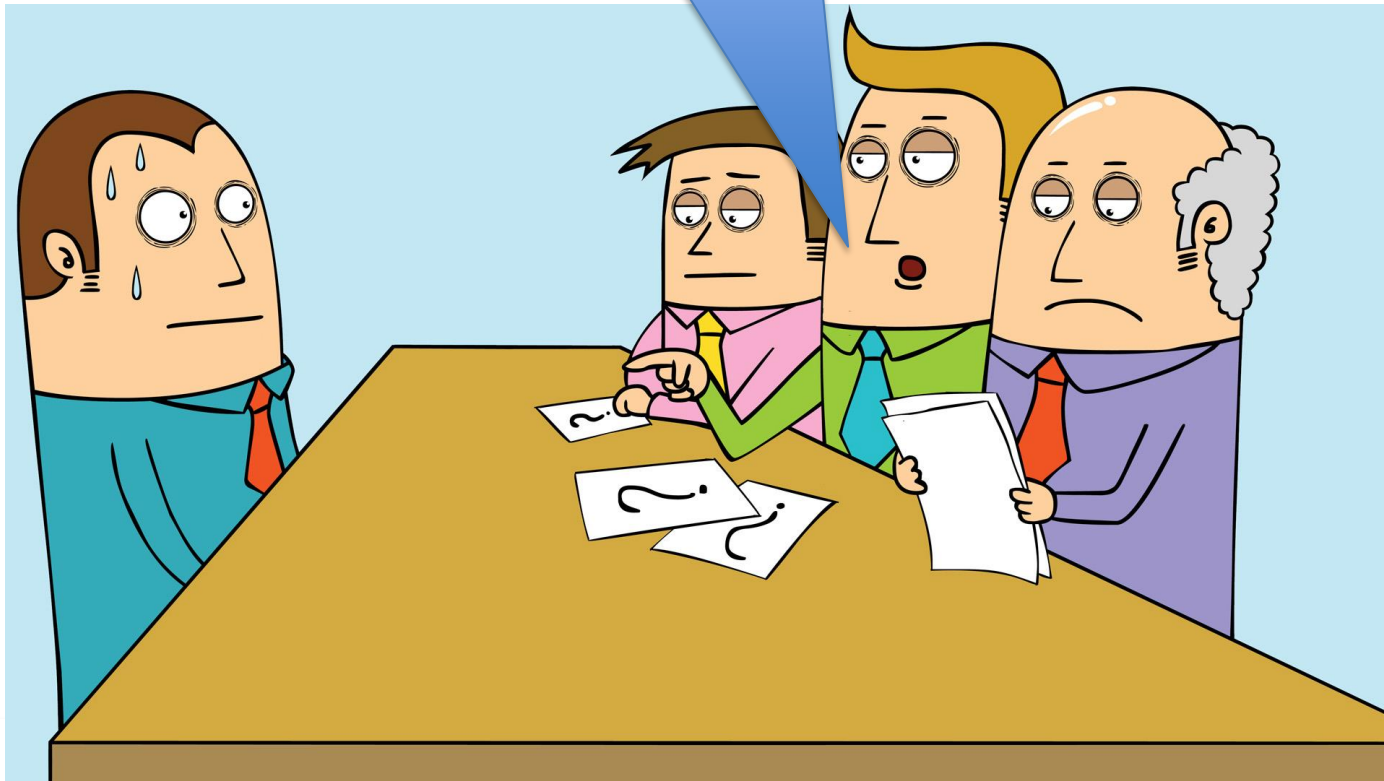
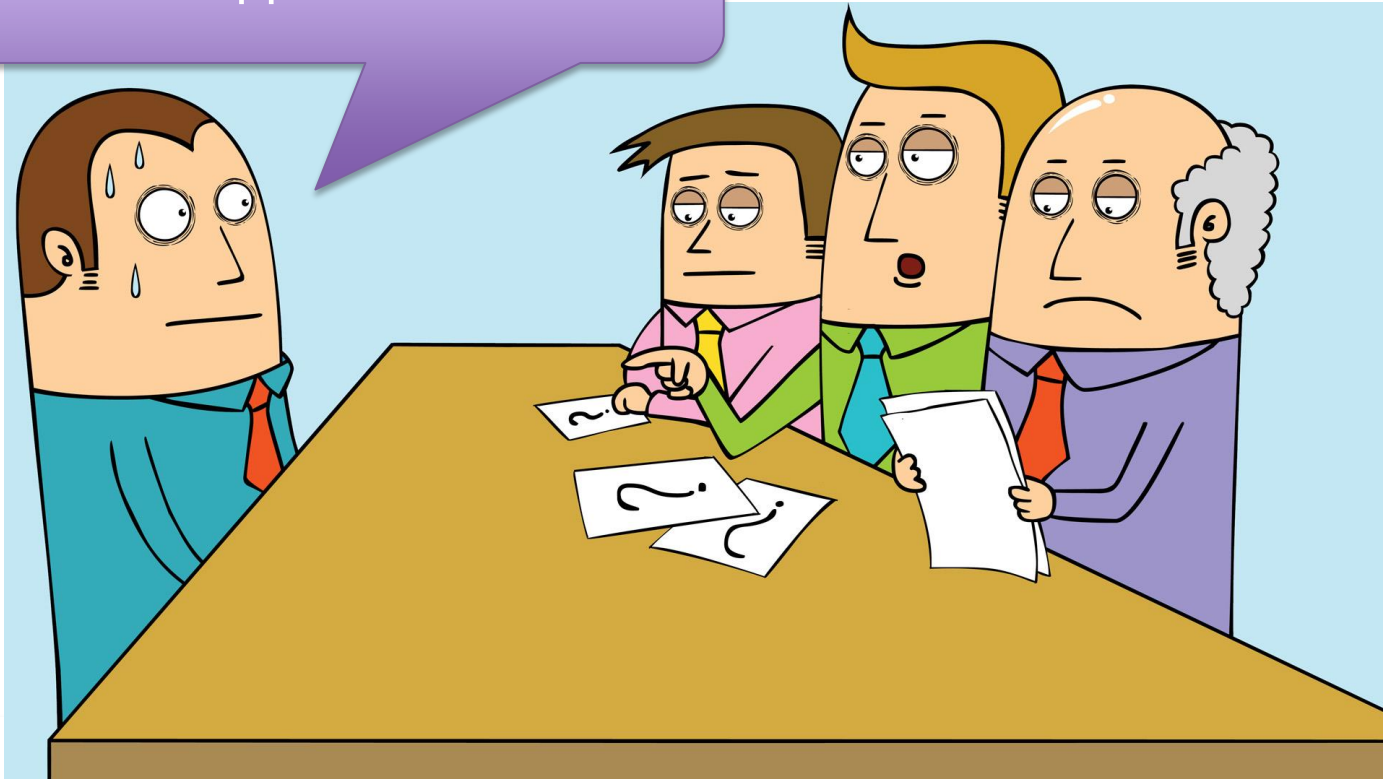


What would you do if a trainee turned up to work drunk ?



What would you do if a trainee turned up to work drunk ?

Does that happen often here ?



# Mental Health and Wellbeing

## February 2018



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

**Dr Reeba Jacob**  
Consultant Psychiatrist  
Core Training Programme Director, CPFT

Developing people

for health and

healthcare

# Introductions...



# Mental Illness and Stress

## February 2018



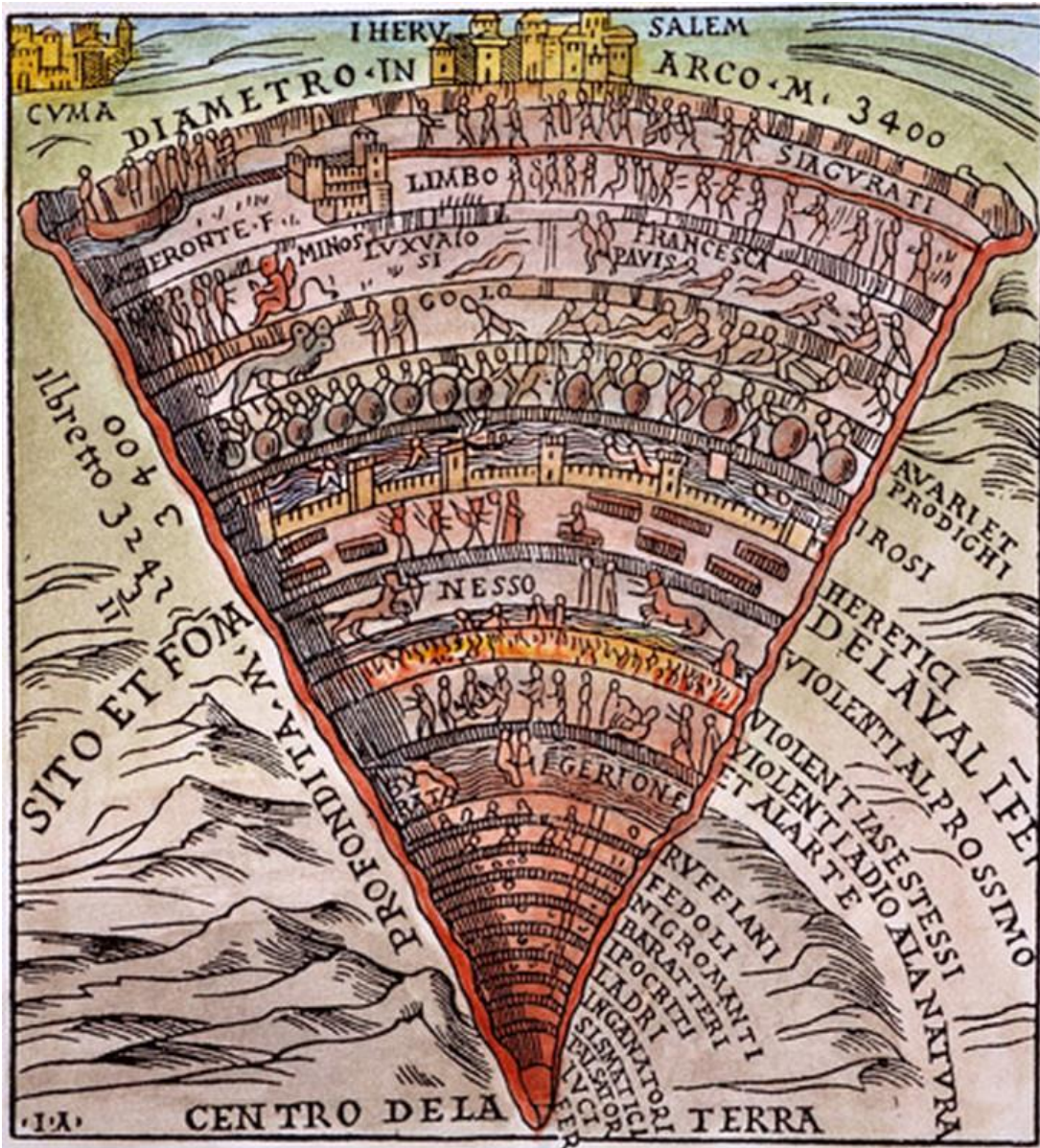
Developing people

for health and

healthcare

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





## Not covering...

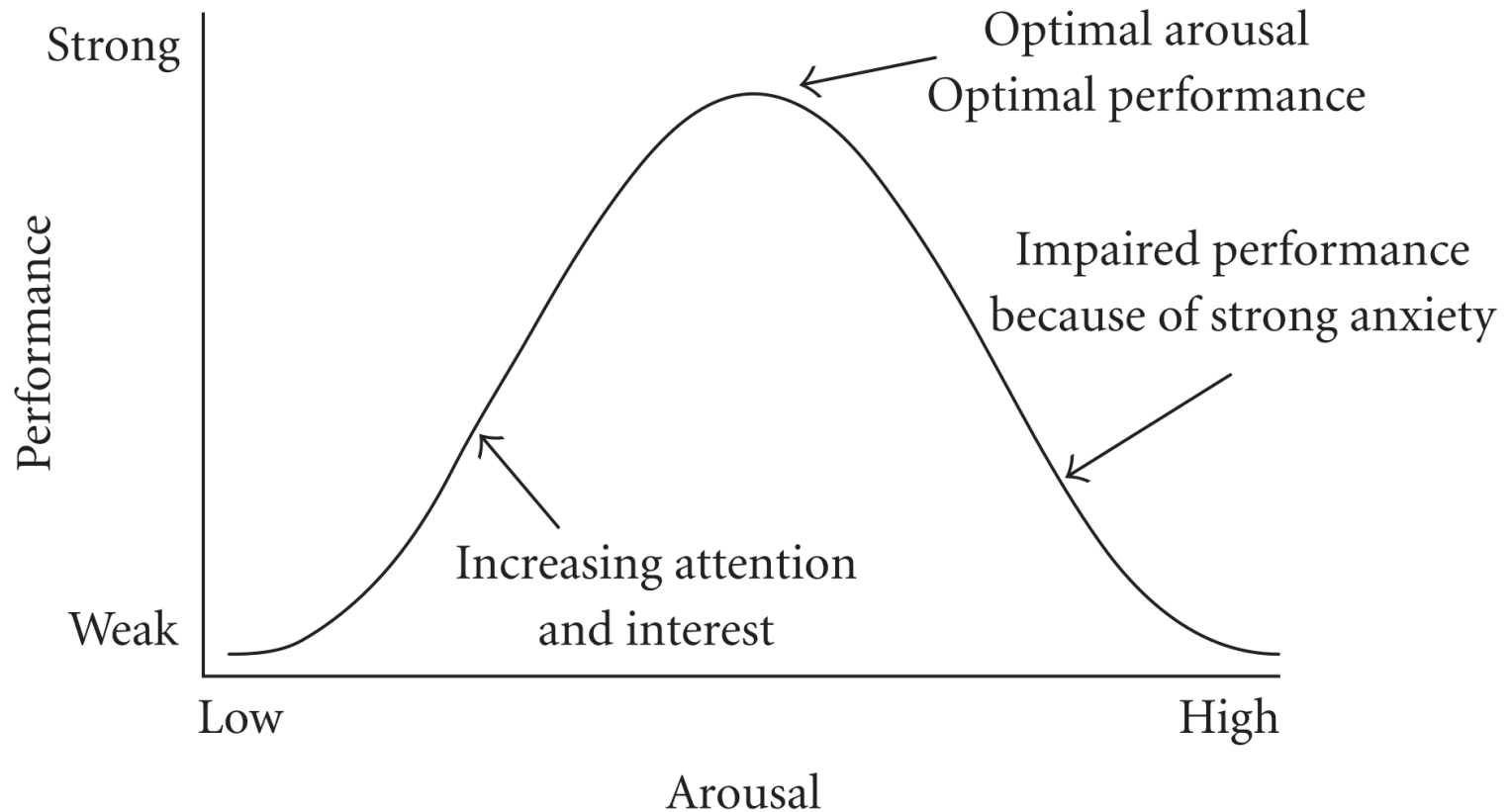
- Commuting
- New contract
- National recruitment processes
- Access to less than full time training





