WPA POSITION STATEMENT: MENTAL HEALTH and WELL-BEING OF PSYCHIATRISTS

Mental illness is now the greatest health problem facing the world[1]. The number of patients presenting for help is increasing, and this trend is likely to continue for the foreseeable future. Whilst mental health problems are rightly managed by a range of professionals in many parts of the world, psychiatrists everywhere play an important role in making diagnoses, providing care and leading teams. There is little doubt that psychiatrists are going to be needed like never before. Of course we need well trained high quality psychiatrists but we also need healthy psychiatrists.

There is a growing recognition that healthy patients need healthy doctors. Epidemiological evidence suggests that in many settings, doctors suffer high levels of psychiatric illness[2, 3] as well as drug and alcohol problems, and greater mortality than non-psychiatrists[4]. In many countries tragedies have occurred with suicide of doctors. This has led to a widespread recognition across the world irrespective of the structure and specification of services[3]. Regulators in each country can also play an important role in helping support doctors with mental ill health. It is not surprising but regrettable that fear of regulatory action reduces the likelihood of help-seeking[5].

In the UK data from the Practitioner Health Programme[6-8] have shown that certain groups of doctors are more likely to need psychiatric help. Those operating at the 'front door' of medicine, such as GPs and those working in Accident and Emergency Departments appear at increasing risk. Anesthetists have high levels of psychiatric disorders and higher rates of suicide. And the final group with higher rates of mental illness is psychiatrists. It is likely that much of the variation in the prevalence of mental disorders between

psychiatry and other medical specialties will lie in healthcare settings in which psychiatrists operate, and the regulatory framework that governs them. But it also seems clear that there are factors that both make it more likely that psychiatrists will suffer poor mental health, and less likely that they will appropriately access effective care when they need it.

Psychiatrists are not immune to the wider issues facing doctors. Often these attitudes start in medical school itself where weakness of any kind is frowned upon and 'surviving' their training is the norm. Illness is seen as weakness to be attributed to and dealt with for the patients not for the healers[9]. Therefore, the power invested in medicine and doctors by wider society can make becoming a patient very difficult. Other attitudinal issues relate to a not uncommon belief doctors should at least be able to diagnose themselves even if regulations proscribe their self-treatment. However, individuals with common mental disorders or addiction problems may not see themselves as ill and refuse to seek help when needed.

A recognition that other factors are important does not relieve individuals from their responsibilities to themselves. Sensible advice about sleep, alcohol consumption and time away from work that psychiatrists deliver to patients every day should be also be followed by psychiatrists. There is no doubt that psychiatrists like all individuals should have their own primary care physicians which they feel confident in and willing to consult and follow their advice.

Psychiatrists need to appreciate that their own health is an important aspect of how they deliver high quality patient care. Putting the patient first does not equate to putting the doctor second. The best patient care is delivered by a healthy doctor working as part of a healthy team.

Most psychiatrists work as part of a team, often within a wider organisation, although in many countries, they may work in single handed private practice. Whilst there will always be cases where an individual psychiatrist struggles as a result of one especially challenging clinical scenario, evidence from the wider medical workforce suggests that it is how doctors are managed that makes them ill. Much is known about the extent to which the psychosocial work environment can impact on the mental health of workers[10, 11]. Employers and managers should be aware of these when designing services and employing psychiatrists. One pertinent model is Karasek's job strain model[12], where high job demands in the face of low job control or decision latitude, especially in the perceived absence of support, has been shown to increase the risk of psychiatric illness[13]. Increased patient demand at a time of great economic pressures has led to a perfect storm in some settings where psychiatrists have nominal responsibility for increasingly larger teams caring for sicker and sicker patients. Greater demands and much less decision latitude can contribute to stress and distress. The mental health of team members must be part of the design of mental health services. Failure here will simply create bigger more challenging problems further down the line.

Psychiatrists will become ill. Big questions then arise as to how we should respond.

WPA advocates that

1. A system charged with the care of the mental health of others must value and foster the mental health of those who work within it.
2. The increasing awareness of the associations between employment and workplace factors and mental health is to be welcomed. Psychiatry and psychiatrists must recognise the role of employment,

and minimise the obstacles to employment that psychiatric illness can present, for their patients, their colleagues and themselves.

3. We urge all employers to focus on the organisational and cultural barriers to help seeking and to acknowledging vulnerability. Employers must ensure that working conditions are supportive so that clinicians have the opportunities to look after themselves and their own mental health. Cultures of organisations should change to ensure that non-stigmatising, accessible, efficacious interventions are made available
4. We urge regulatory bodies to work with training bodies as well as clinical and academic organisations to ensure that psychiatrists have opportunities of looking after their own mental health in a sensible manner and that this forms part of core training in the specialty.
5. As the medical specialty dealing with mental health, we should expect more from our own organisations and systems. This is of course not an issue confined to the medical members of the multidisciplinary team, but is of relevance to mentally unwell nurses, psychologists, occupational therapists, social workers, therapists and all the rest of the professions.
6. If dedicated services do not exist, every national organisation should work with the regulators and other stakeholders such as employers to develop and deliver services for doctors with due confidentiality. The investment is repaid many fold if doctors are quickly able to recover and go back to work to care for their patients. And the more doctors there are in the workforce who have become ill yet recovered the kinder and more understanding our psychiatric workforce will become.

7. Access to occupational health should be a priority. If psychiatrists have taken time off, then they should be gradually reintegrated into their roles with appropriate support.

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