



*Health Education England*

*Professional Support Unit*

# Mental Health and Wellbeing

May 2019

A large, orange, decorative bracket shape that spans across the width of the slide, positioned below the date.

Developing people

for health and

healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

**Dr Chris O'Loughlin**

**Head of School, Psychiatry**

**Professional Support Unit**



**Health Education England**

*Professional Support Unit*

# Mental Health and Wellbeing

May 2019



Developing people  
for health and  
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# Mental Illness and Stress

May 2019



Developing people  
for health and  
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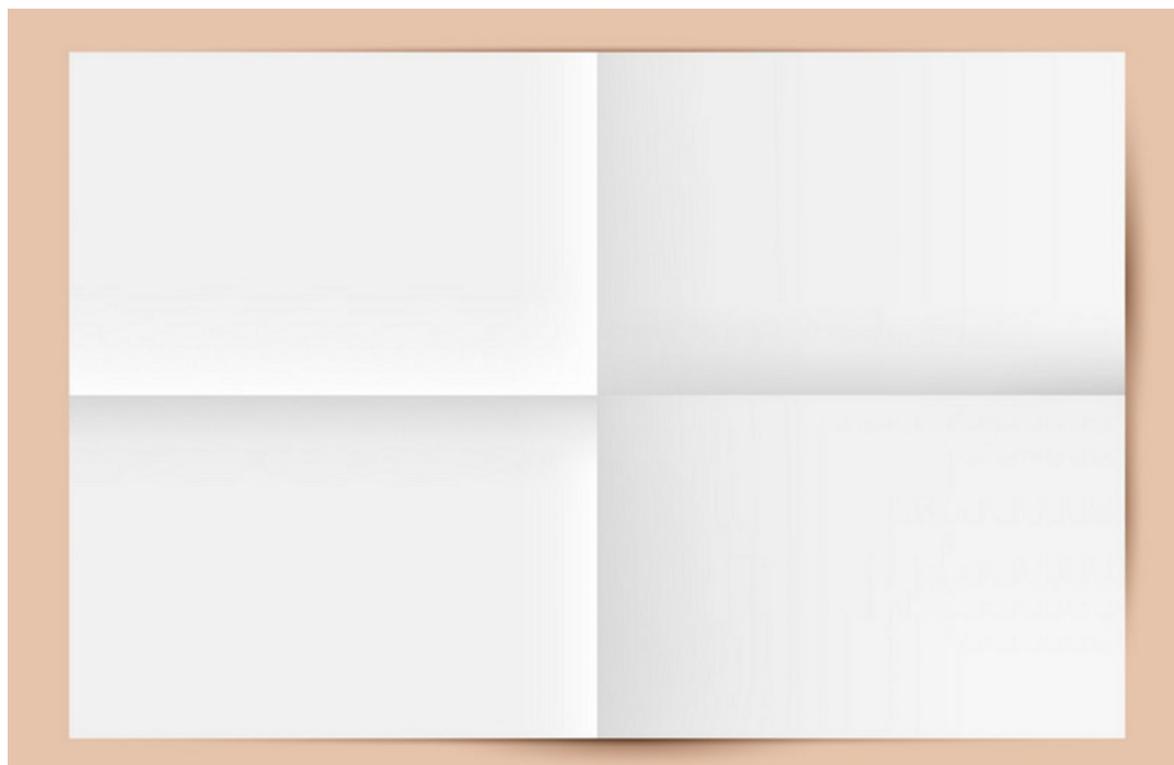


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# Introduction



# Introduction...



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



<b>Doctors</b>	<b>Mental Health</b>



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

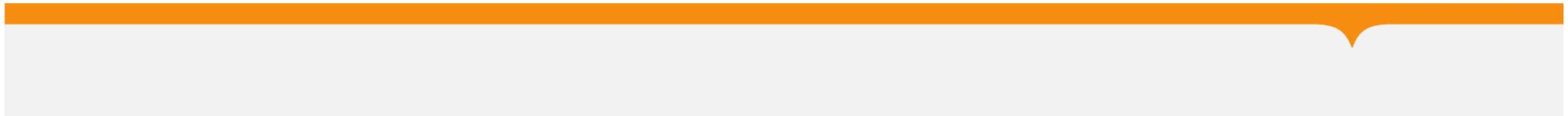


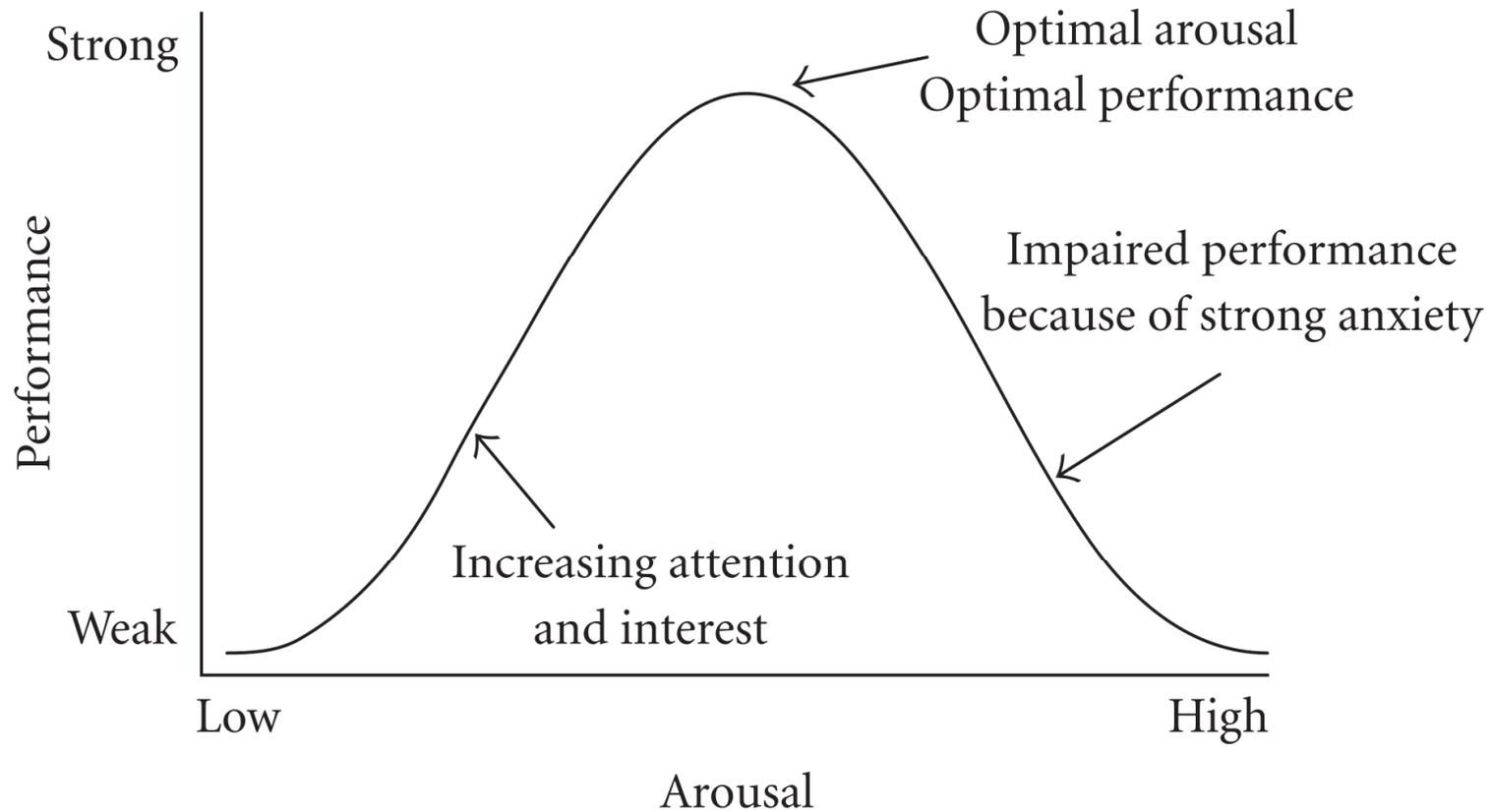
<b>Doctors</b>	<b>Mental Health</b>
Work as a risk factor	



# What is stress ?

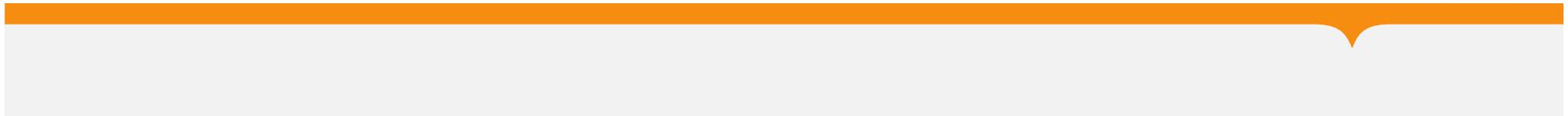
Stress is the result of any emotional, physical, social, economic, or other factors that require a response or change.





# What is stress ?

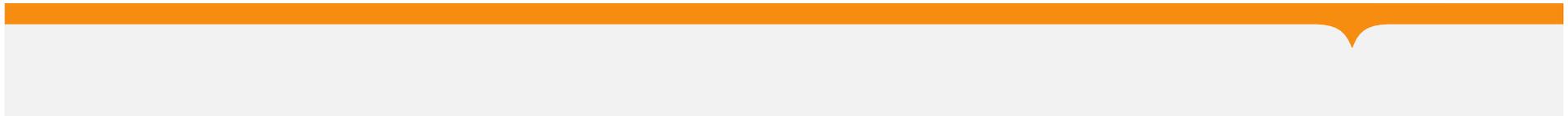
Work-related stress is a harmful reaction that people have to undue pressures and demands placed on them at work.



## 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.





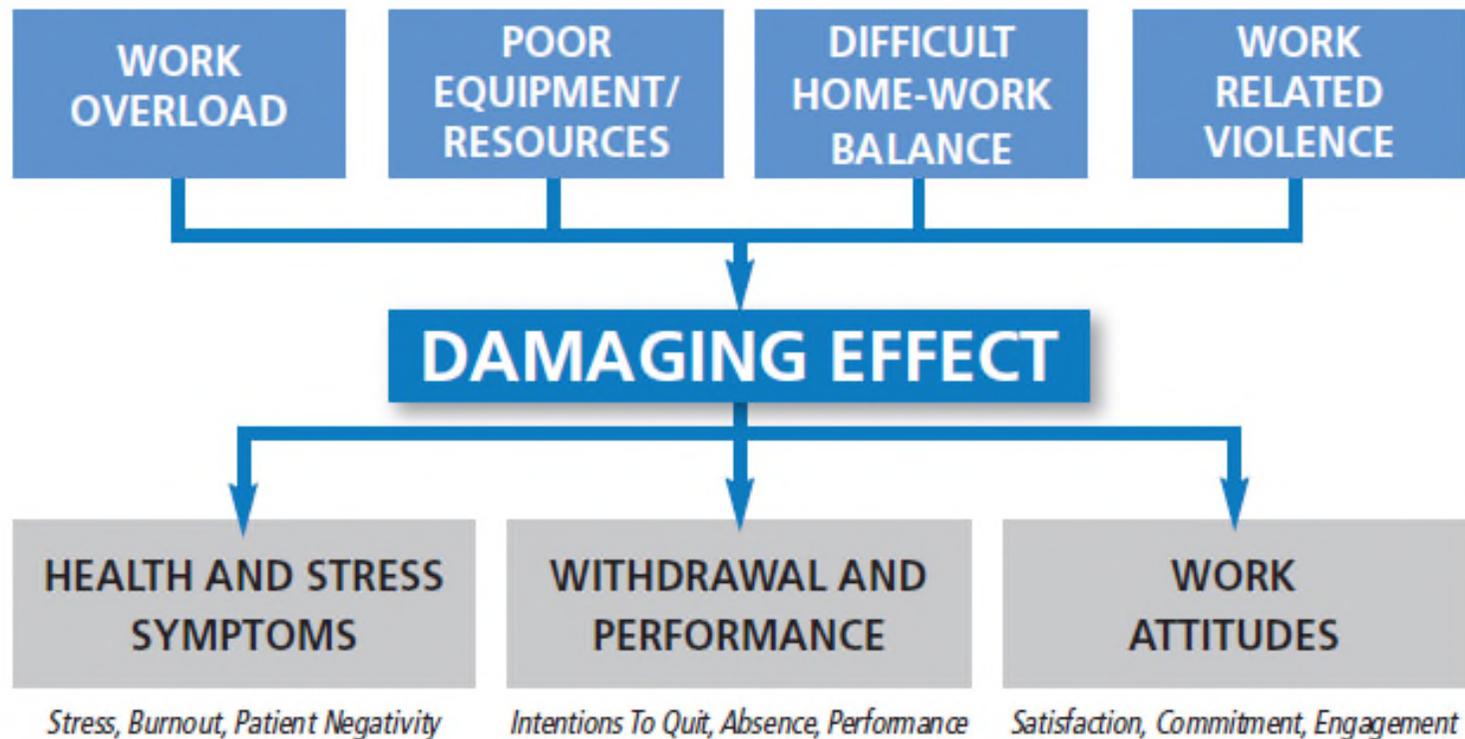
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**Stress from..**