# 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
  - Workload (over and under...)
  - Autonomy
  - Shift-work / OOHs
  - Skills vs Demands
  - Appreciation
  - Physical environment
  - Isolation

# Stress from..

- Job-specific factors
- Roles
  - Conflicts (eg multiple supervisors)
  - Ambiguity
  - Level of responsibility

# Stress from..

- Job-specific factors
- Roles
- Career development
  - Promotion
  - Security
  - Development opportunities
  - Job satisfaction

# Stress from..

- Job-specific factors
- Roles
- Career development
- Relationships at work
  - Supervisors
  - Colleagues
  - Subordinates
  - Threats
  - Reporting

# Stress from..

- Job-specific factors
- Roles
- Career development
- Relationships at work
- Organizational culture
  - Participation in decision-making
  - Management style
  - Communication patterns
  - Engagement (eg in change)

# Stress from..

- Job-specific factors
- Roles
- Career development
- Relationships at work
- Organizational culture
  - Participation in decision-making
  - Management style
  - Communication patterns
  - Fairness



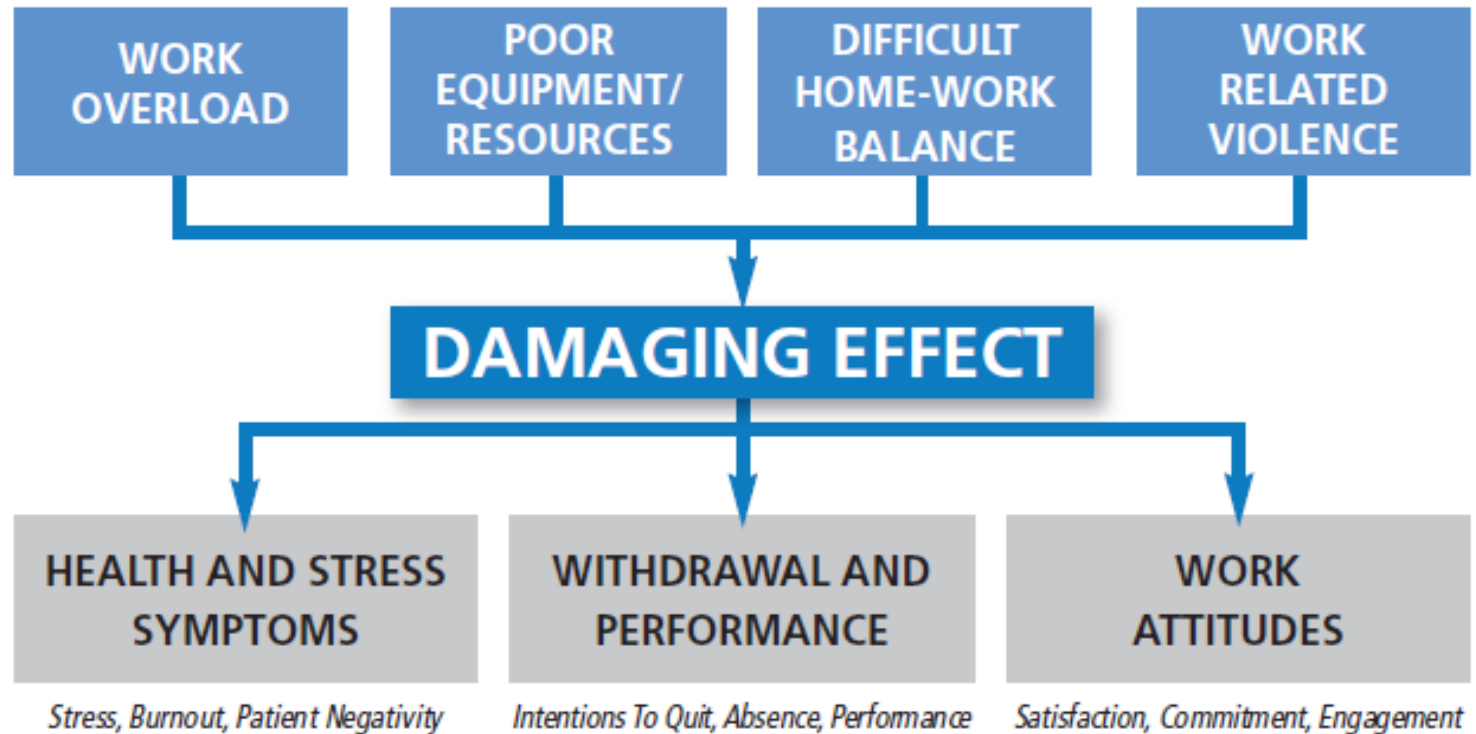
## Stress from..

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

## “Non-work” stress

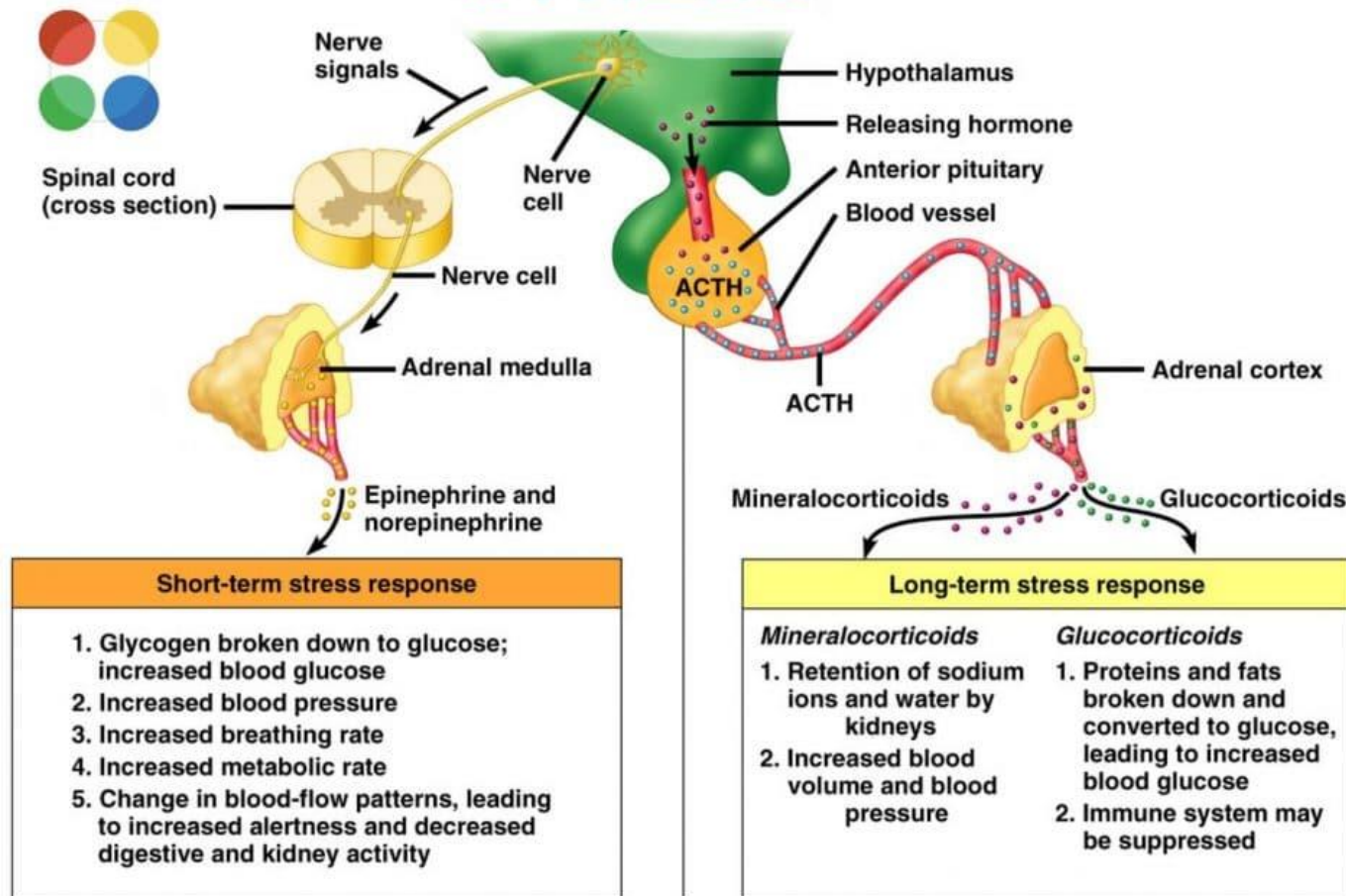
- Moving jobs
- Moving house
- Relationships / Marriage
- Babies / Young children
- Relatives needing care

