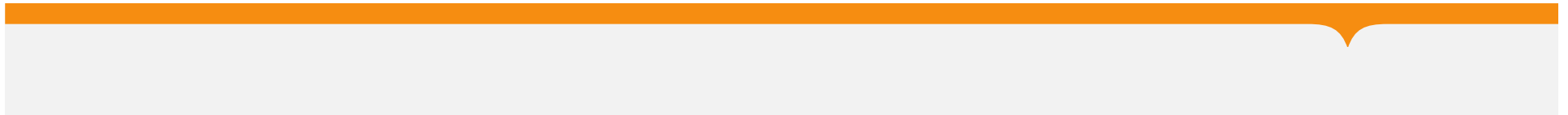
Specific issues

- Pre-existing mental health problem
- New mental health problem
- Previous self-harm
- Isolation from peers

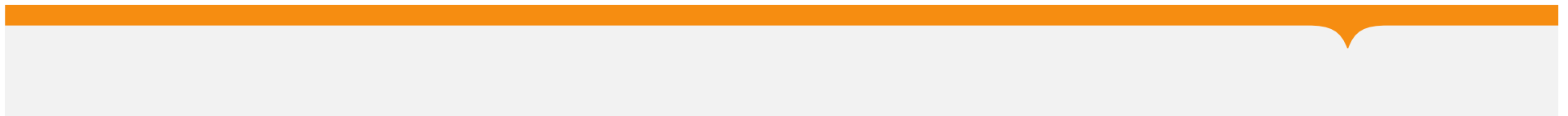


Triggers

- Patient complaints
- Serious incidents / investigations
- GMC referral / investigation
- Legal issues (work / non-work)
- Whistleblowing
- Financial problems
- Relationship problems



Where would you get help ?



- Psychiatrist in your team ?
- Their GP (are they registered ?)
- Mental health services
- 111
- Non-NHS eg Samaritans
- Specialist health services for doctors

| Doctors | Mental Health |
|--|---|
| <u>Work as a risk factor</u> | <u>Common problems</u> |
| <u>Role of educators</u> | <u>Affect performance</u> |
| <u>Accessing help</u> | <u>Insight</u> |
| <u>Resilience</u> | <u>Suicide</u> |

Thank you



Health Education England
Professional Support Unit

Developing people
for health and
healthcare

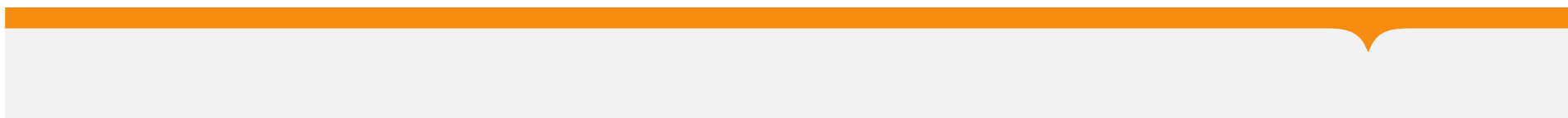
www.hee.nhs.uk



| Doctors | Mental Health |
|-----------------------|--------------------|
| Work as a risk factor | Common problems |
| Role of educators | Affect performance |
| Accessing help | Insight |
| Resilience | Suicide |



Health Education England





Health Education England





Health Education England