## 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

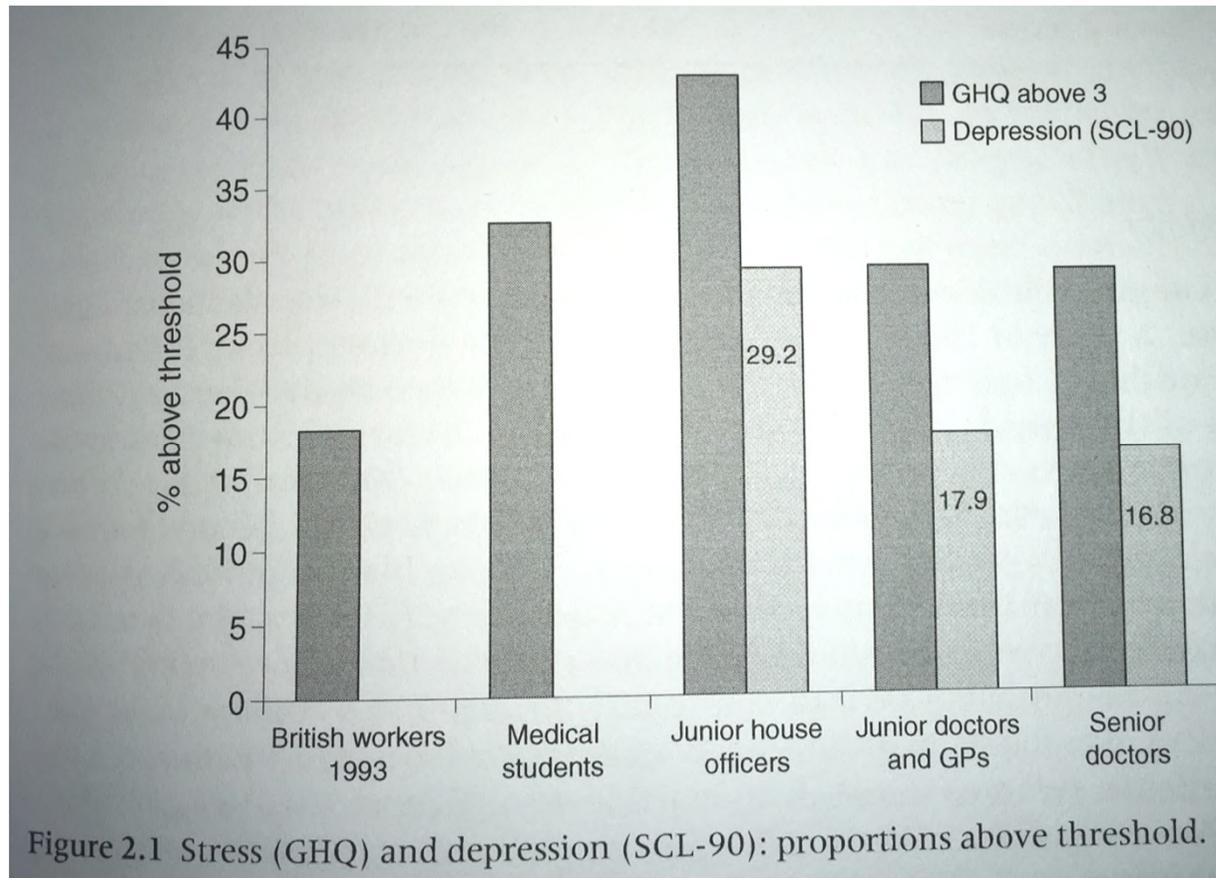
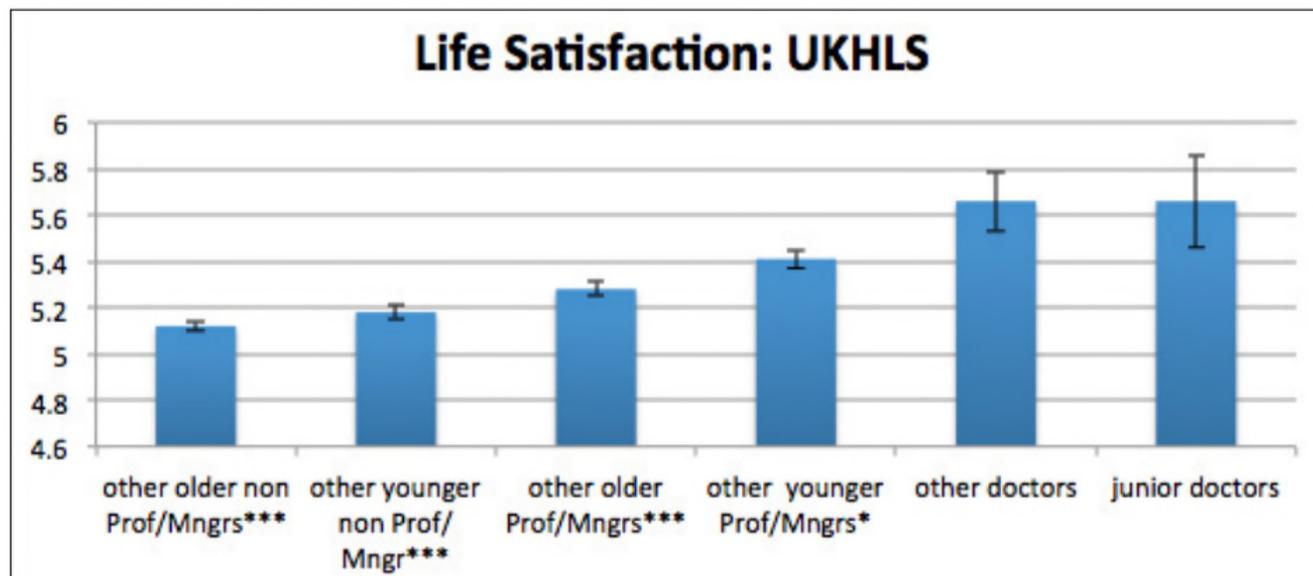


Figure 2 Average (mean) levels of life satisfaction.





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**Sleep...**



# Sleep...

Anaesthesia 2017, 72, 1069–1077

doi:10.1111/anae.13965

## Original Article

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

L. McClelland,<sup>1</sup> J. Holland,<sup>1</sup> J.-P. Lomas,<sup>2</sup> N. Redfern<sup>3</sup> and E. Plunkett<sup>4</sup>

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

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## 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



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**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\*<sup>1</sup>, A Keeling<sup>1</sup> and E Paice<sup>2</sup>

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

Email: IC McManus\* - [i.mcmanus@ucl.ac.uk](mailto:i.mcmanus@ucl.ac.uk); A Keeling - [mike\\_keeling@whsmithnet.co.uk](mailto:mike_keeling@whsmithnet.co.uk); E Paice - [epaice@londondeanery.ac.uk](mailto:epaice@londondeanery.ac.uk)

\* Corresponding author

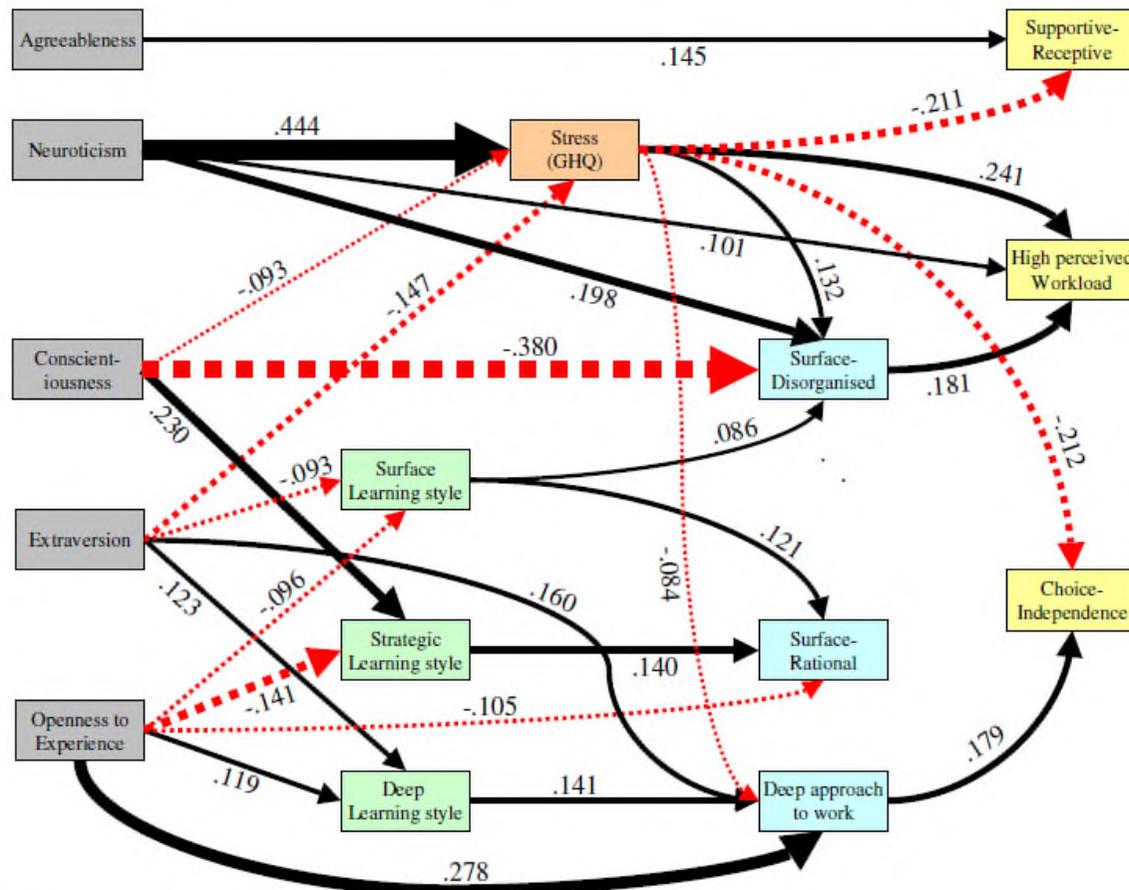
Published: 18 August 2004

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.<sup>19 20</sup>

<b>Doctors</b>	<b>Mental Health</b>
<a href="#"><u>Work as a risk factor</u></a>	<a href="#"><u>Common problems</u></a>
<a href="#"><u>Role of educators</u></a>	<a href="#"><u>Affect performance</u></a>
<a href="#"><u>Accessing help</u></a>	<a href="#"><u>Insight</u></a>
<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



<b>Doctors</b>	<b>Mental Health</b>
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