...will also tend to occur in doctors in training



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

# STRESS



# 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

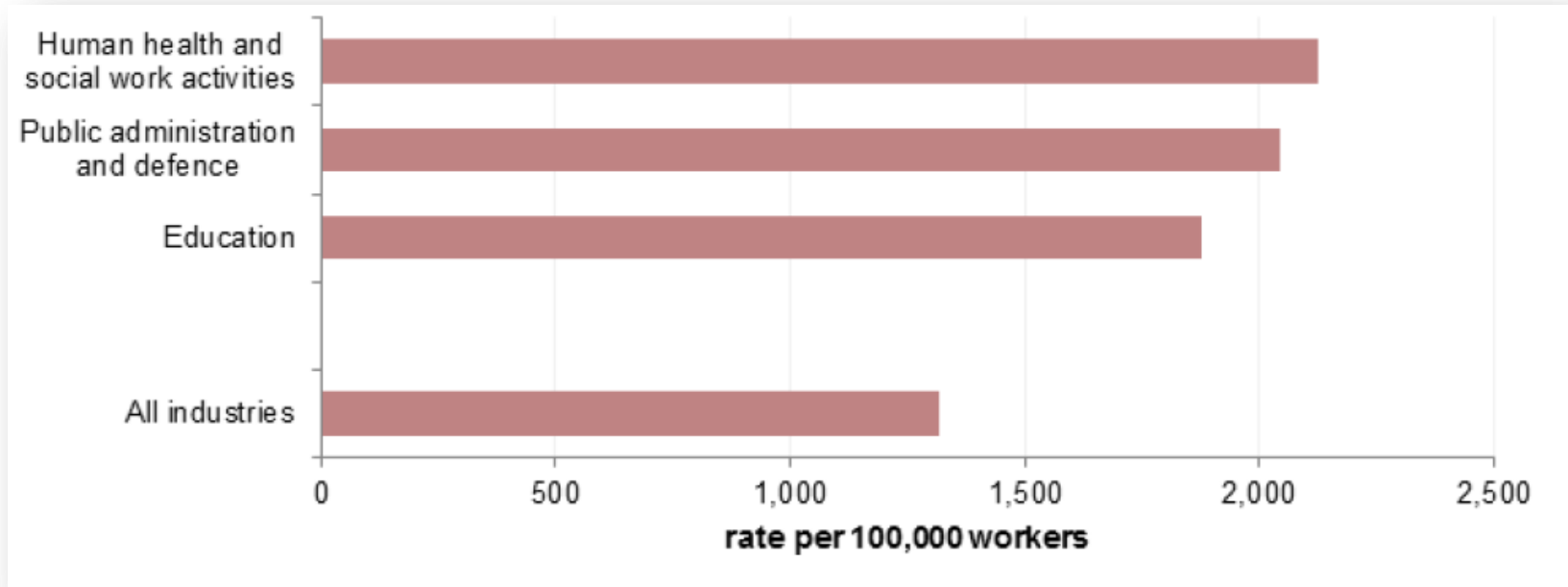
**526,000**

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

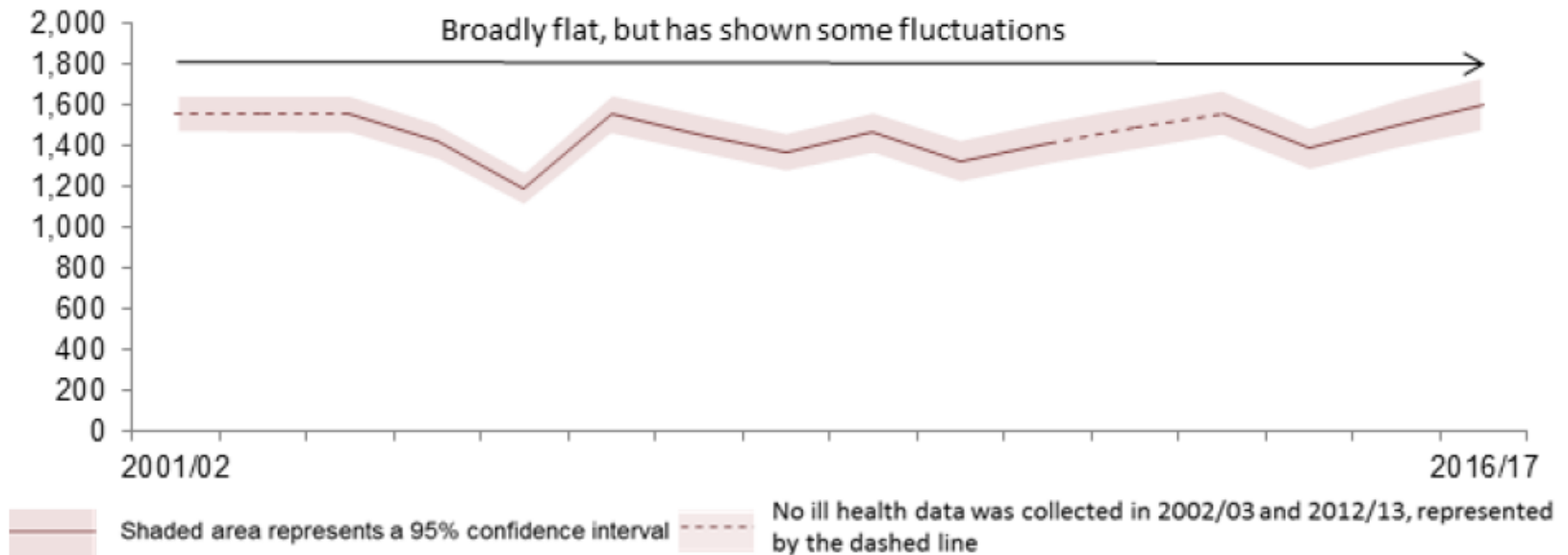




# How has stress changed ?

# How has stress changed ?

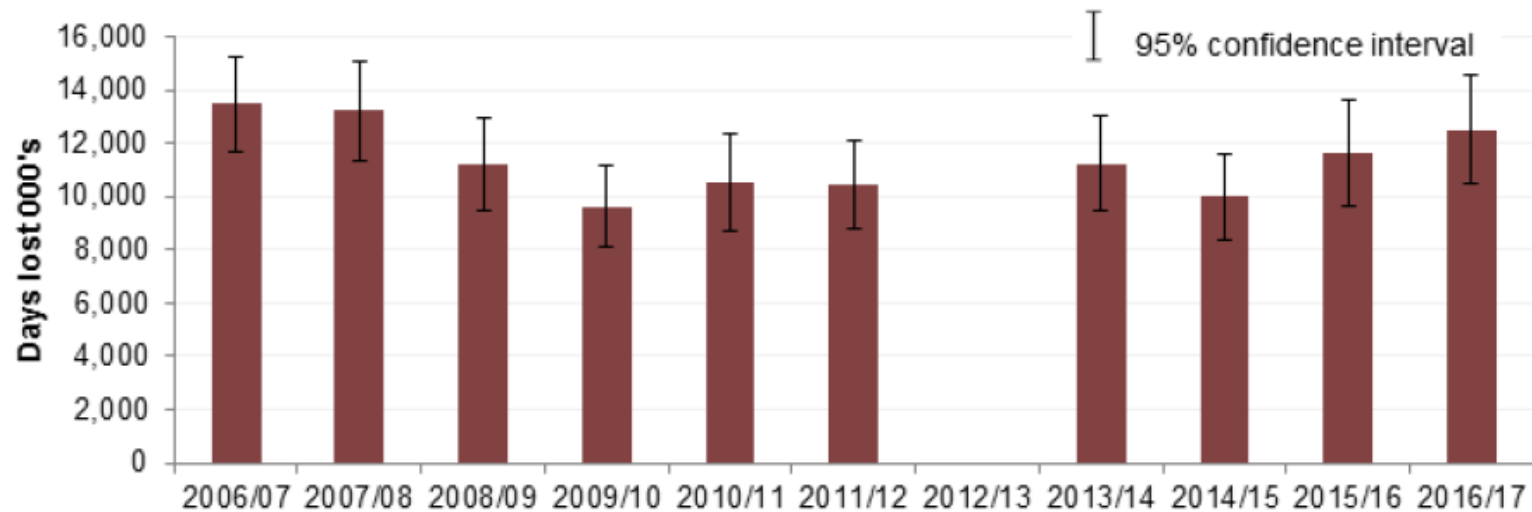
Stress, depression or anxiety per 100,000 workers: new and long-standing



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



- 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



# 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

GRAHAM  
GREENE  
A BURNT-  
OUT CASE



**NHS**

*Health Education England*

(1961)



# 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

# Maslach Burnout Inventory

- From 1981

( Warning ! )

# Exhaustion

| Questions:  | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|-------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| Section A:  | 0     | 1                    | 2            | 3                     | 4           | 5                    | 6         |
| I feel emotionally drained by my work.                            |       |                      |              |                       |             |                      |           |
| Working with people all day long requires a great deal of effort. |       |                      |              |                       |             |                      |           |
| I feel like my work is breaking me down.                          |       |                      |              |                       |             |                      |           |
| I feel frustrated by my work.                                     |       |                      |              |                       |             |                      |           |
| I feel I work too hard at my job.                                 |       |                      |              |                       |             |                      |           |
| It stresses me too much to work in direct contact with people.    |       |                      |              |                       |             |                      |           |
| I feel like I'm at the end of my rope.                            |       |                      |              |                       |             |                      |           |

( High scores bad, eg >30 )

# Lack of empathy

| Questions:   | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|--|-------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| Section B:   | 0     | 1                    | 2            | 3                     | 4           | 5                    | 6         |
| I feel I look after certain patients/clients impersonally, as if they are objects.             |       |                      |              |                       |             |                      |           |
| I feel tired when I get up in the morning and have to face another day at work.                |       |                      |              |                       |             |                      |           |
| I have the impression that my patients/clients make me responsible for some of their problems. |       |                      |              |                       |             |                      |           |
| I am at the end of my patience at the end of my work day.                                      |       |                      |              |                       |             |                      |           |
| I really don't care about what happens to some of my patients/clients.                         |       |                      |              |                       |             |                      |           |
| I have become more insensitive to people since I've been working.                              |       |                      |              |                       |             |                      |           |
| I'm afraid that this job is making me uncaring.  |       |                      |              |                       |             |                      |           |

( High score bad, eg > 12 )

# Lack of achievement

| Questions:  | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|-------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| Section C:  | 0     | 1                    | 2            | 3                     | 4           | 5                    | 6         |
| I accomplish many worthwhile things in this job.                          |       |                      |              |                       |             |                      |           |
| I feel full of energy.  |       |                      |              |                       |             |                      |           |
| I am easily able to understand what my patients/clients feel.             |       |                      |              |                       |             |                      |           |
| I look after my patients'/clients' problems very effectively.             |       |                      |              |                       |             |                      |           |
| In my work, I handle emotional problems very calmly.                      |       |                      |              |                       |             |                      |           |
| Through my work, I feel that I have a positive influence on people.       |       |                      |              |                       |             |                      |           |
| I am easily able to create a relaxed atmosphere with my patients/clients. |       |                      |              |                       |             |                      |           |
| I feel refreshed when I have been close to my patients/clients at work.   |       |                      |              |                       |             |                      |           |

( Low scores bad eg < 33 )

# 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*

## 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





**Who ?**

# Developing Explanations

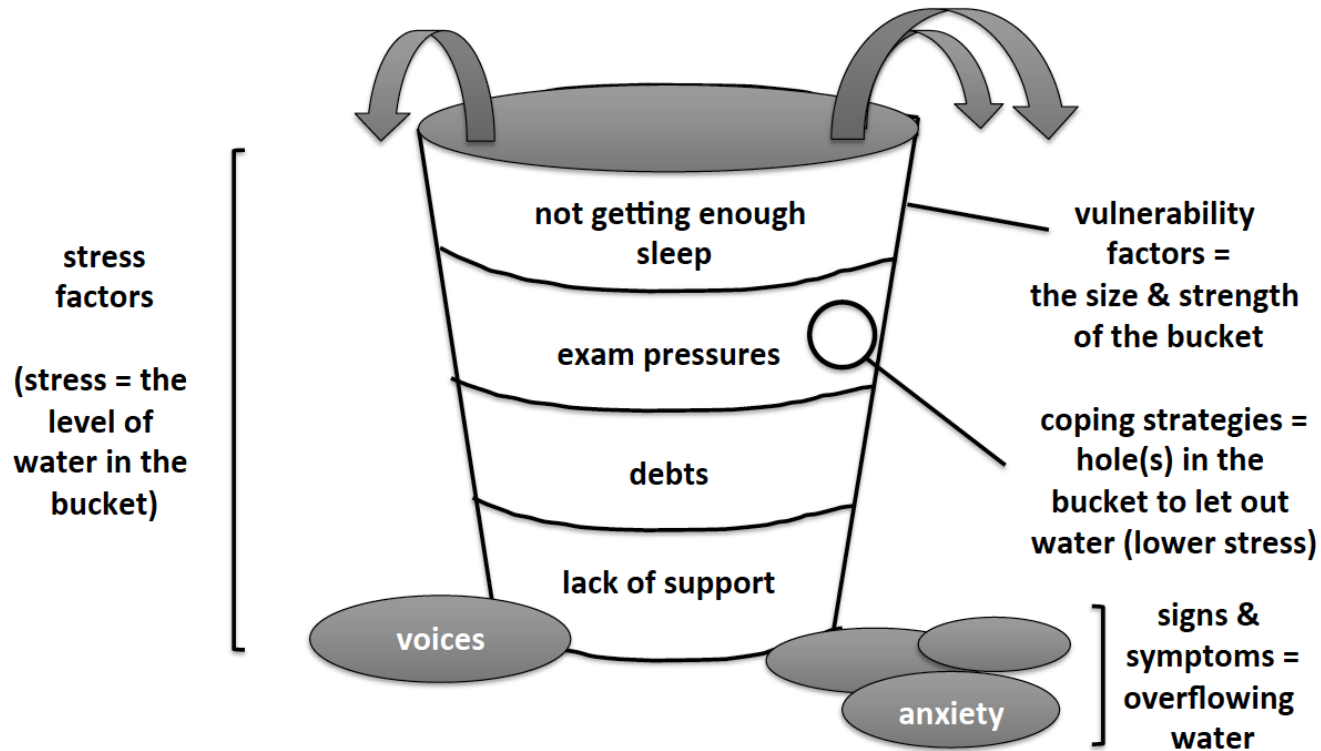
the 'vulnerability - stress' model (after: Zubin & Spring 1977)

