

Mental ill health and burnout


Welcome to the RCGP's 5 minutes to change your practice screencast about mental ill health and burnout, written by Dr Dirk Pilat and narrated by Dr Jonathan Leach.

We are not great patients

Doctors aren't great patients. Plenty of evidence exists that when we look after our own health, we disregard the advice we would normally give to our patients. While we appear to have overall lower mortality rates compared to the general population, past data shows that deaths from specific causes such as suicide and external injury and poisoning are significantly higher. Various factors keep us from seeking help when we should: preferring to deal with problems ourselves, workload prohibiting us to see a GP, worries about letting the team down, shame, financial concerns around being off work due to illness, embarrassment and being reported to the General Medical Council are all issues that prevent us from seeking medical help when we should. The COVID-19 pandemic has put an additional spin on an already difficult topic: not only are we as frontline clinicians more likely to fall ill, but due to increased absence of clinicians because of SARS-COV-2 it feels even more important to show up at work. Unfortunately the pressures of working as a healthcare professional during the pandemic have made it more likely that we suffer an increasing degree of stress, anxiety, depression and insomnia and eventually develop burnout. Our worries around virus transmission, rapidity of spread and lack of definitive treatment protocols or vaccine seem to be the biggest causes of concern. Compared to the outbreak of SARS in 2003, widespread global connectivity, access to social media and extensive coverage in the press have only increased our concerns.

Mental health issues are common

A variety of studies and reviews shows that the rate of common mental health disorders of doctors in the UK is higher than the general population, even before the pandemic. About a third of doctors in general reported symptoms of indicative of psychiatric morbidity in one of the reviews, with trainees and younger doctors at greater risk of exhibiting symptoms. We nevertheless have to factor in the stigma associated with disclosing such problems and concerns about lack of confidentiality. We are often reluctant to identify ourselves as 'sick' or struggling, so underreporting of such



symptoms is very likely. A 2019 survey by the BMA reported that 80% of doctors were at high/very high risk of burnout, while 27% of respondents reported being diagnosed with a mental health condition at some point in their life. While burnout is thought to be distinct from depression, there is considerable overlap between the symptoms and one seems to predict the development of the other. A qualitative study of 47 general practitioners documented how many felt shame, humiliation and embarrassment at their perceived inability to cope with work or their symptoms of mental ill health. The researchers described it as a “dispiriting emotional landscape, with notable signs of poor mental health and striking levels of distress”. For those feeling they might be close to burnout, this traffic light model by Lee et al might work: First, stop and evaluate if you might be suffering from burnout. Reflect what kind of factors might contribute to you feeling the way you do: are they organisational, personal or relating to patient interactions. Then, if you can, initiate remedial action and most importantly ask for help, informal or if necessary, professional.

Help is close

The staggering epidemiological data of mental ill health in the work place and the pressures of the pandemic makes it likely that someone we work with is harbouring similar thoughts and feelings. If you are concerned about a colleague, a sympathetic, private word with the individual concerned is often a good start and might be enough for him or her to think about engaging with occupational health or their own GP. However, ask yourself: “Am I the best person to let them know we are worried? If not, who should I ask to make sure that it is not left unsaid, undone and regretted?”

Remember that your colleague will likely be going through a really tough time and that your support might make all the difference for them. Although these conversations can be difficult or stressful for both parties, if there are serious health concerns it is important for the doctor concerned that the issues are being picked up and addressed appropriately as soon as possible. If they need a health-related period away from work or to reduce their hours, make sure you show compassion and understanding: some doctors with ill health are being exposed to subtle and not so subtle forms of peripheralisation by some colleagues due to an ill-conceived notion of ‘letting the team down’. Fortunately, organisations such as the Doctor’s Support Network, the NHS’ Practitioner Health Programme and the BMA have created support services for doctors with health problems, and you will find a list of them at the end of this screencast. Most importantly, be kind to yourself and your colleagues: there is good evidence that by contributing to the lives of others, you are very likely to experience happiness, health, and live a bit longer.