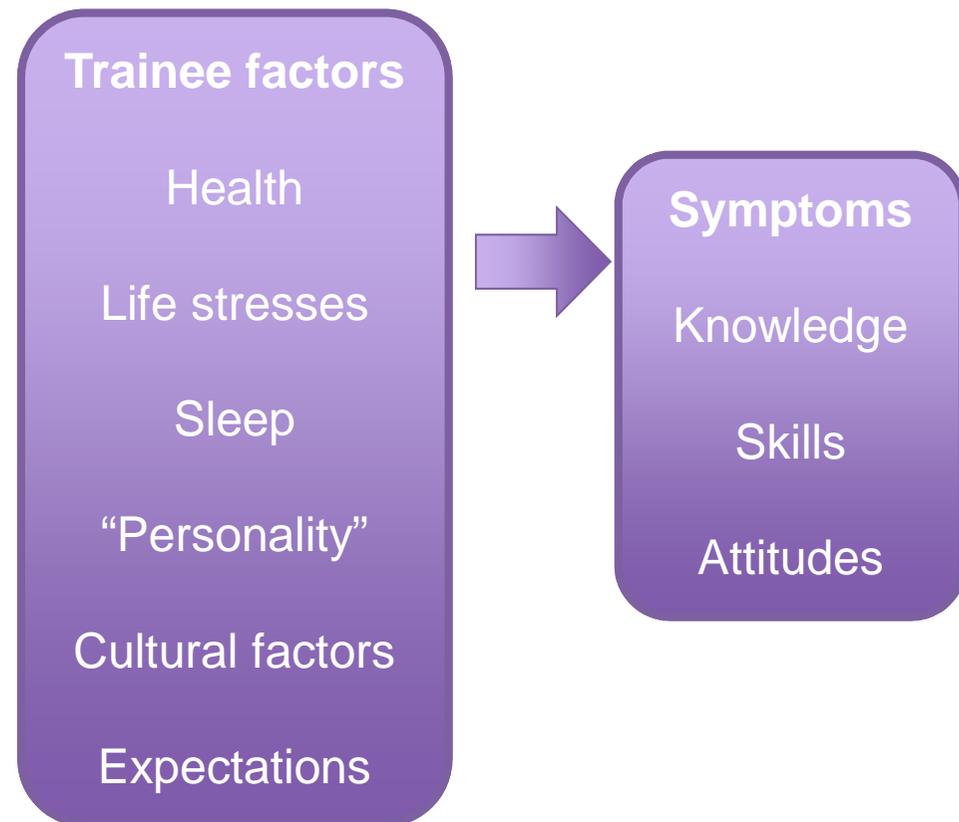
Symptoms

Knowledge

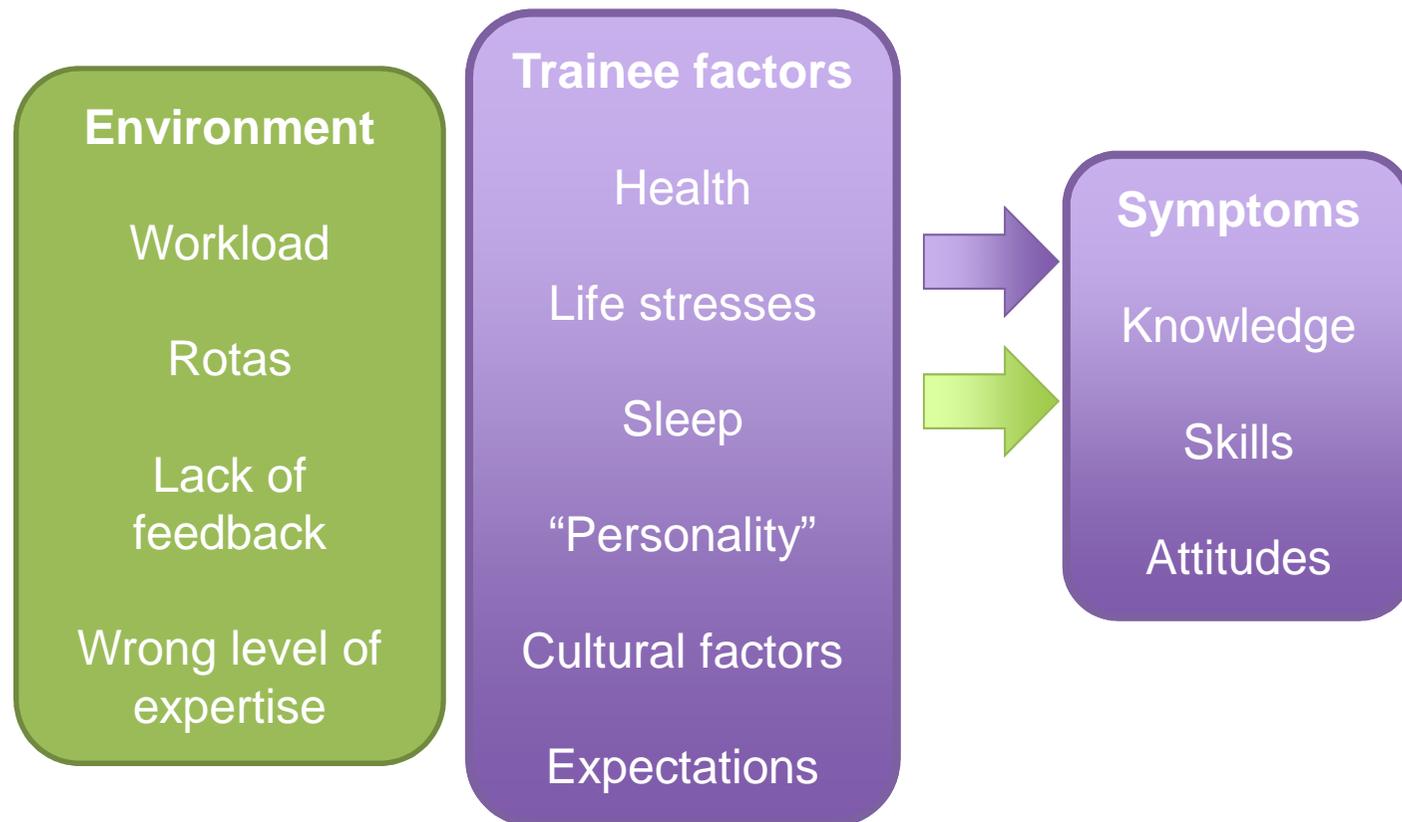
Skills

Attitudes

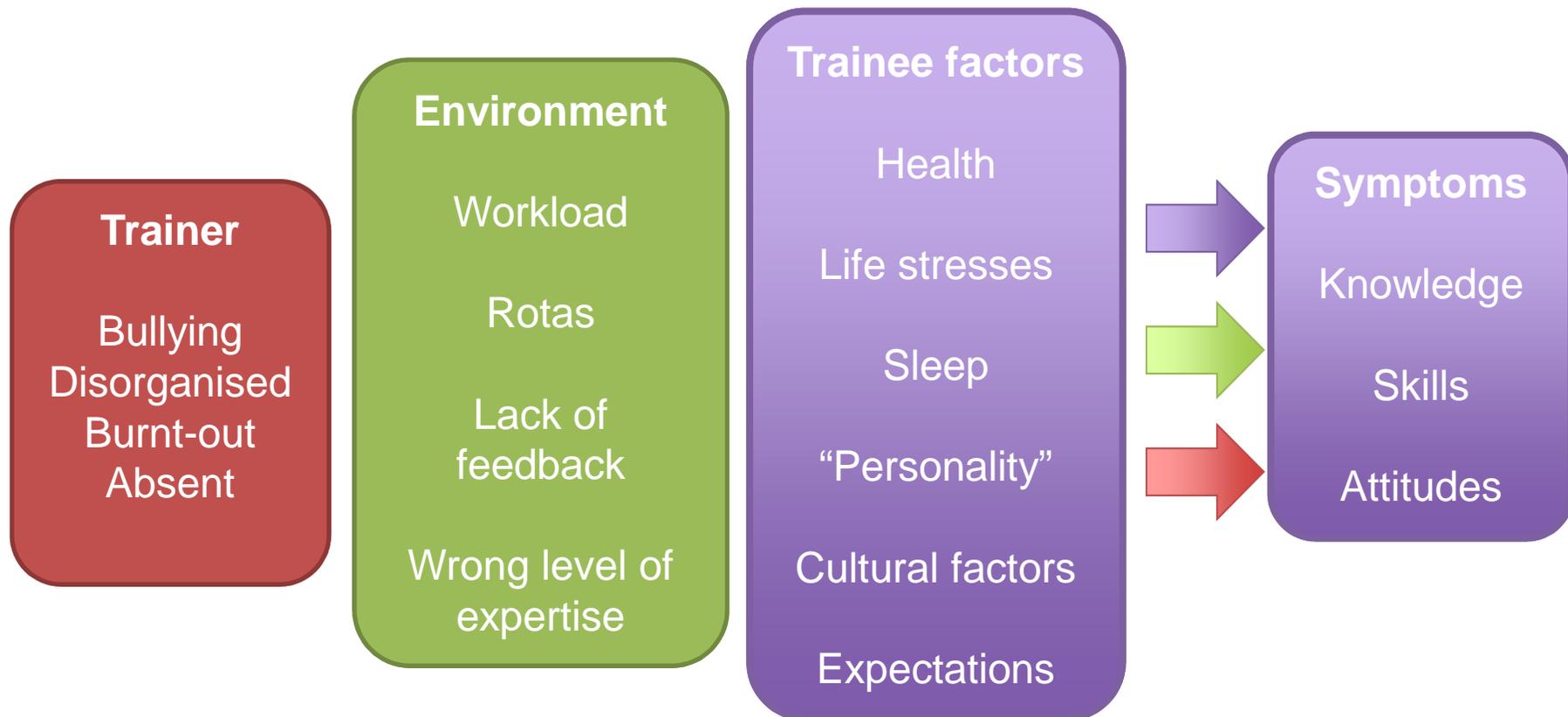
# Diagnose



# Diagnose



# Diagnose

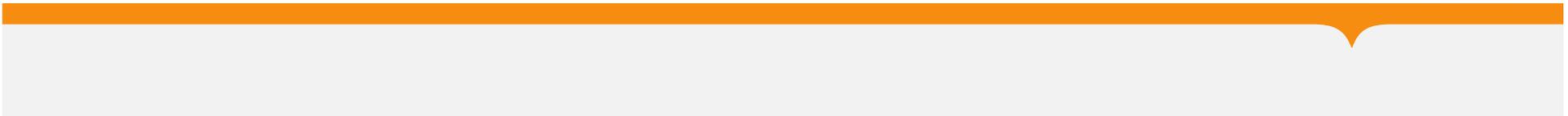


# Roles and Responsibilities of Educators

<b>CLINICAL SUPERVISOR:</b> supervises clinical work, WPBA, feedback	<b>EDUCATIONAL SUPERVISOR:</b> oversees longitudinal educational progress, reports to ARCP, career advice	<b>TPD:</b> Deanery Appointment, oversees all postgraduate training in Trust, Pastoral Support for all trainees	<b>HEEoE HOS:</b> 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...



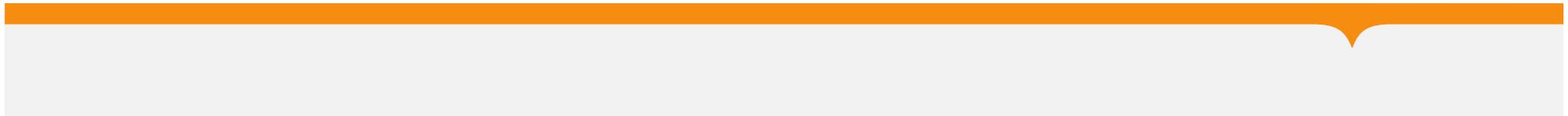


SuppoRTT

Supported Return to Training



Welcome to Mentoring!