**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)

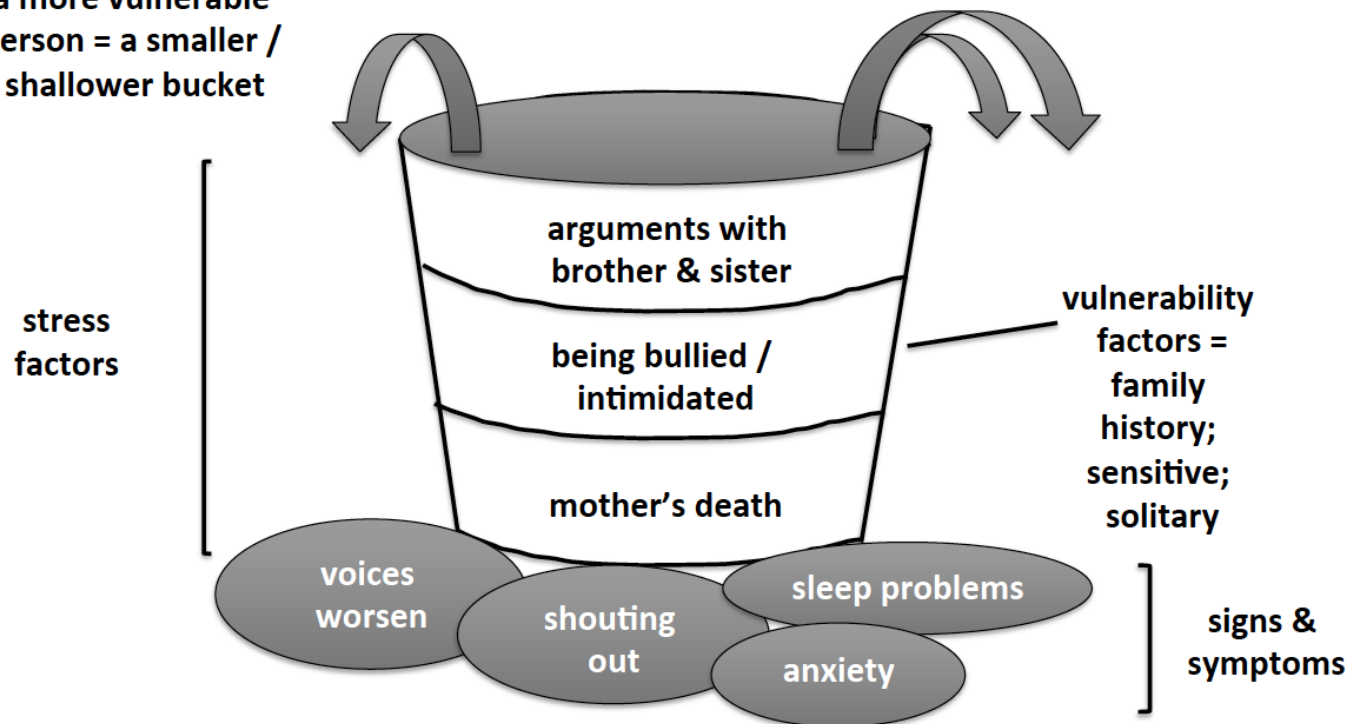


# Aetiology

- 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



# 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

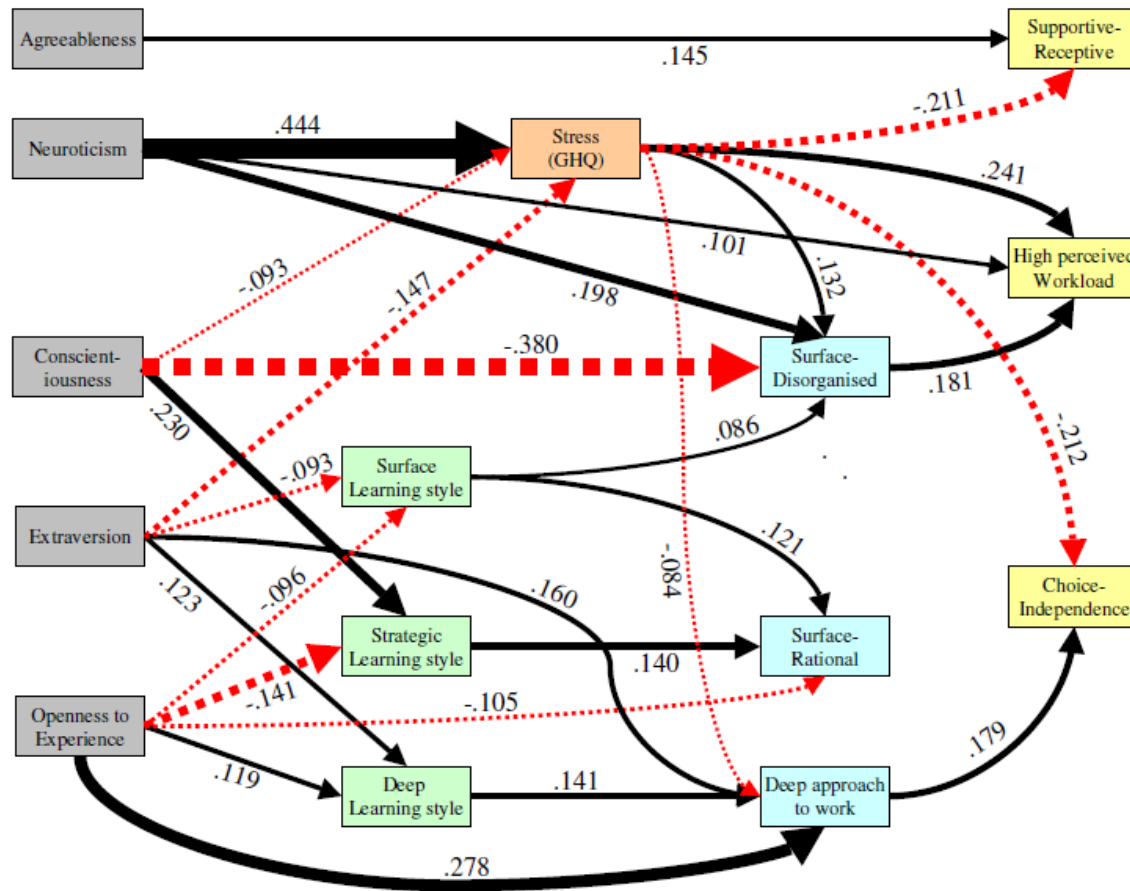
Published: 18 August 2004

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>

# Identifying problems...

# 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

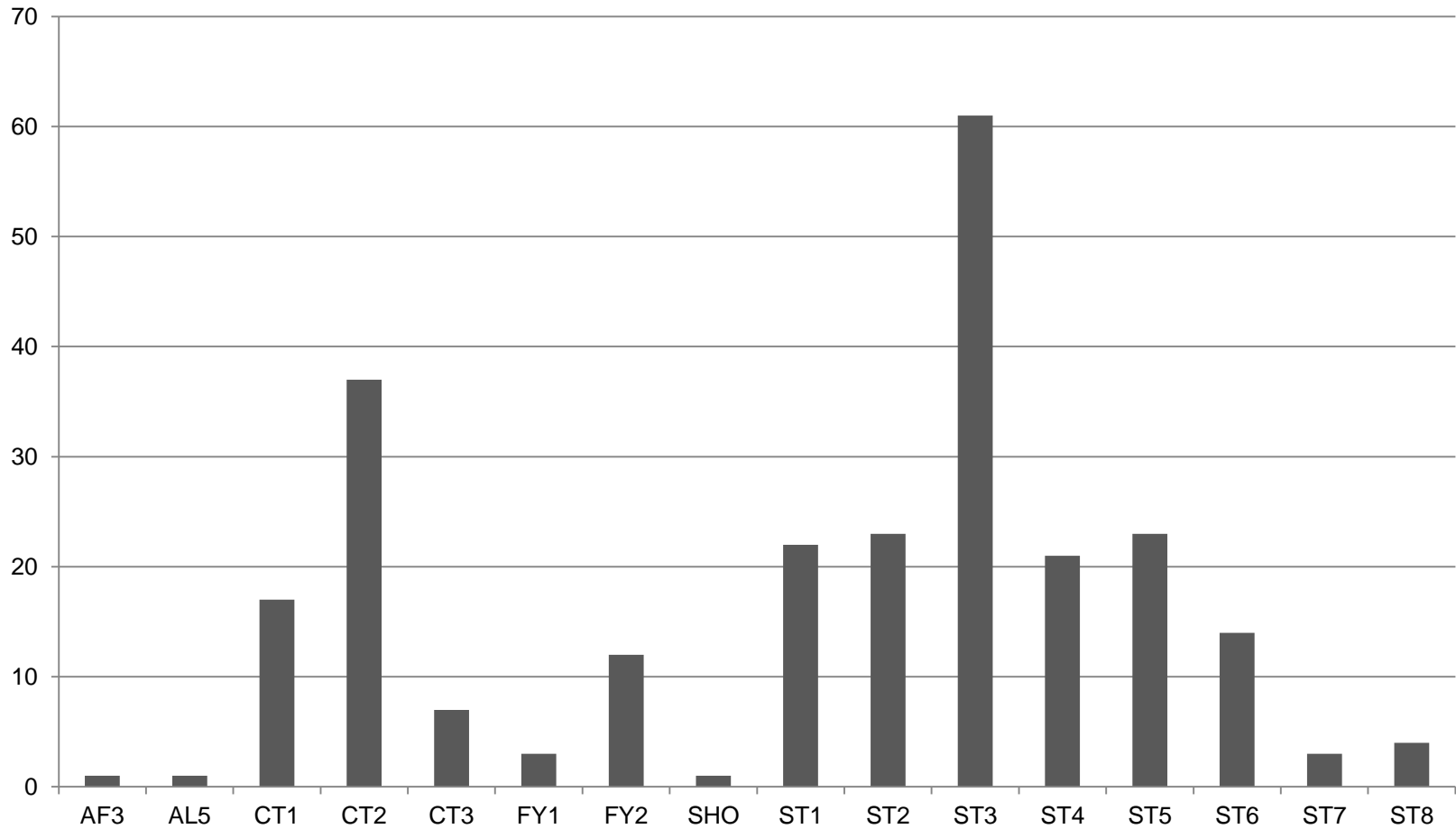
Lack of initiative / professional engagement