# 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.

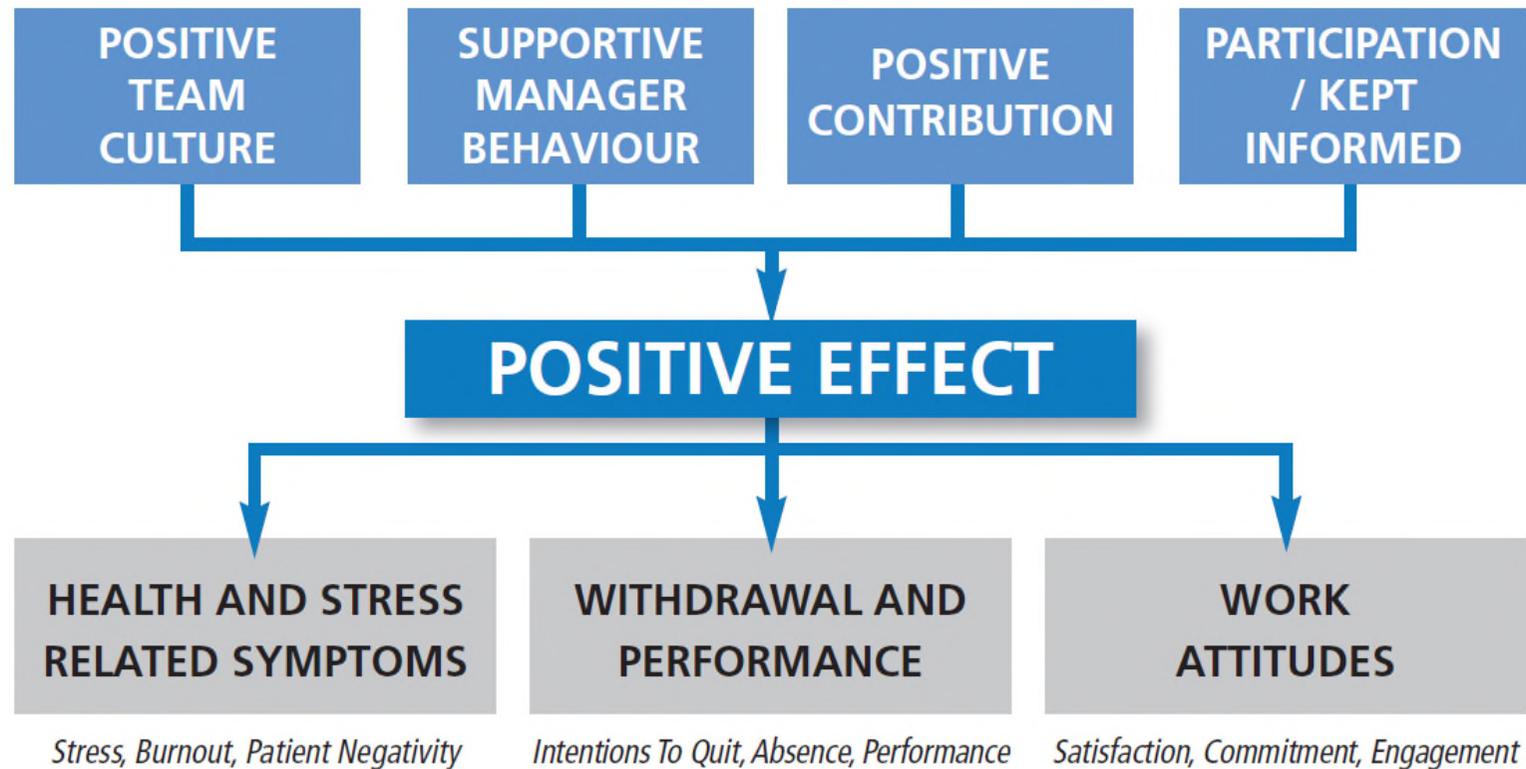


## Preventing Stress for Junior Doctors

- 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

<b>Doctors</b>	<b>Mental Health</b>
<a href="#"><u>Work as a risk factor</u></a>	<a href="#"><u>Common problems</u></a>
<a href="#"><u>Role of educators</u></a>	<a href="#"><u>Affect performance</u></a>
<a href="#"><u>Accessing help</u></a>	<a href="#"><u>Insight</u></a>
<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



<b>Doctors</b>	<b>Mental Health</b>
Accessing help	



**Opinion**  
Doctors

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

*Clare Gerada*

Wed 6 Jun 2018 17:06 BST

**514** **185**

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

**T**he 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

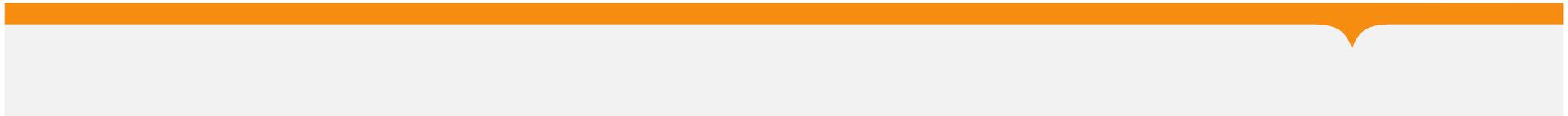


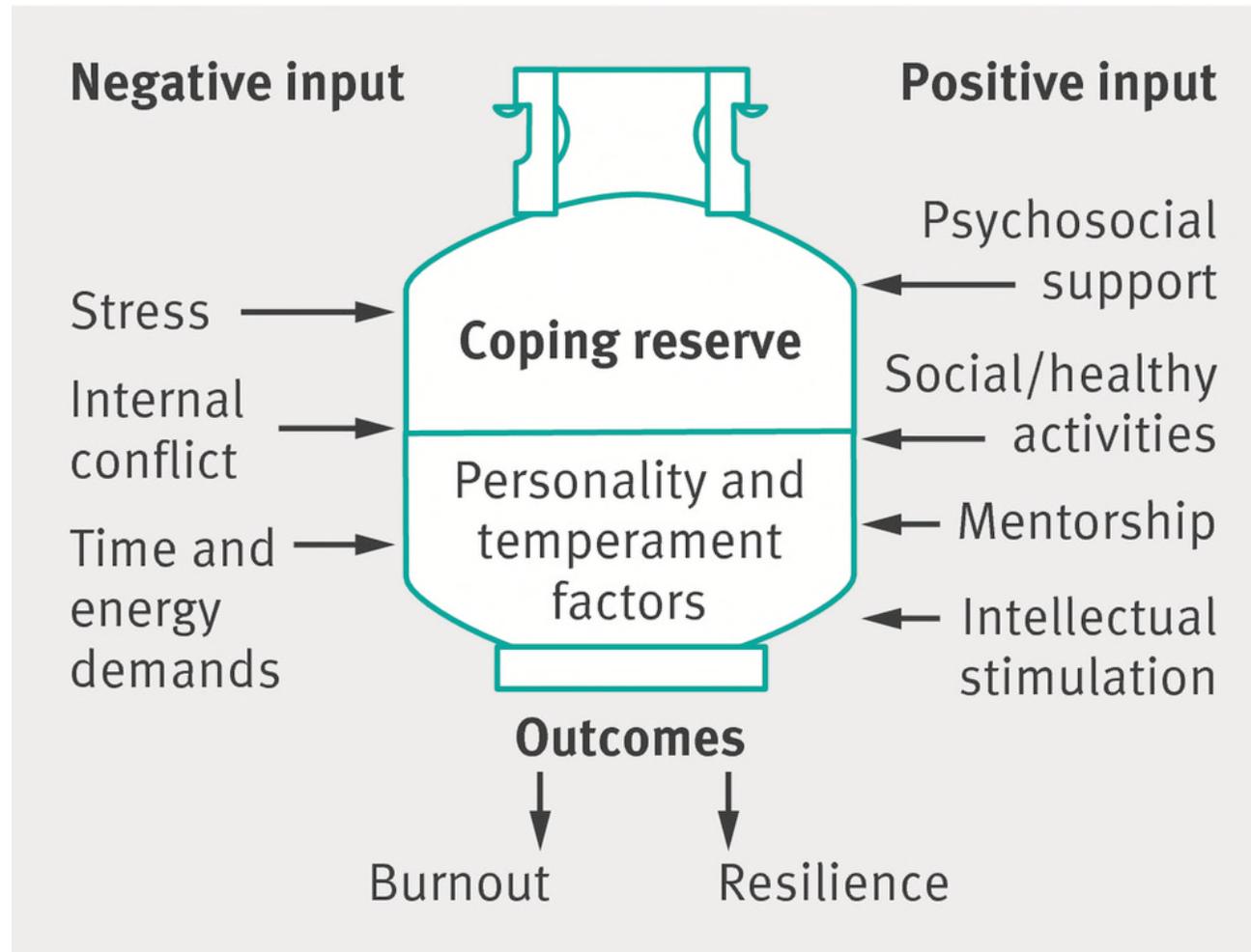
# What can trainees do ?



## 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 left, a large image of a smiling man in a grey vest and white shirt is shown within a speech bubble shape. Below this image is a pink banner with the text "Welcome to the East of England Professional Support Unit". To the right of the main image is a vertical navigation menu with the following items: "East of England Professional Support Unit" (pink), "About us" (blue), "Contact Us" (blue), "PSU Documents" (blue), "Support" (blue), and "Workshops hosted by HEEoE" (blue). Below the navigation menu is a "Content Creators Menu" with a light blue background, containing links for "Browser Compatibility", "Adding or Editing a Content Page", "Editing Home Pages", "Adding Events", "Adding Contact Lists", "Content Creator's Forum", and "Content Creators List". At the bottom of the page, there is a grid of six smaller images, each with a caption: "Who are we?" (pink), "Support Available" (green), "Frequently Asked Questions" (blue), "Workshops" (blue), "Referral Documents" (orange), and "Contact us" (blue).

## **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
<a href="#"><u>Work as a risk factor</u></a>	<a href="#"><u>Common problems</u></a>
<a href="#"><u>Role of educators</u></a>	<a href="#"><u>Affect performance</u></a>
<a href="#"><u>Accessing help</u></a>	<a href="#"><u>Insight</u></a>
<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



<b>Doctors</b>	<b>Mental Health</b>
Resilience	



# Developing Explanations

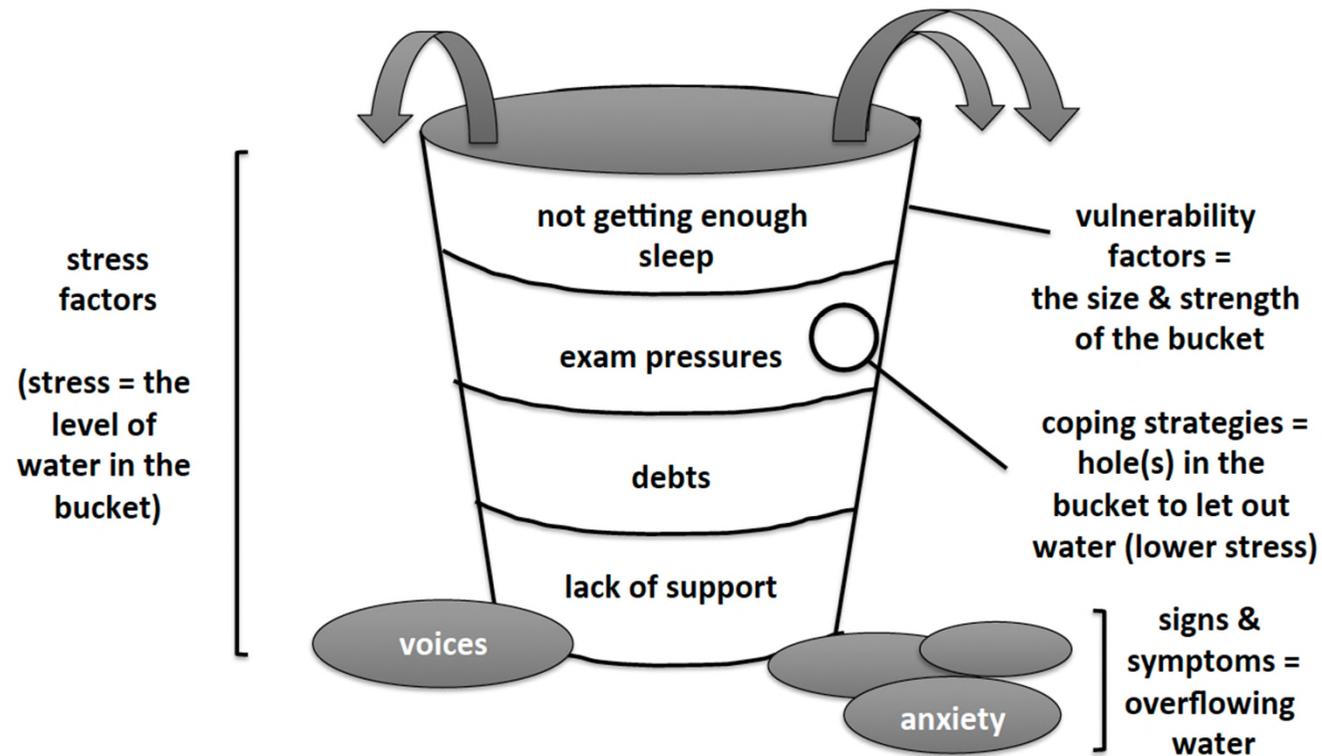
the 'vulnerability - stress' model (after: Zubin & Spring 1977)

**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)



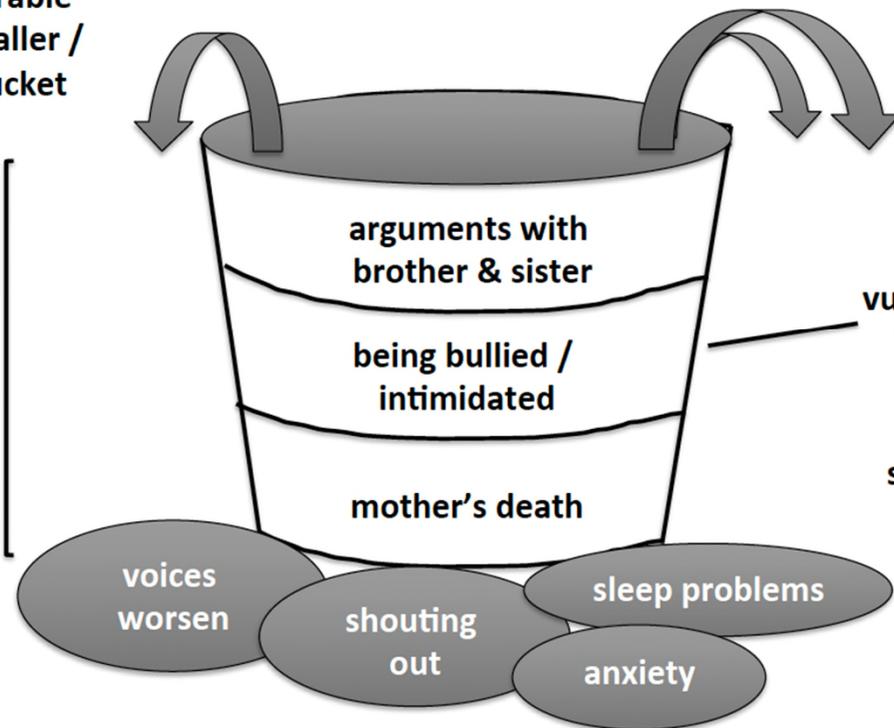
# Aetiology

- Predisposing Factors - genetic burden, childhood trauma, abuse, foster care, significant bullying
- Precipitating Factors - 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



vulnerability factors = family history; sensitive; solitary

signs & symptoms

# 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

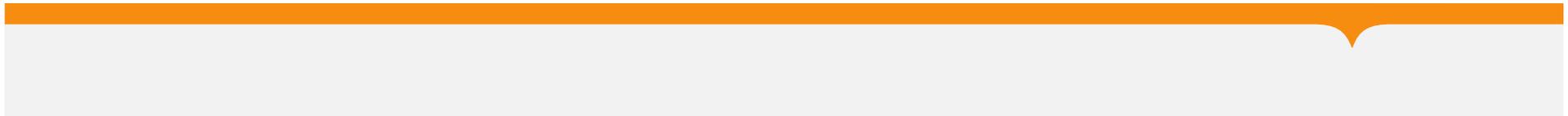
Characterized by (varying definitions):

- 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
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<b>Doctors</b>	<b>Mental Health</b>
	Common problems



**526,000**

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

**12.5 million**

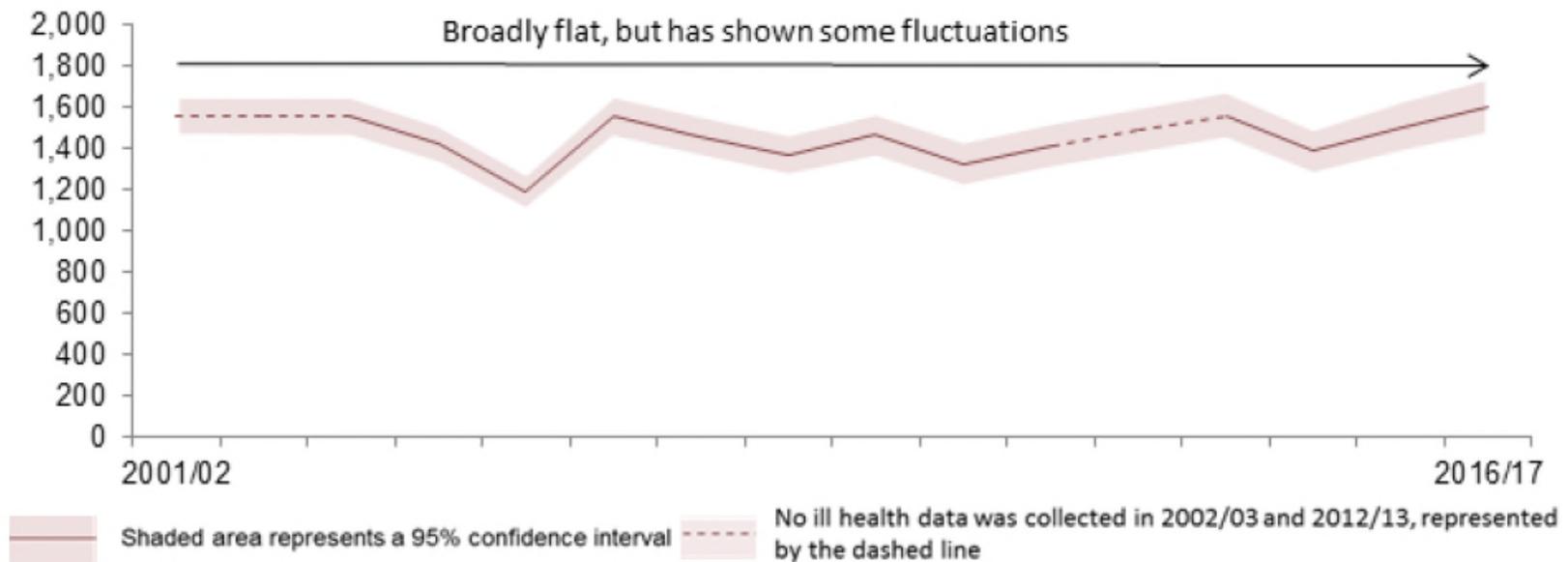
Working days lost due to work-related stress, depression or anxiety in 2016/17



- 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 ?

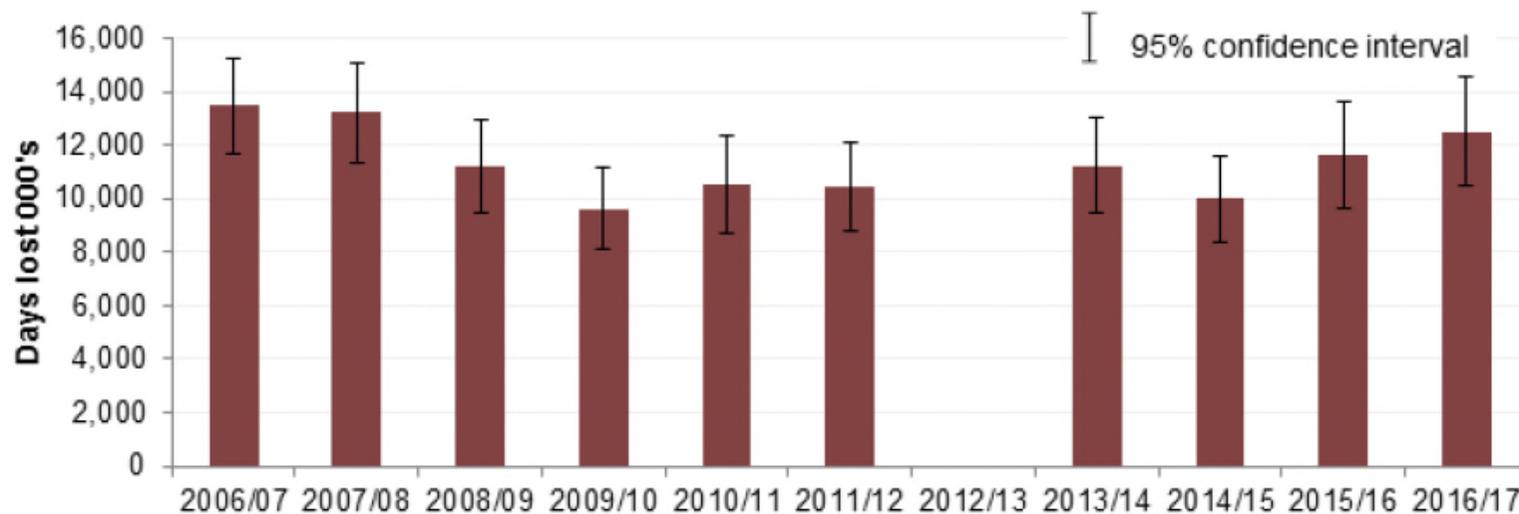
Stress, depression or anxiety per 100,000 workers: new and long-standing



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

# How has stress changed ?

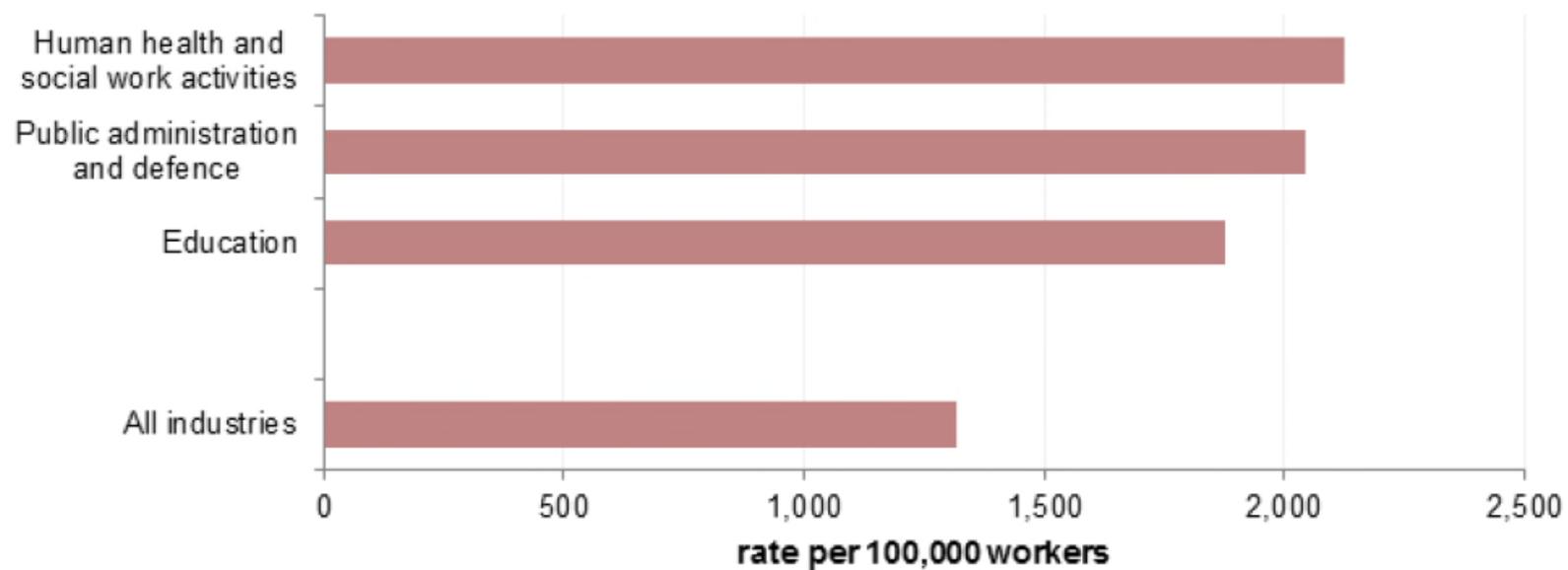
Figure 2. Days lost due to self-reported work-related stress, depression or anxiety in Great Britain, for people working in the last 12 months