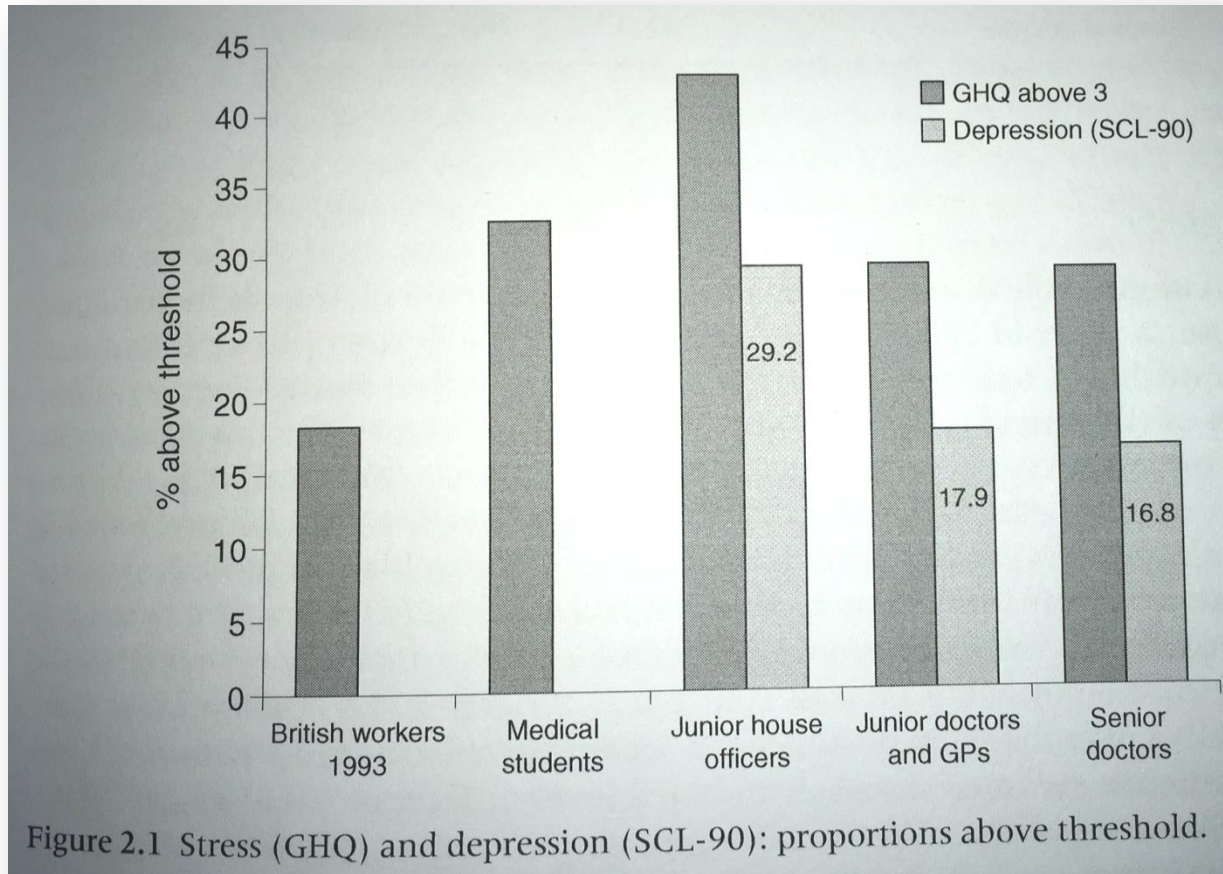
Inappropriate attitudes

**Identify...**

**... Ask them !**

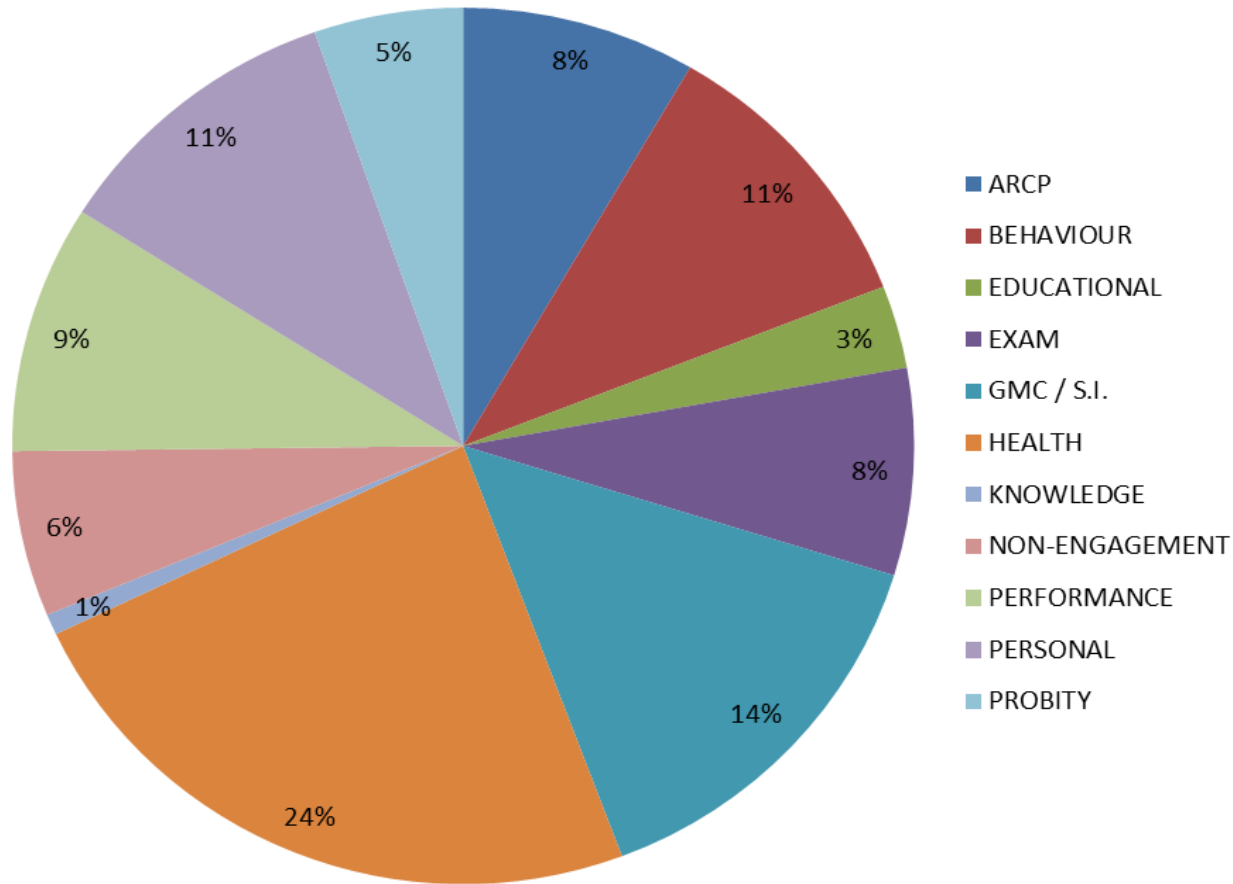
# PSU - Around 6 - 9% of trainees







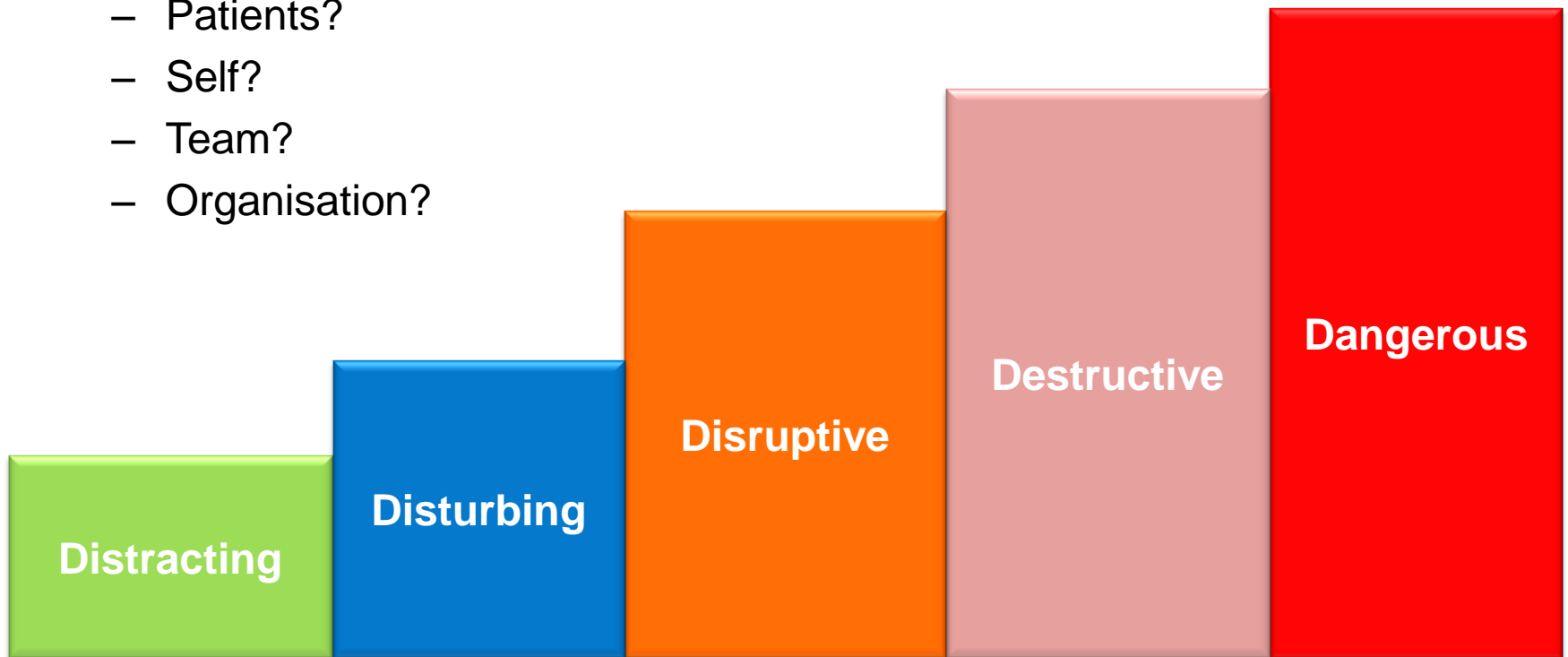
# HEE, EoE Breakdown - PSU



# How much of a problem ?

What is the risk to:

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



# Roles and Responsibilities of Educators

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

# Diagnose

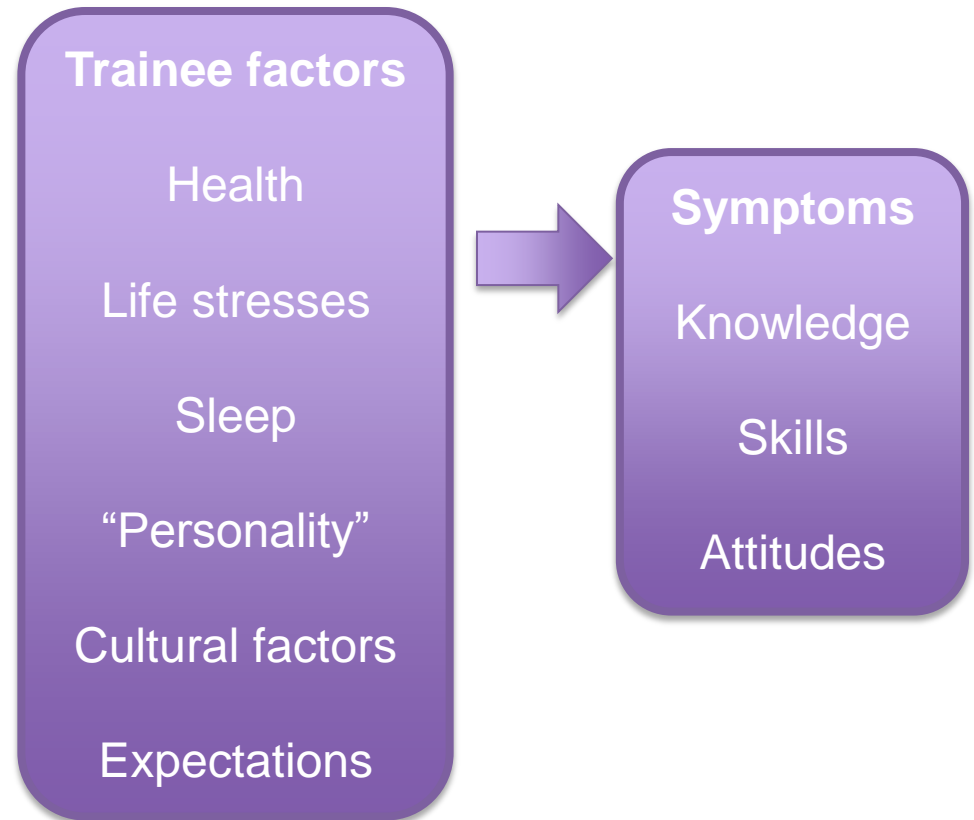
Symptoms

Knowledge

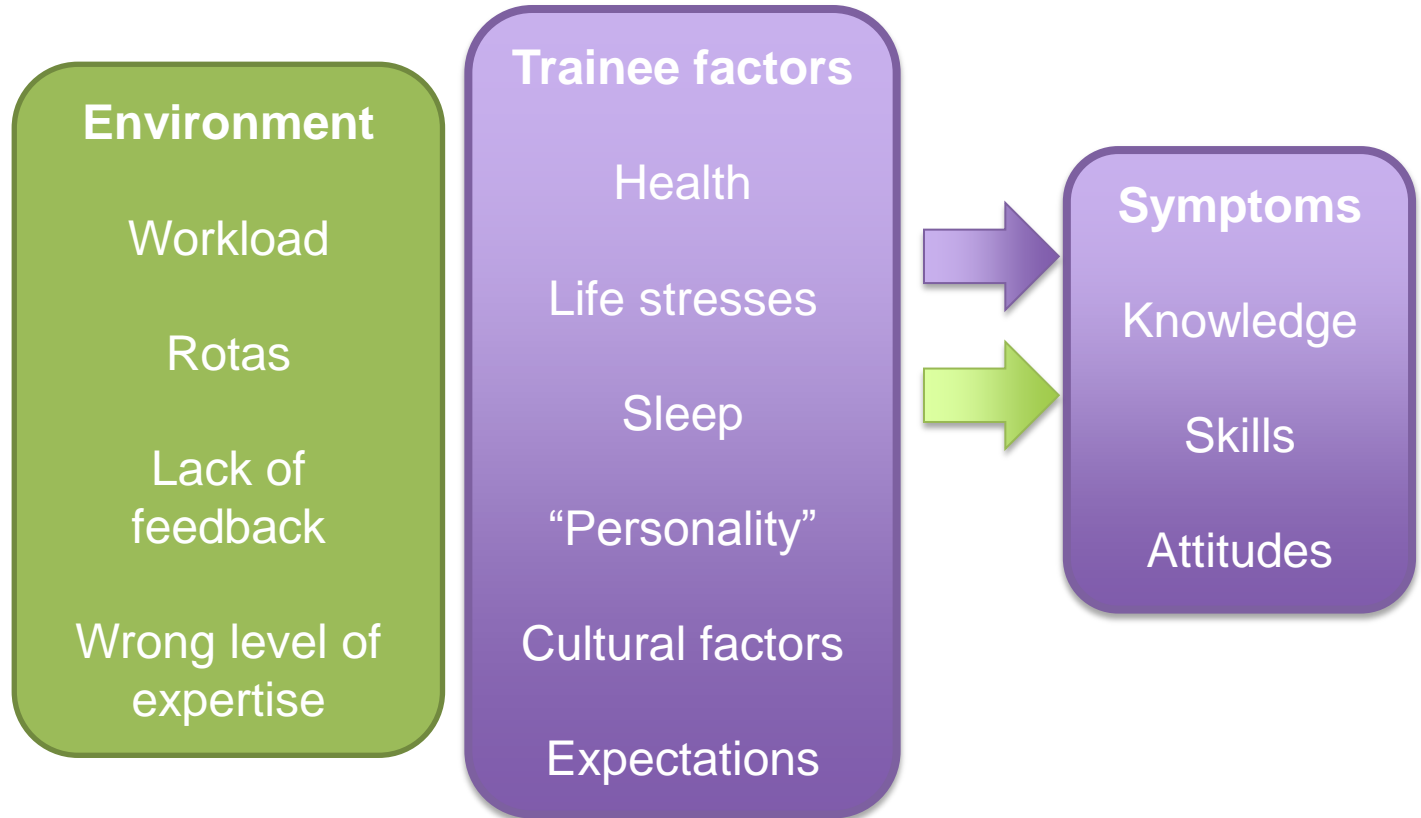
Skills

Attitudes

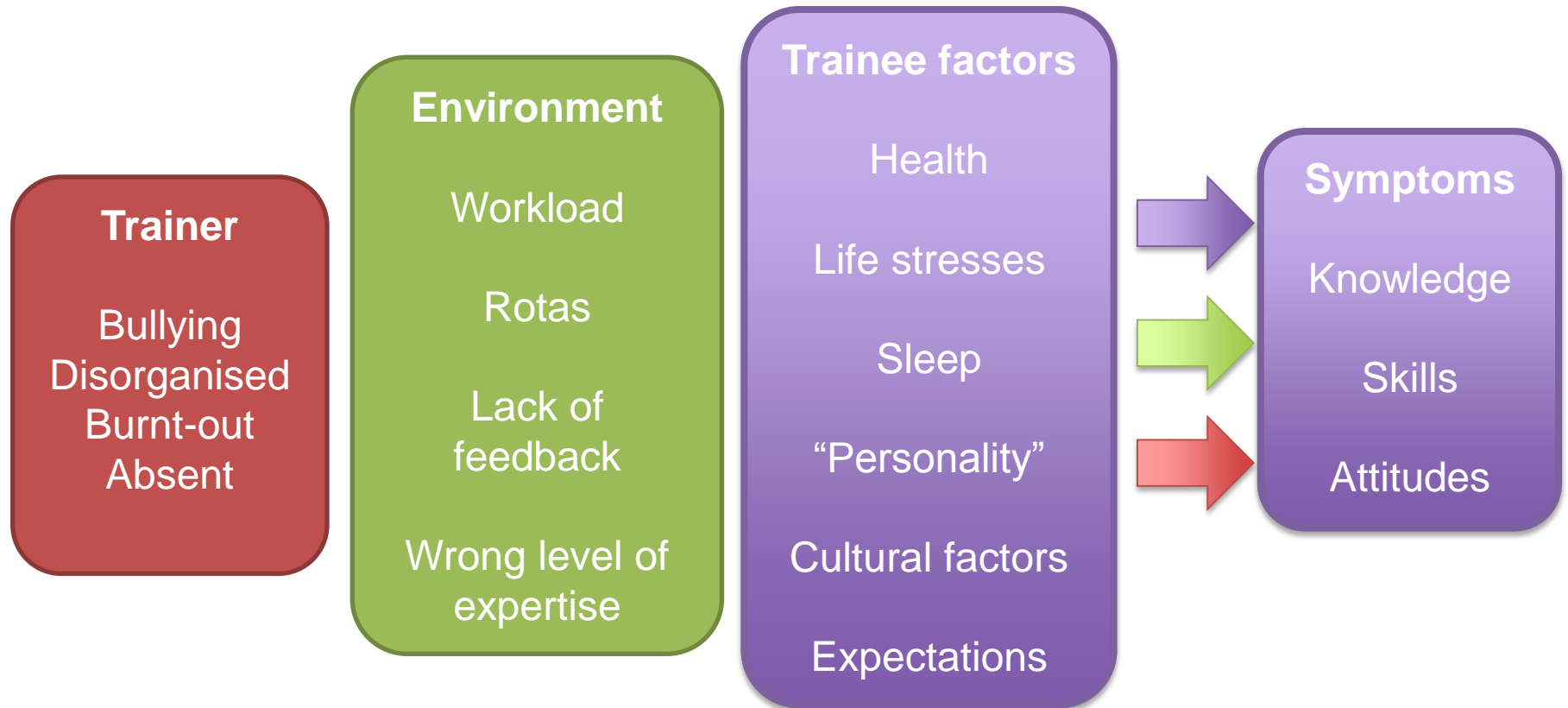
# Diagnose



# Diagnose



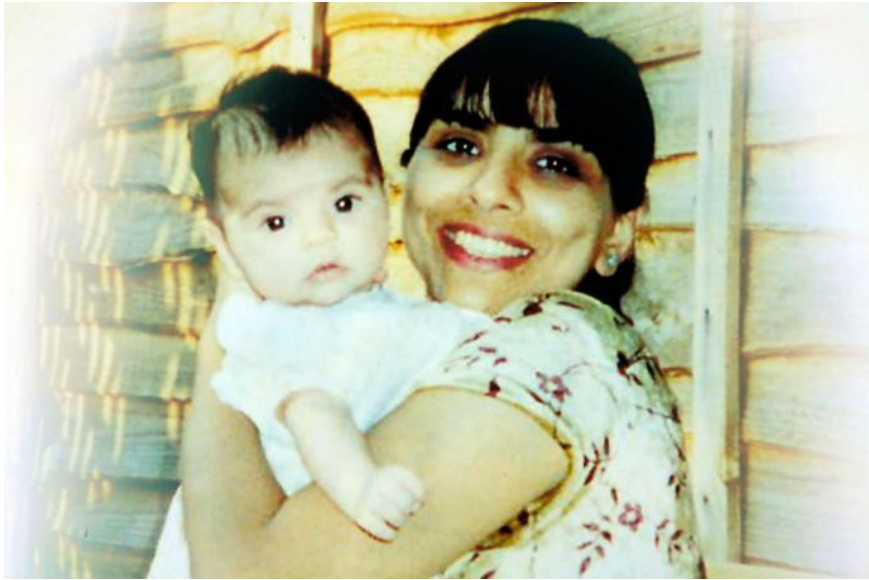
# Diagnose



**What about more serious  
problems....**



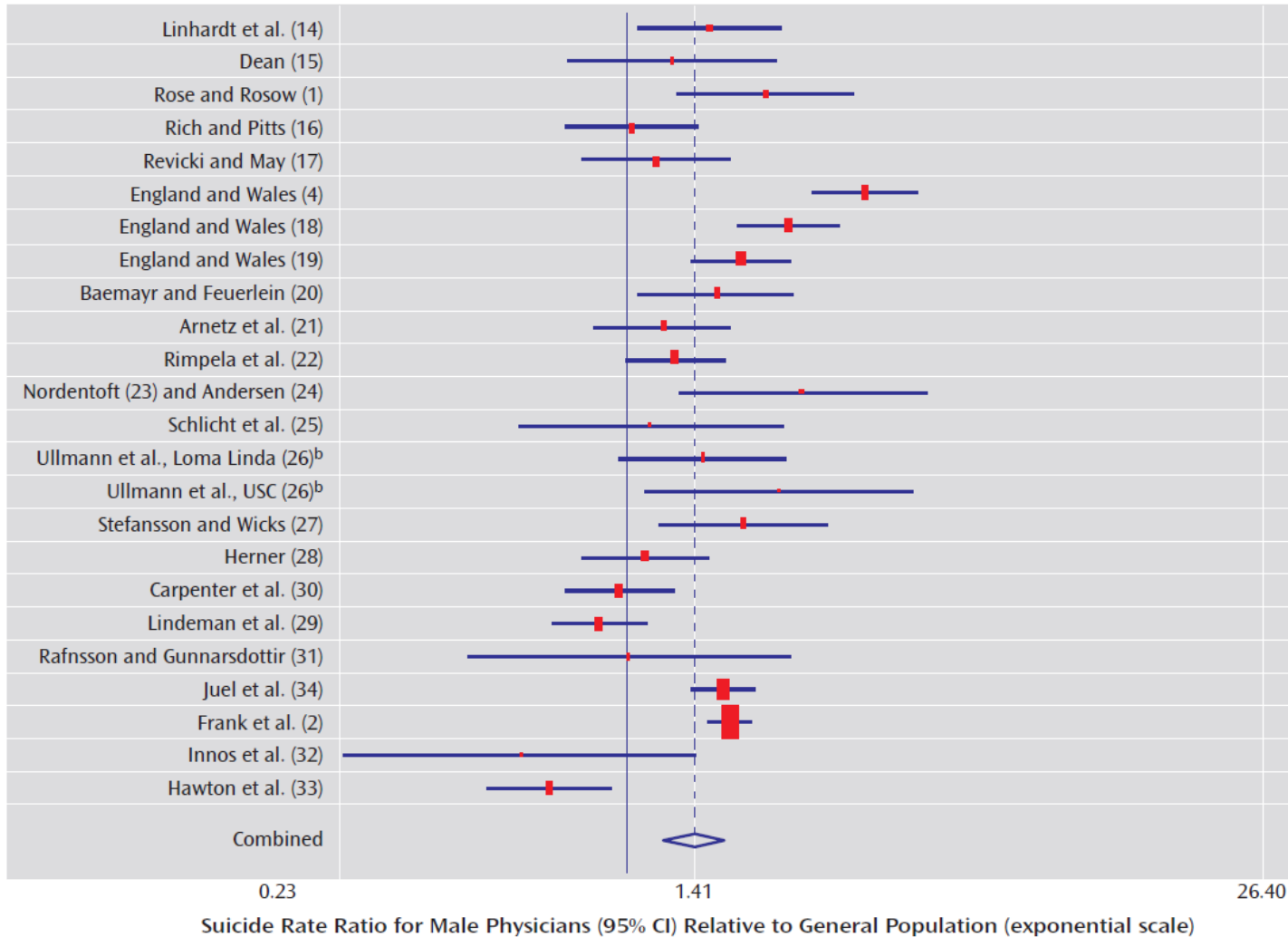




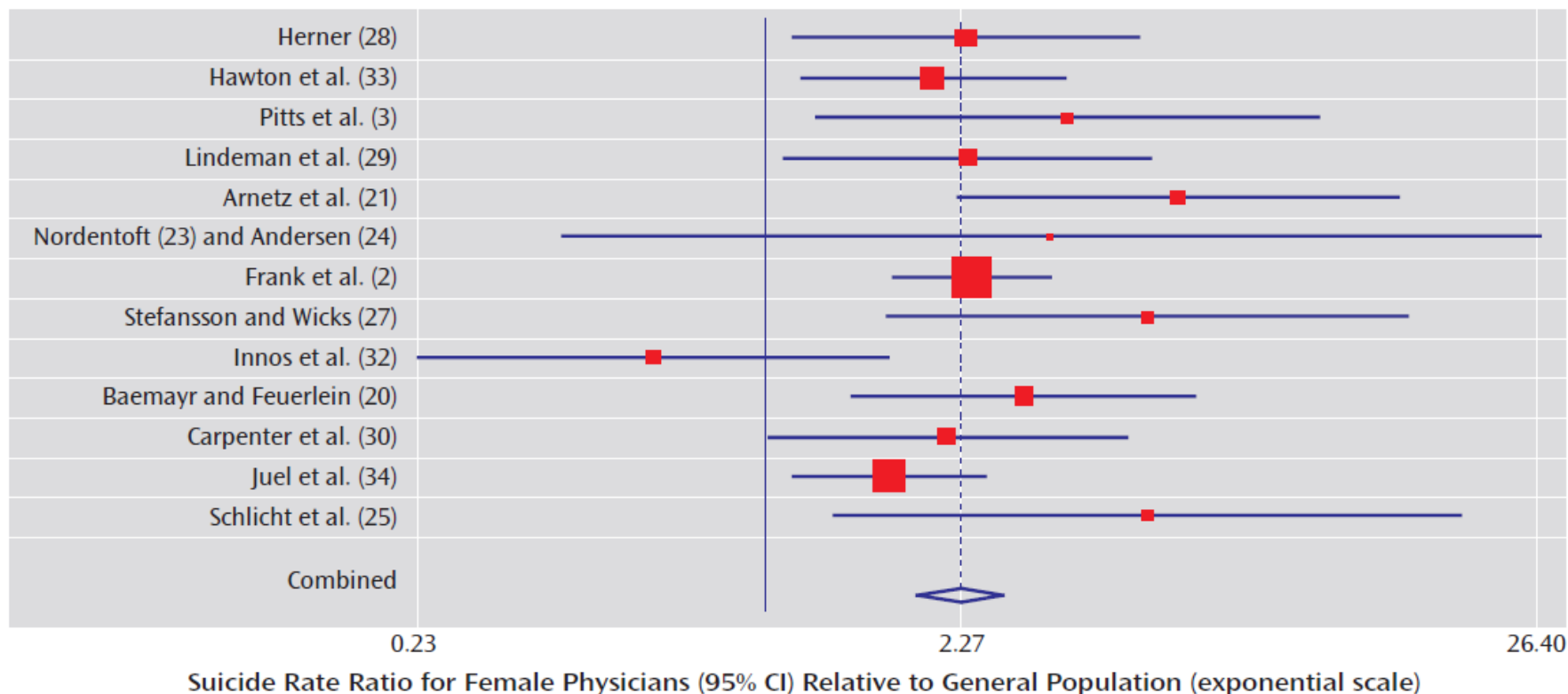
# Suicide

- 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<sup>a</sup>



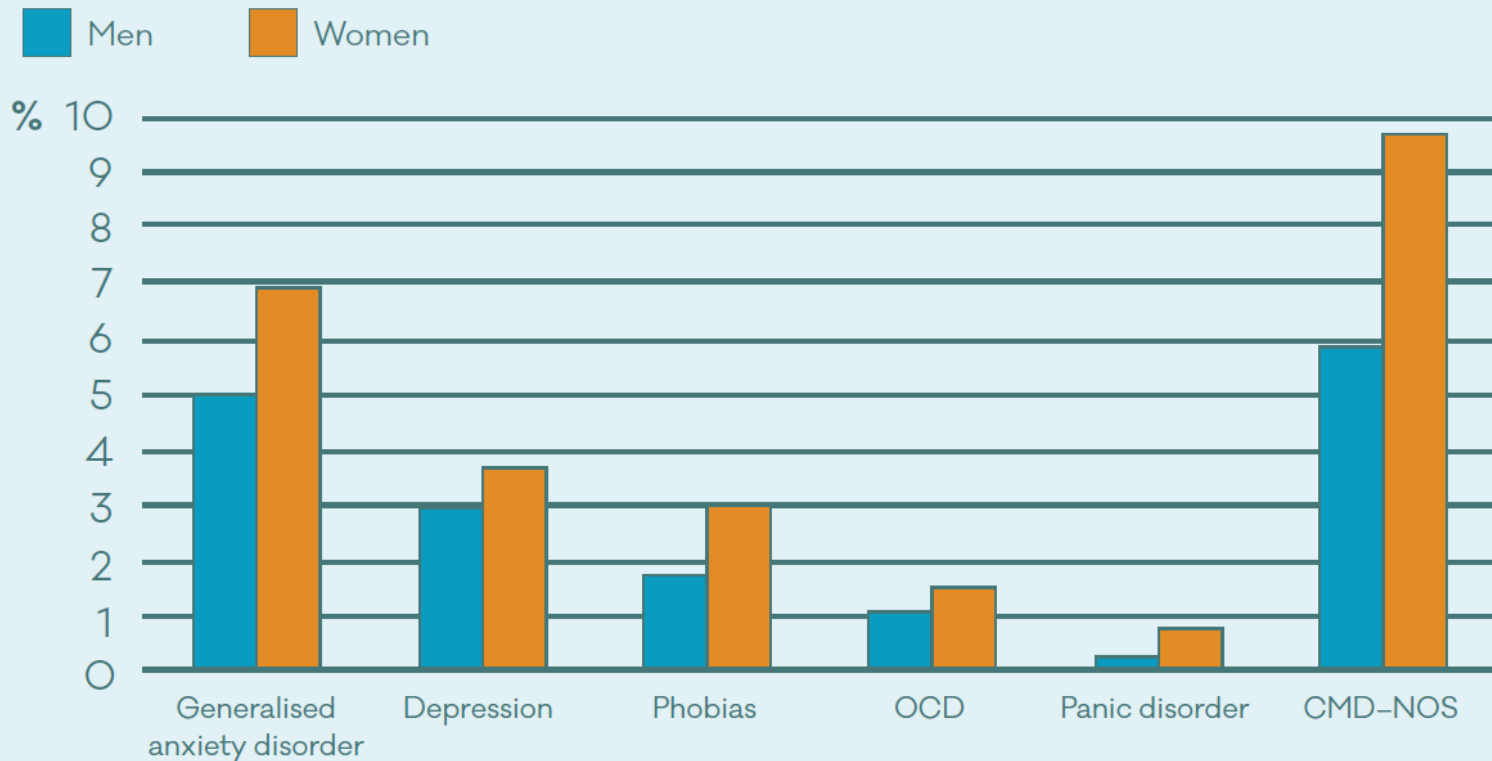
**FIGURE 2. Meta-Analysis of Female Physicians' Suicide Rate Ratios in 13 Studies<sup>a</sup>**



## Why ?

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

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.

# Case Vignettes



## Case 1

- CMT 2 with no past psychiatric history. Presents with anxiety ('for as long as I can remember'). Palpitations and hyperventilation noticed in addition to anxiety.
- Sleep disturbed / appetite variable in recent weeks. Fleeting suicidal thoughts, stood at a bridge, but doesn't think he will harm himself.
- Possible trigger ? Membership examinations in the next few weeks, interpersonal issues with supervisor

Anxiety is an unpleasant emotional state characterized by:

- Fearfulness
- Unwanted and distressing physical symptoms.
- Can be a normal and appropriate response to stress
- Pathological when disproportionate to severity of the stress, continues after stressor has gone, or occurs in absence of any external stressor.

- *Having emotional or behavioral symptoms within three months of a specific stressor occurring in your life*
- *Experiencing more stress than would normally be expected in response to a stressful life event and/or having stress that causes significant problems in your relationships, at work or at school*
- *Symptoms are not the result of another mental health disorder or part of normal grieving*
- *Can be in the context of problems with family or friends, or work or school problems.*

**Treatment:**

- Psychotherapy/Medication/ both.
- Psychotherapy: can help teach stress-management and coping skills to deal with stressful events
- Medication: usually antidepressants for a limited period.

# Diagnosis and Management

- Adjustment Disorder with Mixed Depressive and Anxiety reaction
- Management: arranged review to assess progress and finalise plan for medication/psychological input.
- Felt better at next OPC and decided against treatment but very appreciative of being seen and reassured.

## Case 2

- Referral via occupational health. Requested review of this patient as a priority.
- Panic attack in outpatient clinic, junior doctor very distressed
- Past psychiatric history of an eating disorder at 14 years, normal weight at present.
- Family history of mental illness in paternal grandmother (admitted to an 'asylum')  
maternal family depression

# Presenting Symptoms

- Since childhood, superstitious beliefs, repetitive routines when dressing/bathing.
- Recently ruminations of guilt, repetitive ideas that her thoughts have led to harm to others. Concerns about cleanliness and hygiene with compulsive hand washing.
- Anxiety +++ both cognitive/autonomic symptoms.
- Extreme exacerbation about hygiene on hospital wards- leading to crisis.

- MSE- distressed, tearful, ‘am I going mad’, thought showed ruminations of guilt, fears that she would harm people by her thoughts and need to compensate using a number of ritualistic compulsions

## Diagnosis, Treatment, Prognosis

- OCD and more recently additional Depressive Disorder
- Medication: antidepressants ( higher end of dosing schedule) Stable on Sertraline 200mg although had a relapse when GP reduced
- Psychological treatment- Exposure and Response Prevention
- Improved, decided to focus on a non-clinical career!



## Case 3

- CT1 in psychiatry. Reported to Clinical Supervisor that she has a diagnosis of a severe mental illness and has follow up with psychiatrist in London.
- Good trainee, dedicated, refused offer of any work adjustments despite her diagnosis
- Half way through posting, raised some concerns about interpersonal stress with colleagues. Difficult to tease out the nature of these.
- Colleagues complained to tutor about her hostile behaviour

# Management

- Referred to Occupational Health for review
- She brought forward her outpatient appointment with consultant
- In our supervision, we wondered if it would be helpful to share difficulties with colleagues given their frustration might be exacerbating her own difficulties?
- Sadly this trainee's illness was such that she could not continue with training.
-

## Case 4

- ST in Surgery, with no past psychiatric history but significant family history of mental illness in mother who has had repeated admissions to psychiatry wards.
- Recent stressor- elder brother has committed suicide.
- Presents to GP with symptoms of low mood, poor concentration and inability to go to work – off sick for last week. Suicidal ruminations but no specific plans.
- Using cannabis regularly ‘to try to improve mood’

# Depression

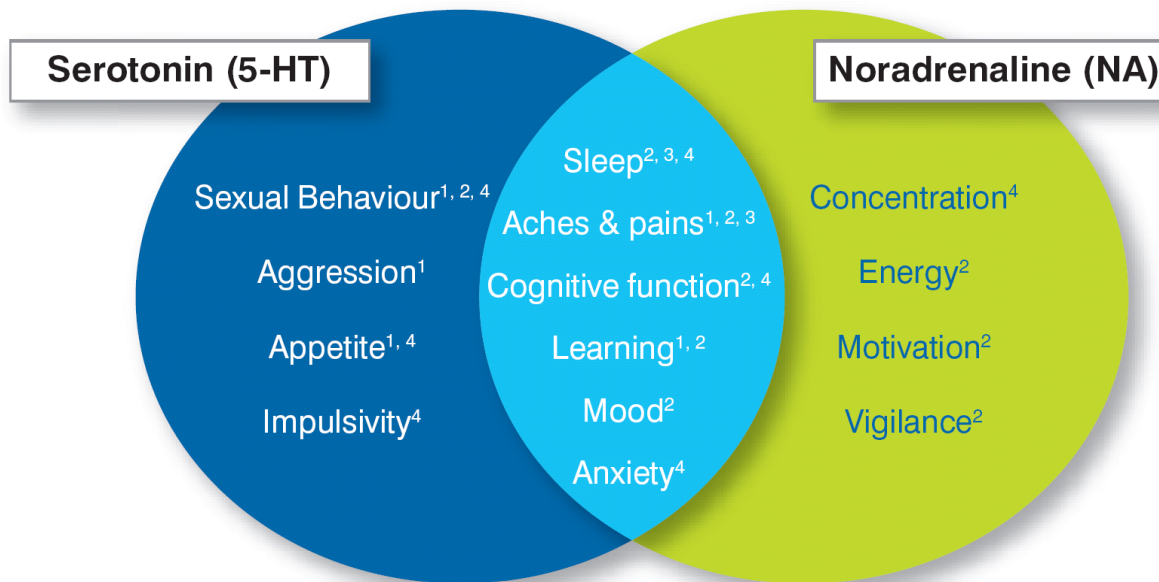


# Depressive disorder: An increasing cause of disability worldwide

| Rank | 1990                             | 2020 (estimated)                      |
|------|----------------------------------|---------------------------------------|
| 1    | Lower respiratory infections     | Ischaemic heart disease               |
| 2    | Diarrhoeal diseases              | <b>Unipolar major depression</b>      |
| 3    | Perinatal conditions             | Road traffic accidents                |
| 4    | <b>Unipolar major depression</b> | Cerebrovascular disease               |
| 5    | Ischaemic heart disease          | Chronic obstructive pulmonary disease |

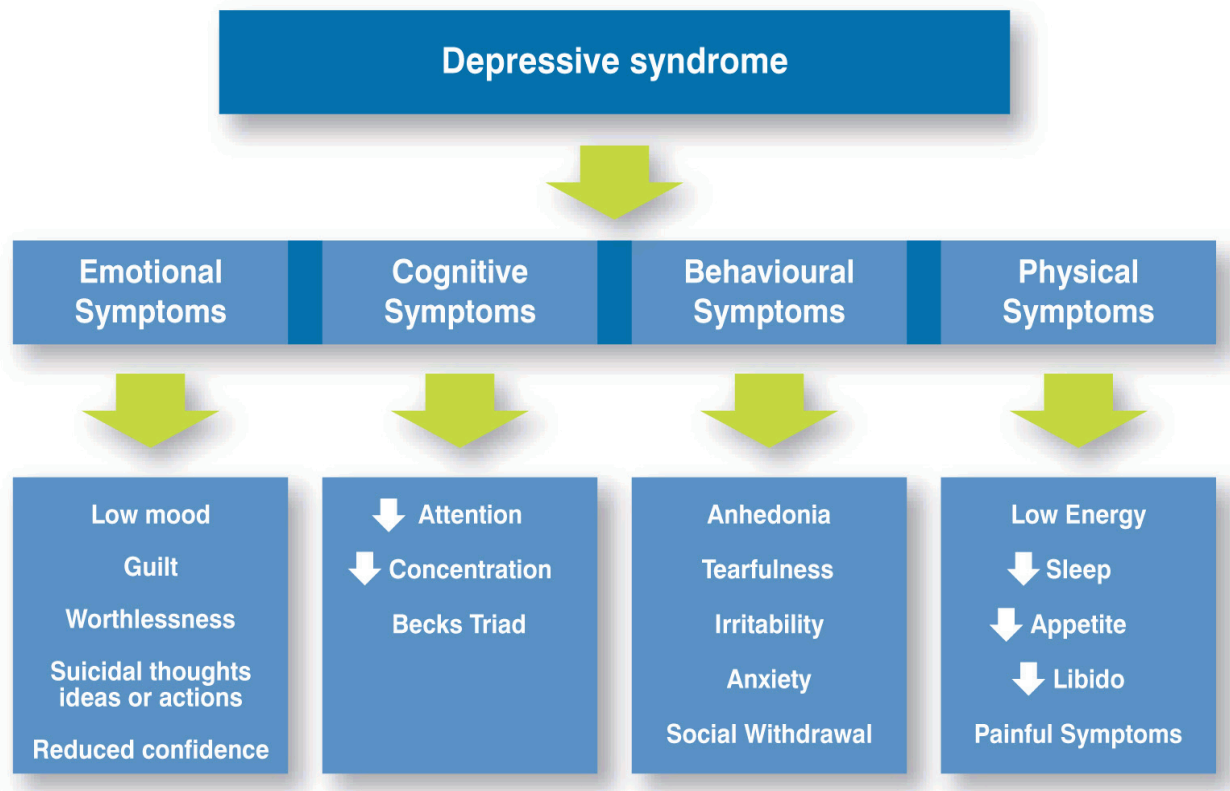
# A proposed model of symptoms mediated by 5-HT & NA\*

A Proposed Model of Symptoms Mediated by 5-HT and NA



\*Hypothetical neurobehavioural model using several data sources based mostly on animal studies

# NICE symptom classification for depression



## Key facts that patients should know

- An episode should be treated for at least six months AFTER recovery.
- Those with multiple episodes may need treatment in the longer term.
- Anti-depressants are non-addictive and not known to cause new side-effects over time.
- Anti-depressants should not be stopped suddenly due to possible discontinuation syndrome.