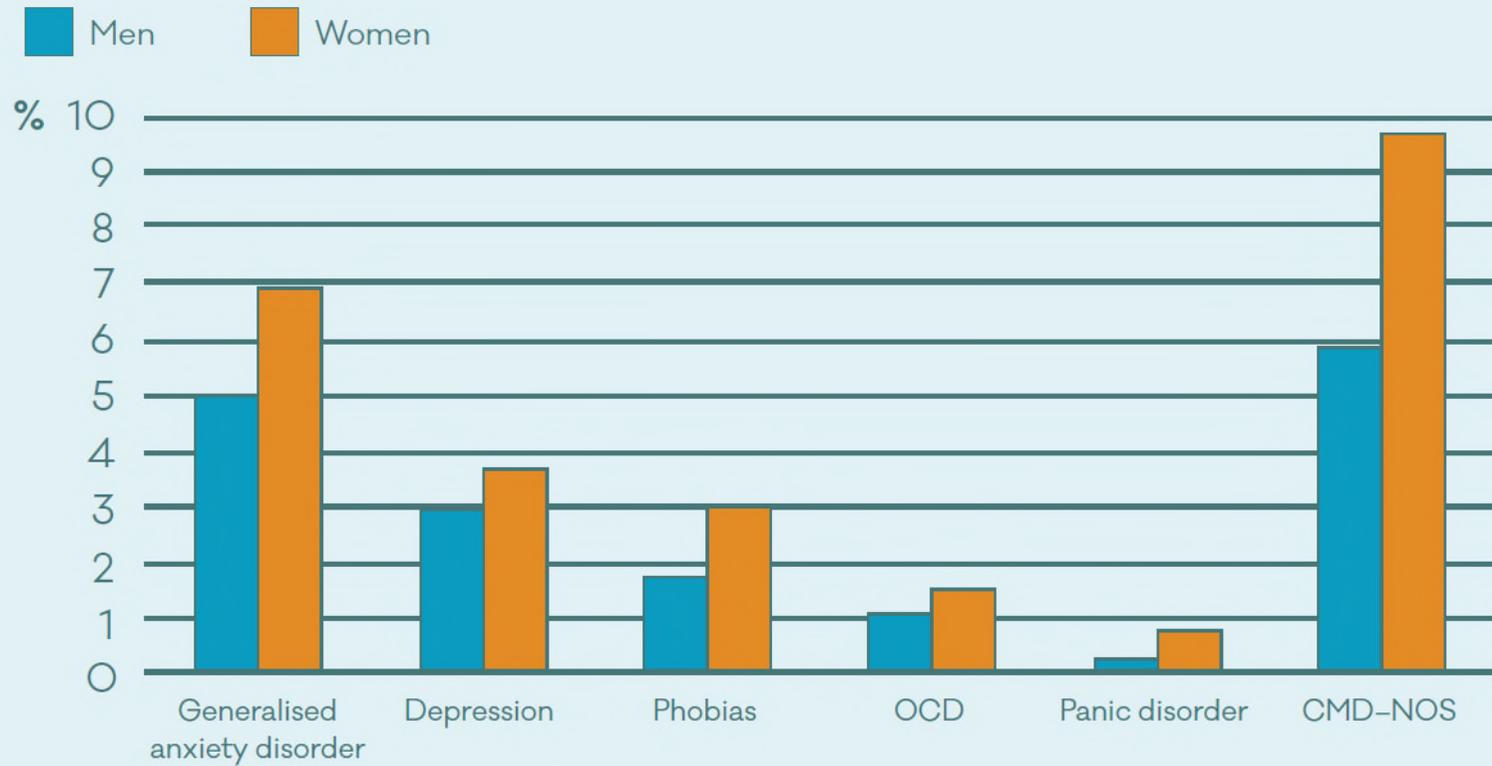
Source: Labour Force Survey

Note: No ill health data collected 12/13





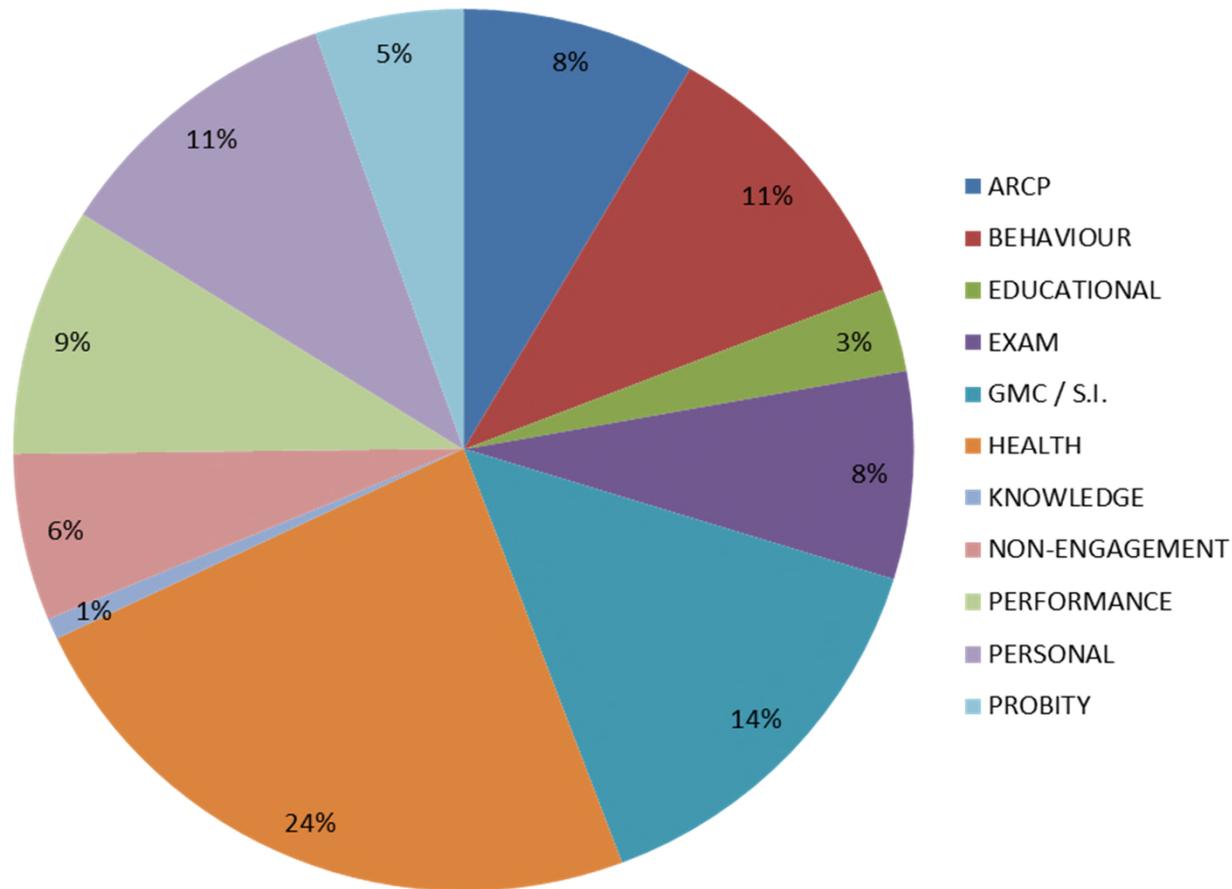
Base: all adults



**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
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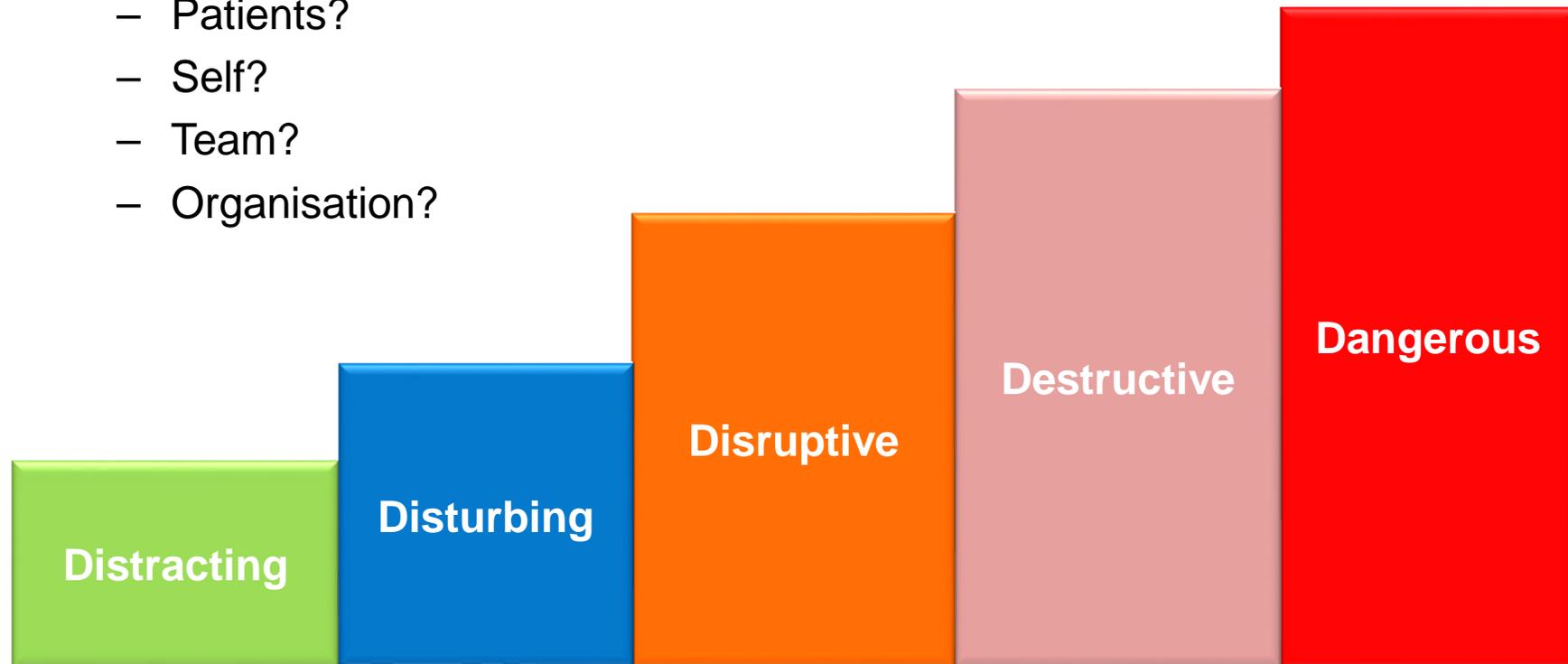
<b>Doctors</b>	<b>Mental Health</b>
	Affect performance



# 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
<a href="#"><u>Work as a risk factor</u></a>	<a href="#"><u>Common problems</u></a>
<a href="#"><u>Role of educators</u></a>	<a href="#"><u>Affect performance</u></a>
<a href="#"><u>Accessing help</u></a>	<a href="#"><u>Insight</u></a>
<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



<b>Doctors</b>	<b>Mental Health</b>
	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
<a href="#"><u>Work as a risk factor</u></a>	<a href="#"><u>Common problems</u></a>
<a href="#"><u>Role of educators</u></a>	<a href="#"><u>Affect performance</u></a>
<a href="#"><u>Accessing help</u></a>	<a href="#"><u>Insight</u></a>
<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



<b>Doctors</b>	<b>Mental Health</b>
	Suicide



**Blood, sweat and tears**  
Doctors

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

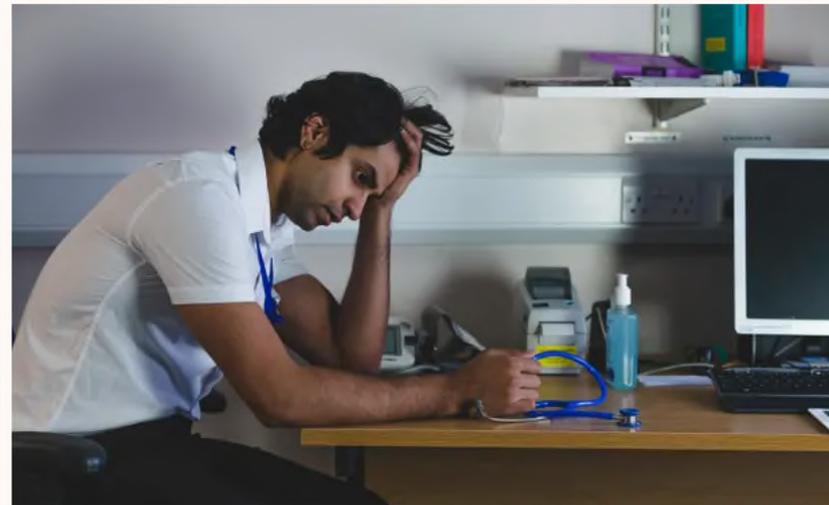
*Stephanie D'Costa*

Thu 14 Mar 2019 12.37 GMT



231 87

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



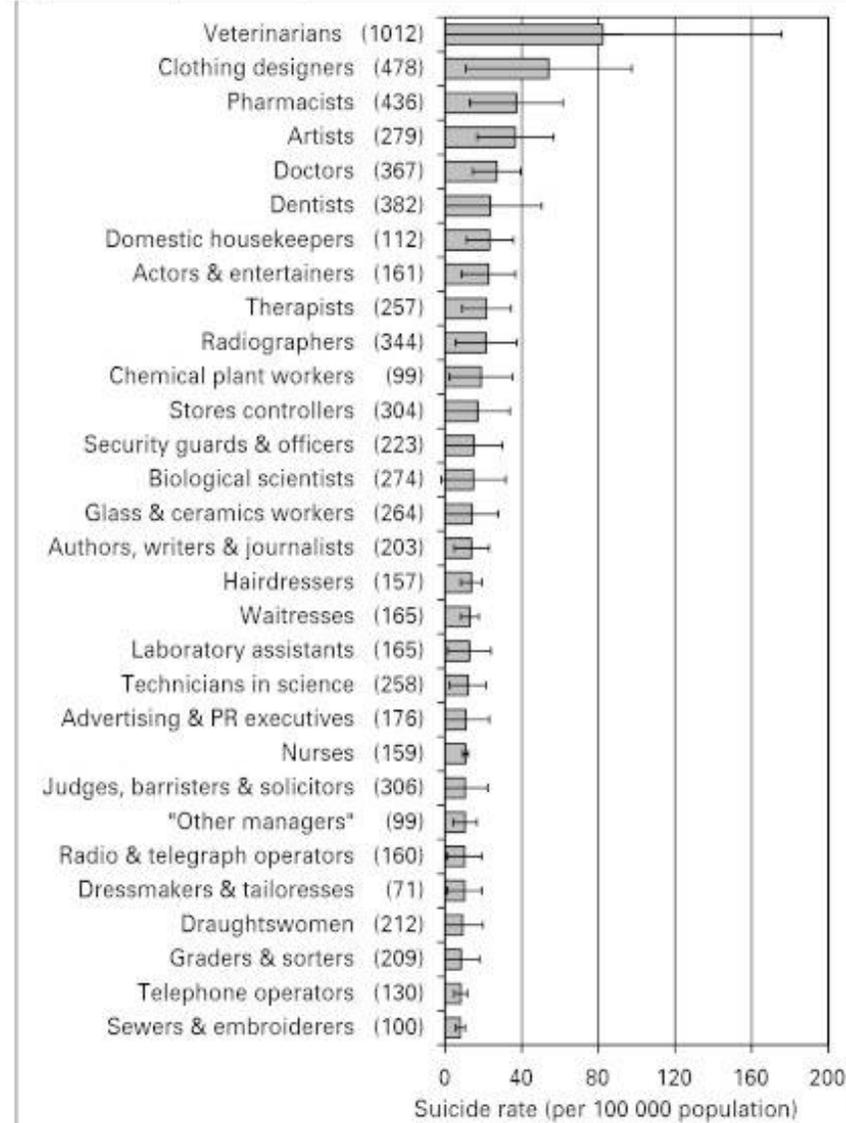
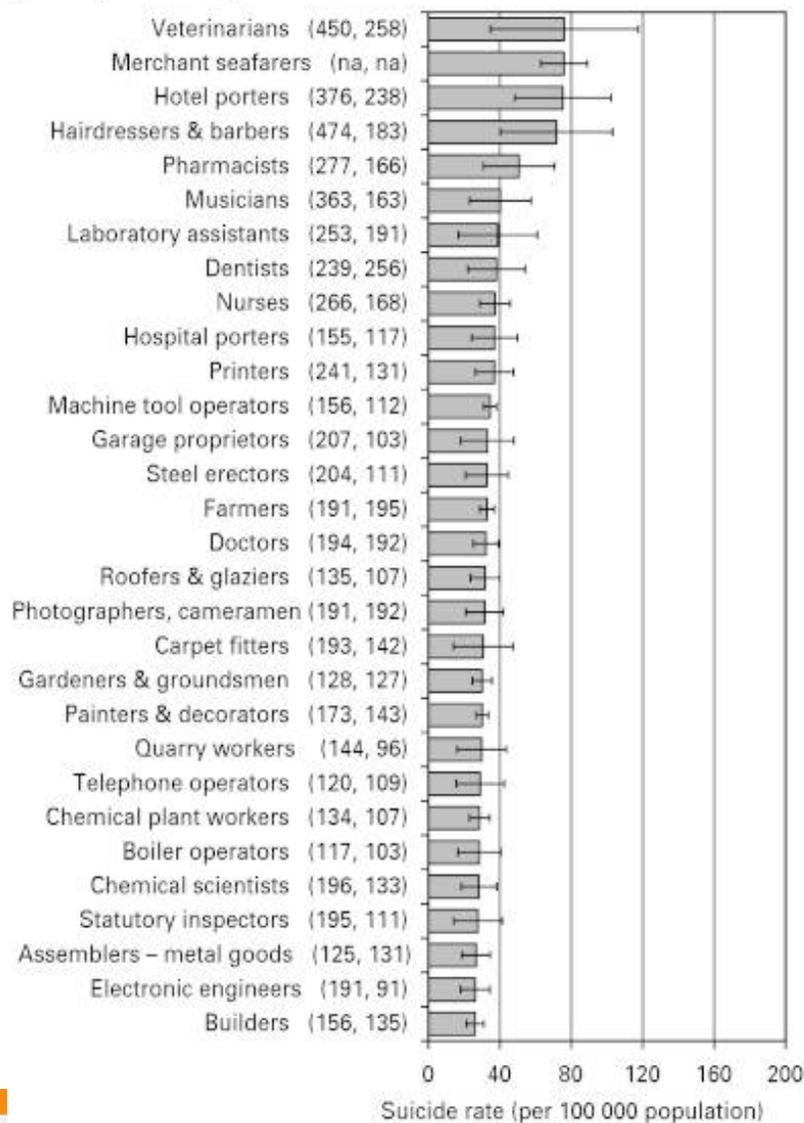
# Suicide

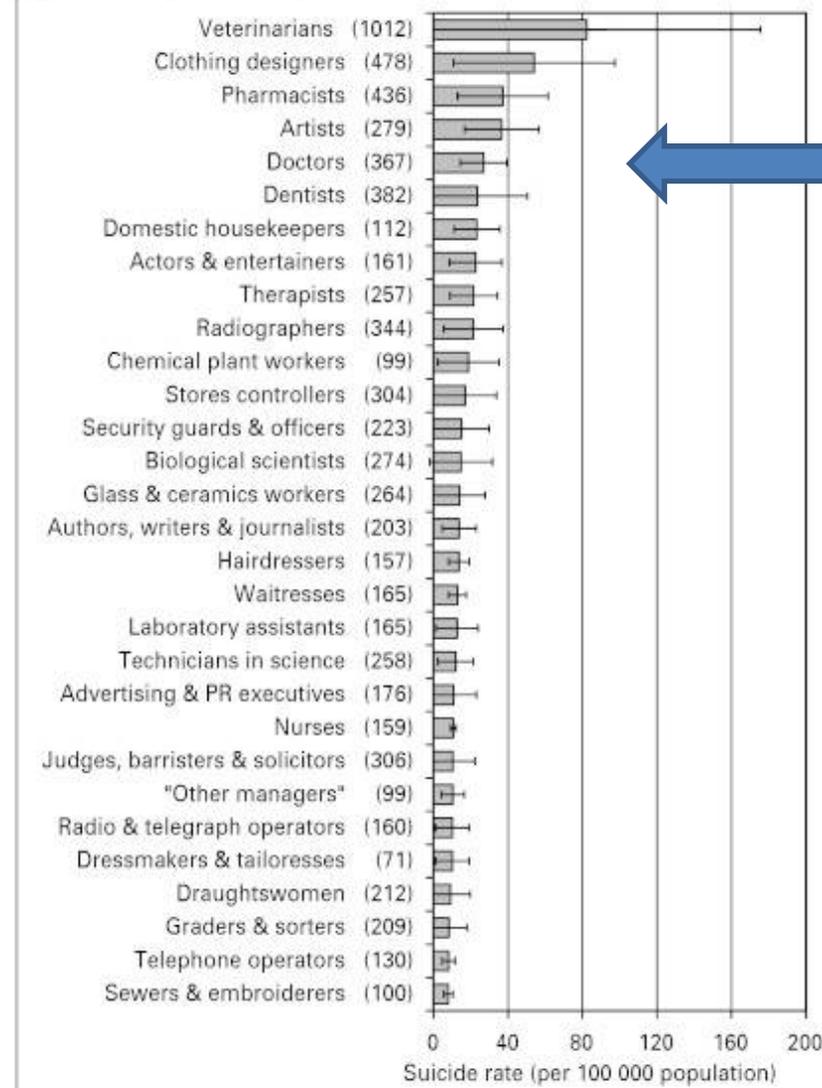
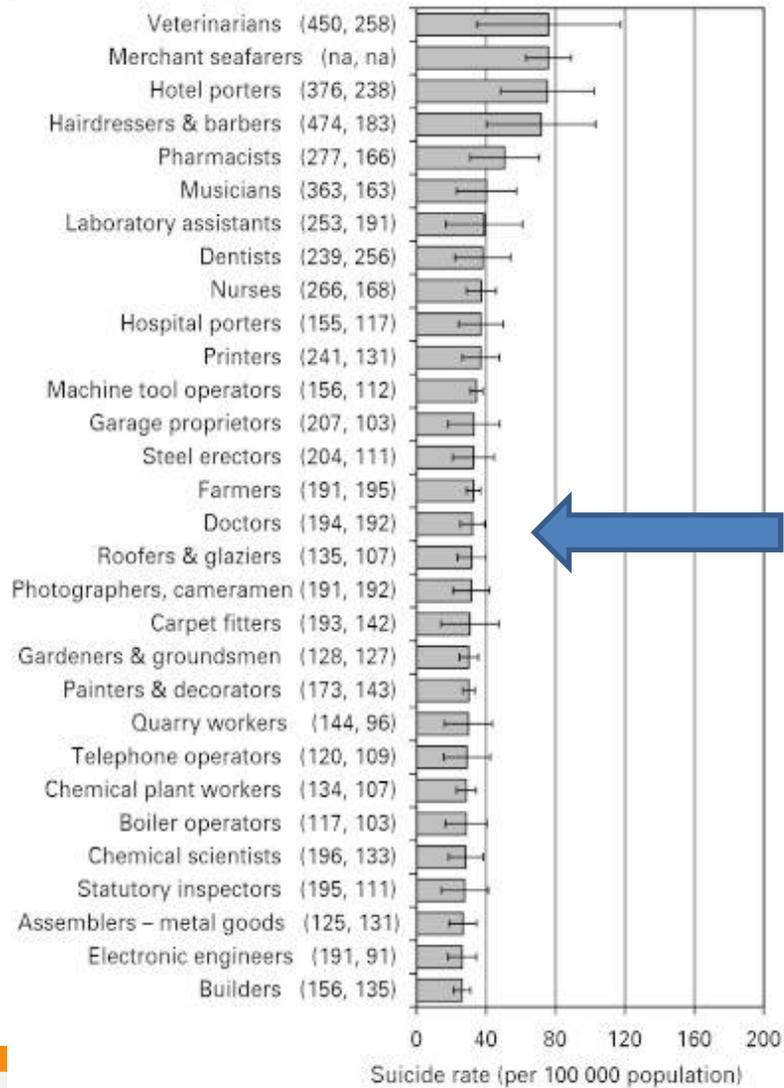
- Commonest cause of death for men aged 20-49
- 75% men, 25% women in UK
- Strongly associated with mental illness
- Doctors have higher rates than general population
- Particularly anaesthesia, emergency medicine, ITU