# Substance misuse...



## Difficult to assess scale...

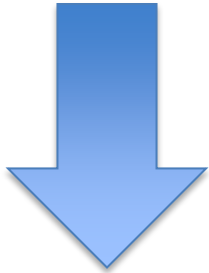
- 7-10% of doctors will have substance misuse problem during lifetime
- 56% of HOs (1998) drank alcohol to excess
- Often vulnerabilities in medical school

## And who ?

- Anaesthetists (?)
- GPs
- Psychiatrists

# And what ?

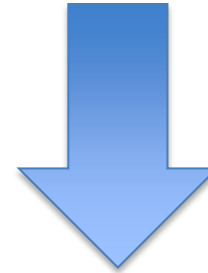
Anaesthetists  
Pain specialists



Psychiatrists

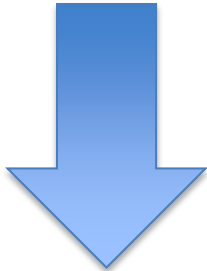


Emergency  
medicine

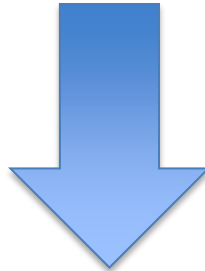


# And what ?

Anaesthetists  
Pain specialists



Psychiatrists

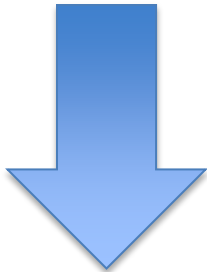


Emergency  
medicine

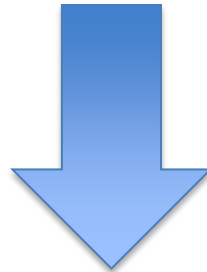


# And what ?

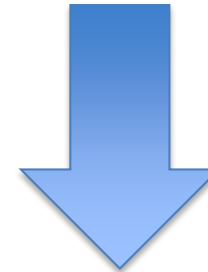
Anaesthetists  
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Psychiatrists

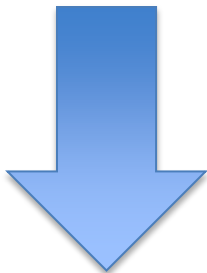


Emergency  
medicine

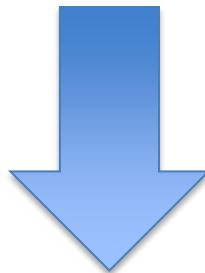


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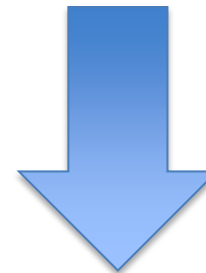
Anaesthetists  
Pain specialists



Psychiatrists



Emergency  
medicine



# Why ?



## Why ?

- Stress, anxiety, burn-out
- Culture of alcohol, medical school onwards
- Easy access / self-prescribing
  
- Personality
- Lack of earlier help-seeking
- Income

# Effects

- Workplace performance
- Worsening cycle of stress
  
- Direct noticeable effects  
(Often detected / challenged at work)



# Why is this an issue ?

# Do Doctors Seek Support?

- Doctors work under regulatory structures which can deprive them of some basic liberties and rights to confidentiality.
- Doctors are aware of the potential severe negative impact of health problems on their professional futures and career prospects leading to a reluctance to them reluctant to seek help through normal channels.
- Doctors are more able, and at times inclined, to seek help for their health generally through a large number of informal channels. This ironically means that they may not have a close relationship with a general practitioner who can coordinate their care. They may also not have the ability to access care if their condition deteriorates.

# 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.

## The complicated bits...

- Human Resources & Employment Law
- Discrimination / Equality considerations
- Health and Safety
- Litigation and Tribunals
- Confidentiality
- Bullying / Harassment issues

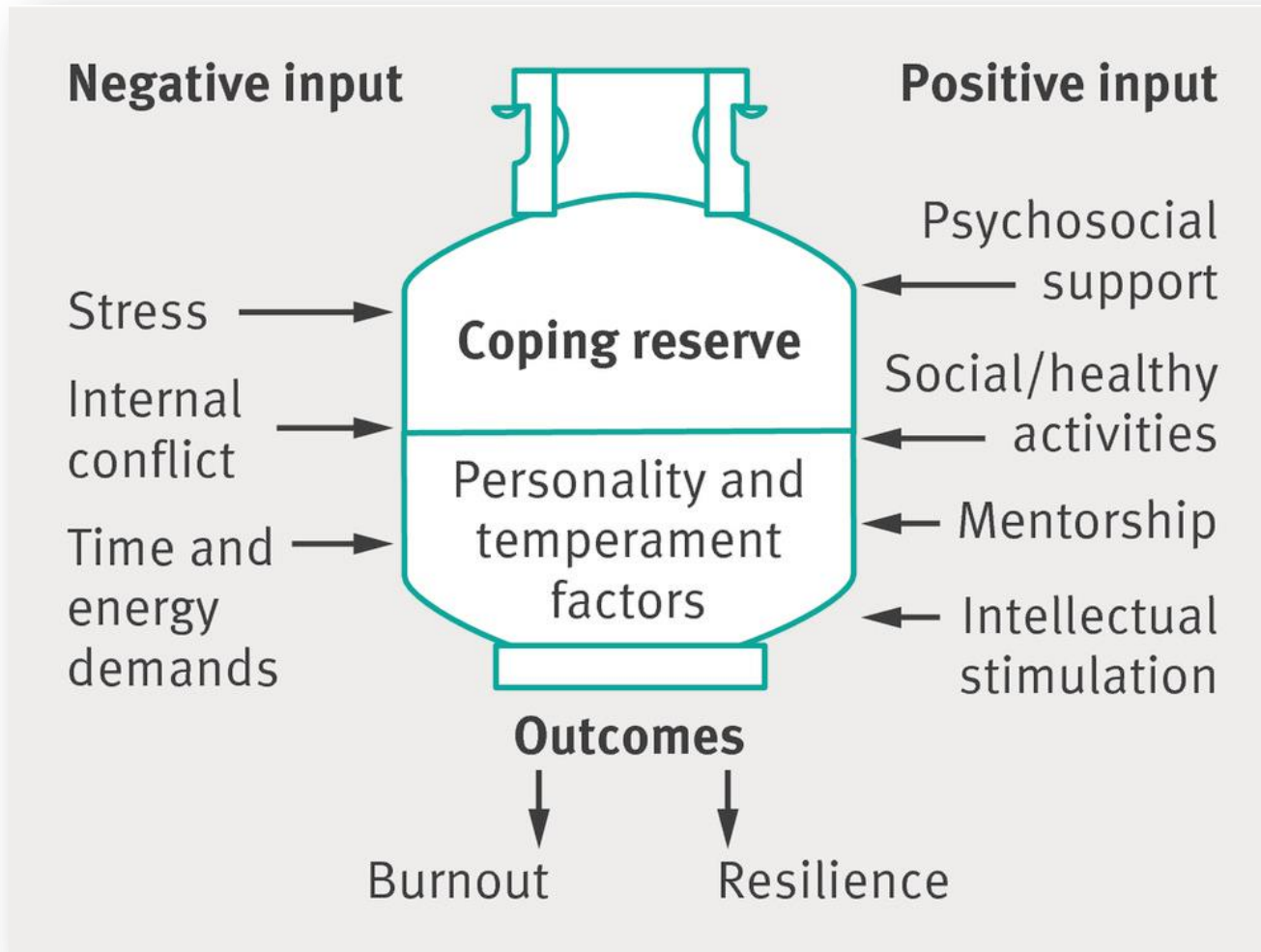
**Talk to HR & Deanery**

# 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



# 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

# Building resilience

(Uncertain benefits)

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

# Sources of support (1)

- GP
- Employer eg Occ Health
- IAPT (PWS in Cambridgeshire)... Not ideal for some
- Mental Health services / Substance misuse services

# Sources of support (2)

- 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 suit is featured within a speech bubble, with the text "Welcome to the East of England Professional Support Unit" overlaid. To the right of this image is a vertical navigation menu with the following items: "East of England Professional Support Unit", "About us", "Contact Us", "PSU Documents", "Support", and "Workshops hosted by HEEoE". Below the navigation menu is a "Content Creators Menu" with 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 is a grid of six content tiles, each with a small image and a caption: "Who are we?", "Support Available", "Frequently Asked Questions", "Workshops", "Referral Documents", and "Contact us".

Welcome to the East of England Professional Support Unit

East of England Professional Support Unit

About us

Contact Us

PSU Documents

Support

Workshops hosted by HEEoE

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](#)

Who are we?

Support Available

Frequently Asked Questions

Workshops

Referral Documents

Contact us

## Sources of support (2)

- Professional support unit
- NHS Practitioner Health Programme (mostly London, mental health / addictions)
- Trainee Doctors and Dentists Support Programme
- Evelyn Trust Mental Health Service (Cambridgeshire)
- 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

## 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

# GMC issues...

## Ill health

- 8.35** When identified, matters relating to ill-health or to substance misuse should be dealt with through employers' occupational health processes and outside disciplinary procedures where possible. When the doctor's fitness to practise is impaired by a health condition, the GMC must be told and the Postgraduate Dean should be informed in writing. The GMC should also be involved if the doctor fails to comply with any measures that have been put in place locally to address health issues.

2010, not more recently

# GMC issues...



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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.

Drug and Alcohol Abuse amongst Anaesthetists  
Guidance on Identification and Management

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## 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 ?





# How do we support trainee and colleagues?

# 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).*

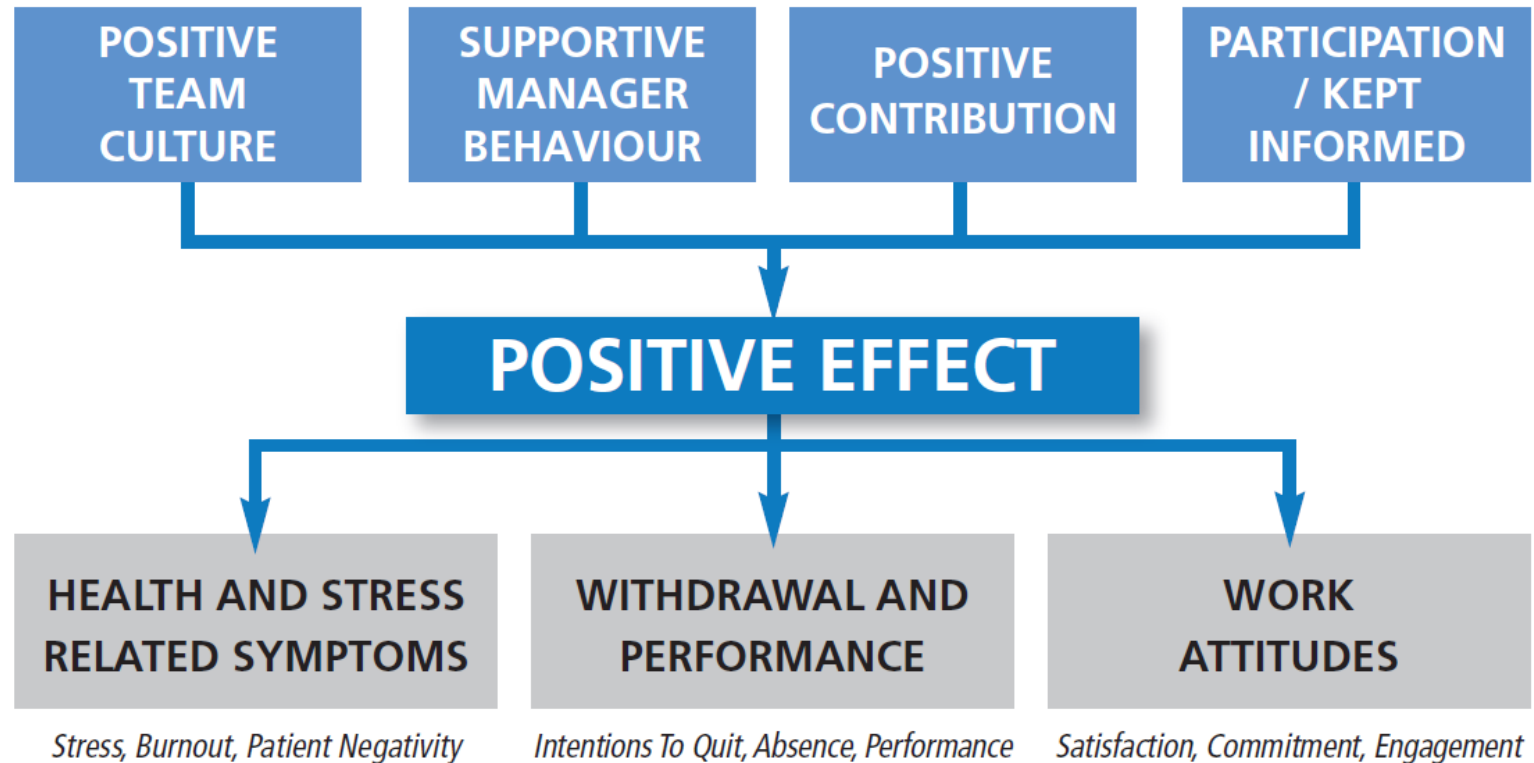
- They need support in understanding team dynamics/multi-disciplinary working.

# Preventing Stress for Junior Doctors

- Increasing supervision of a new doctor at the beginning of the posting (August/Feb!)
- 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

# 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)







*Health Education England*