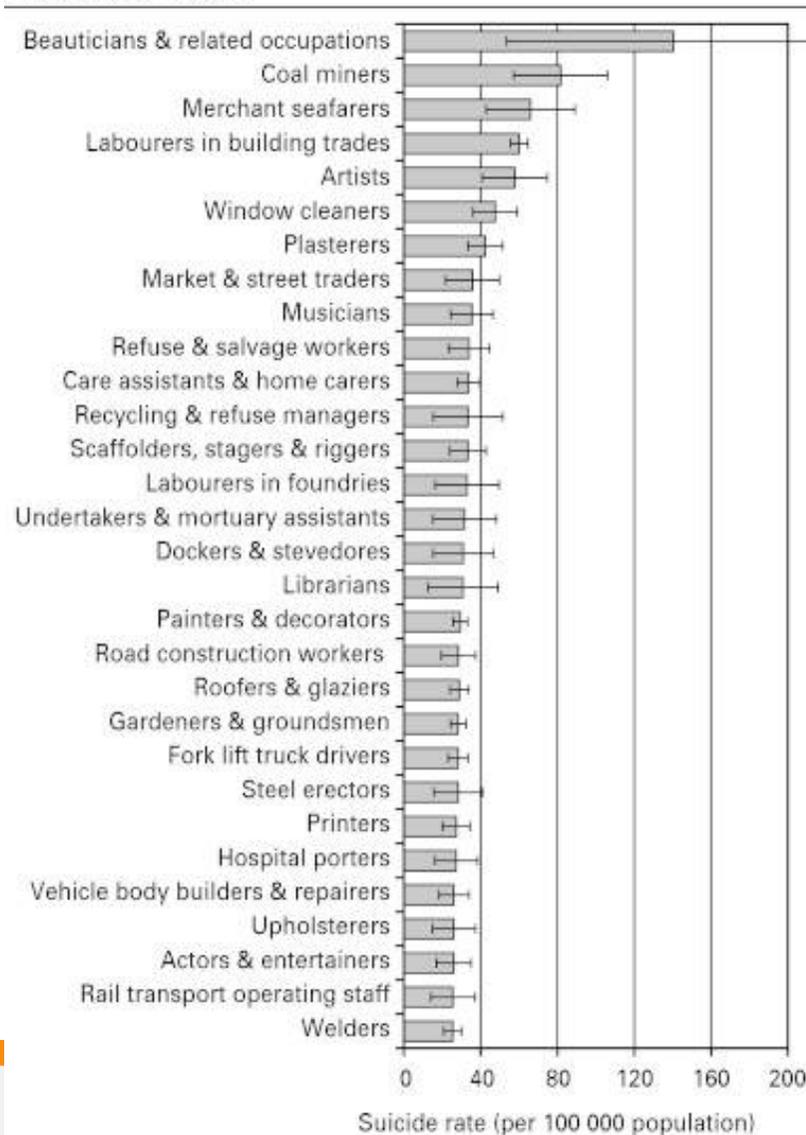
# Health Education England







Men, 2001–2005



(d) Women, 2001–2005

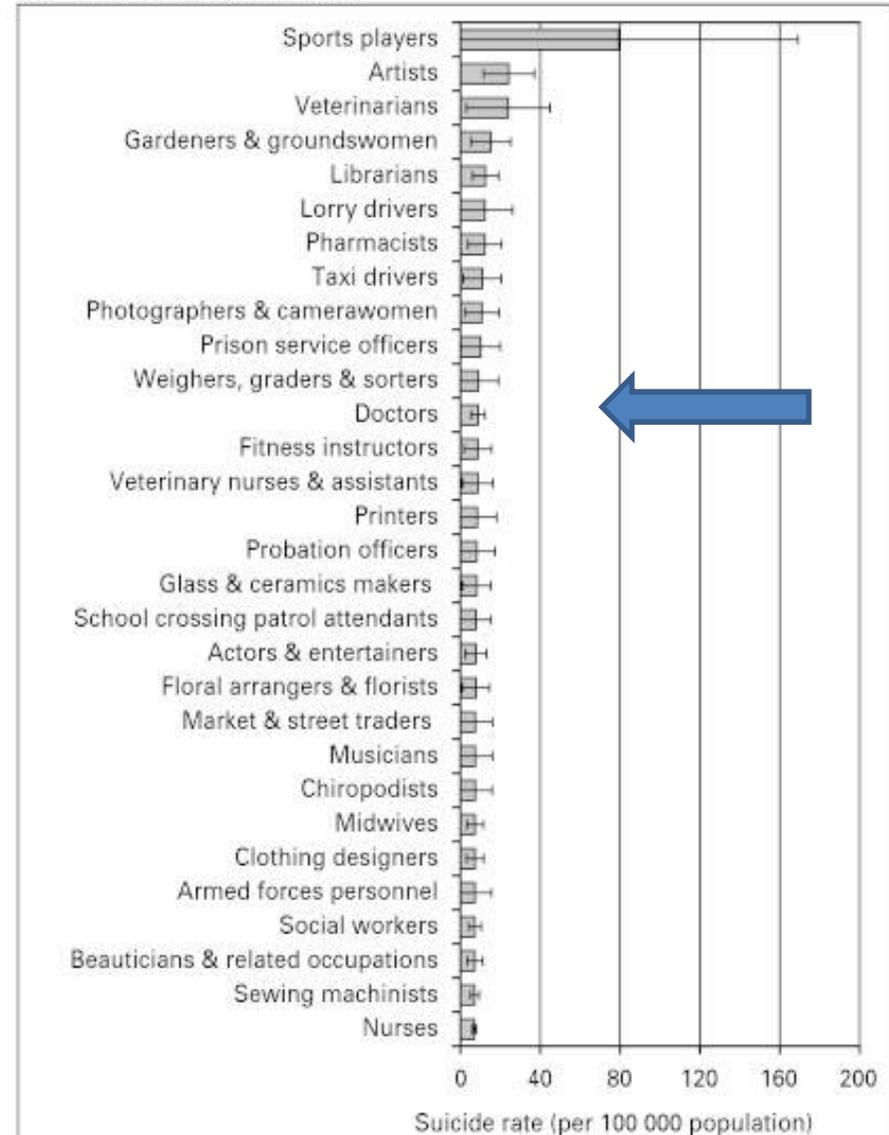
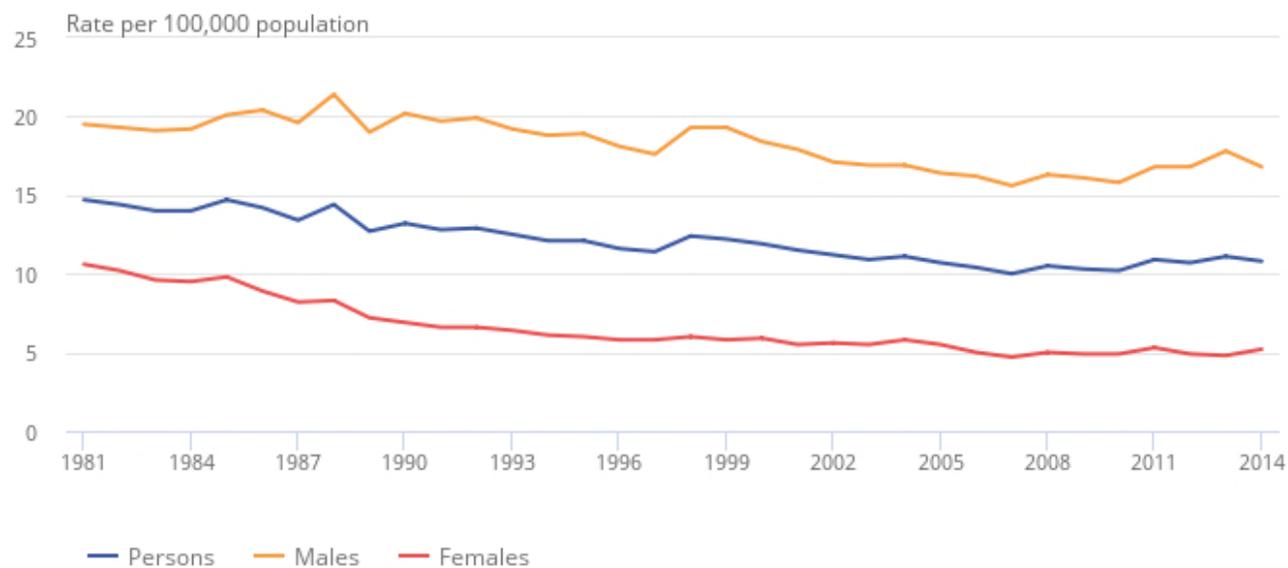


Figure 1: Age-standardised suicide rates by sex, deaths registered between 1981 and 2014

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...

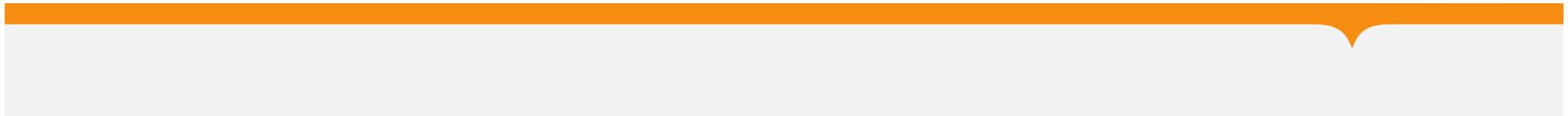


# Specific issues and triggers ?



# Specific issues

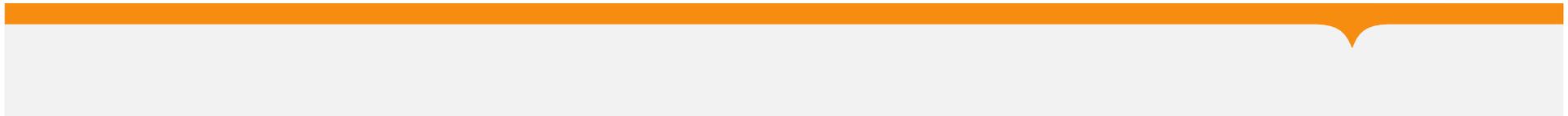
- Pre-existing mental health problem
- New mental health problem
  
- Previous self-harm
- Isolation from peers



# 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

<b>Doctors</b>	<b>Mental Health</b>
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<a href="#"><u>Resilience</u></a>	<a href="#"><u>Suicide</u></a>



**Thank you**



**Health Education England**

*Professional Support Unit*



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

<b>Doctors</b>	<b>Mental Health</b>
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*Health Education England*





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