

PS03/18

Supporting the mental health and wellbeing of psychiatrists

July 2018

POSITION STATEMENT

Position Statement on supporting the mental health and wellbeing of psychiatrists

Purpose

This Position Statement:

- sets out the College's view on the issues that need to be considered and addressed to support the mental health and wellbeing of psychiatrists
- makes recommendations on how the mental health and wellbeing of psychiatrists can be supported by those organisations who have a responsibility in this area.

Issue

Overview of the subject

The focus on outcomes within the NHS calls for continual improvement in the quality of care delivered to patients. The essential link between delivery of optimal service outcomes and the good mental health of those providing care has not always been adequately recognised.

The working environments and professional roles in the NHS can be significantly challenging and stressful for staff. As a result, healthcare staff can become vulnerable to illness and injury. There has been a significant increase in work-related physical and mental ill-health in doctors whereas other healthcare occupations have demonstrated a decreasing or static trend (Zhou, 2017). Work-related factors that can contribute to mental illness in NHS staff include:

- dissatisfaction with the achievable quality of patient care
- poor quality and/or risky working environments
- lack of support e.g. from managers, or socially within the workplace

- employers' failure to address workplace stressors e.g. time pressures, excessive workload and bullying and harassment
- stigmatisation of psychiatry and psychiatrists within the medical profession contribute to feelings of not being valued. Feeling valued is an important component of resilience at work.

Impact on patient care

The occurrence of poor mental health in psychiatrists, as in other doctors, potentially raises many issues for patient care at both individual and service levels. This was reflected in a qualitative analysis from the GP Health Service (Brooks et al, 2017), which observed an adverse impact on quality of patient care and service delivery through sickness absence and turnover. In psychiatry specifically, NHS England confirmed staff shortages have contributed to deaths on in-patient wards, based on the 2015 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. They have also been blamed for the rise in detentions and the increased use of restraint (*Five Year Forward View for Mental Health*. NHSE, 2016(a) page 44).

High quality in-patient settings are dependent on the competence of the staff to create a safe ward climate. The presence of the consultant psychiatrist and his or her ability to promote good staff relationships and safe practice plays a vital role in co-creating a therapeutic environment for patients.

Psychiatrists are key members of the multidisciplinary teams that are the core of mental health services, offering other professionals supervision and the safety net of medical responsibility. The management of complex and high-risk cases, and of those involving application of the Mental Health Act, relies on the mental competence of the treating consultant psychiatrist. The adverse impact on the individual patient in these types of cases when their psychiatrist suffers from poor mental health is considerable, although difficult to study or quantify. Examples include:

- 1 The professional relationship that exists between a psychiatrist and a patient can be of paramount importance in successfully establishing a line of treatment and promoting adherence to it. The trust involved in this can be impaired or lost when the treating doctor suffers with poor mental health that affects his or her ability to maintain professional standards or provide appropriate care.
- 2 The detrimental impact of mental illness in the doctor can result in particularly vulnerable people being exposed to incompetent, inappropriate or unprofessional behaviour that they may not have personal resources to cope with and that could be damaging to their mental health.

Sickness absence caused by mental health problems often lasts for long periods. Patients may experience:

- difficult feelings of loss, abandonment or anger
- longer waiting times for out-patient assessment
- long gaps between appointments
- disrupted care from a succession of locums

Recruitment and retention issues

Recruitment and retention are key factors in the successful delivery of the 2016 *Five Year Forward View for Mental Health*. As it becomes increasingly difficult not only to recruit, but also to retain, psychiatrists, the costs of work-related mental illness diminish the capacity of local health services to meet the ever-increasing national demand for mental healthcare. Unless retention is addressed with the same robustness as recruitment, a real risk exists of undermining much of the excellent work that is being done to promote psychiatry as a career.

Whilst the College very much welcomes initiatives such as NHS Improvement's programme of support for 20 mental health trusts with above average leaving rates (*Securing a sustainable workforce for the future*. NHSI, 2017), the specific contribution of poor mental health in psychiatrists to retention issues needs recognition and assessment.

In psychiatry, as with other medical specialties, notably general practice, the impact of mental illness affects retention in a number of ways, including:

- reduced numbers of functioning doctors through sickness absence
- increased pressure on remaining staff who are required to take on extra workloads to cover for absent colleagues or empty posts
- increased use of locums
- doctors leaving the profession early directly because of illness or stress or through bringing forward their retirement
- loss of psychiatrists who might choose to return to the profession after retirement.

Caring for the mental health of doctors is necessary across their whole career span. The College recognises that this starts with supporting the resilience and mental health of undergraduate medical students and continues into postgraduate training, onwards to Specialty and

Associate Specialty (SAS) appointments or consultant practice and through towards retirement.

Periods of transition to new roles associated with changing responsibilities can be a critical time for the mental health and wellbeing of doctors. The College has identified that psychiatrists may need increased support during transitions and is addressing this for its members through initiatives such as StartWell, mentoring and supervision schemes and trainings, and the work of the Psychiatric Trainees' Committee. Consideration is needed of a proactive plan to embrace the challenges of changing demographics in order to retain the experience and expertise of older psychiatrists who may require modified roles and job plans.

Background and key evidence

The vast majority of mental ill health in people at work is in the category of common mental health disorders: anxiety, depression, post-traumatic stress and substance misuse disorders. These diagnostic categories are reliably measurable in terms of incidence and prevalence and point to available psychiatric treatments. However, recent concerns with the mental wellbeing of doctors are mostly based on studies (e.g. Imo, 2017) that tend to rely on stress and burnout models that are imprecise and yield wide spans of so-called prevalence. Moreover, these constructs are associated with a large body of psychological research that does not necessarily withstand critical appraisal. The relatively poor quality of the evidence base pertinent to the topic of the mental health of UK healthcare staff was discussed in the Chief Medical Officer's Report for 2013 and remains a matter for concern (Bianchi et al, 2017).

The mental health and wellbeing of psychiatrists in the UK has been the subject of very little specific research in the past decade with limited information, data, and academic studies on this topic. The current picture of the mental health of psychiatrists relies heavily on literature reviews that include research published prior to 2000 or use international studies that do not reflect UK work and cultural situations. Imprecise conclusions such as "psychiatry is a stressful profession" (Fothergill et al, 2004) cannot inform policy.

One particular area of concern is the lack of information about suicide rates among psychiatrists, with no current statistics available. A study by the UK's leading expert on suicide found that doctor suicides were most often associated with psychiatric disorder: depressive illness and alcoholism were the most common diagnoses (Hawton et al, 2004). Two-thirds had significant problems related to work. Multiple and interrelated problems were often present. The study called for better management of psychiatric disorder in doctors and alleviation of work-related stressors. A systematic review of suicide by occupation

called for further research and investment into workplace suicide prevention efforts (Milner et al, 2013).

Since the seminal and enduringly relevant *NHS Health and Well-being Review*, known as the Boorman Report (DoH, 2009), the importance of tackling the burden of sickness absence and presentism within the health services has begun to inform national policy. A 2015 paper drew attention to the “inextricable link between levels of engagement and wellbeing among NHS staff and the quality of care that those staff are able to provide” and identified ten priority areas for action (Royal College of Physicians, 2015). Public Health England has committed to action to promote the mental health of the workforce (PHE, 2015, page 32). *Better Mental Health for All* called for national action to promote mental wellbeing and included a section on health advice for individual practitioners (Faculty of Public Health, 2016). The recent Farmer-Stevenson Report advocates the development of core mental health standards for employers, identifying additional enhanced standards for those in the public sector (DWP, 2017).

The College supports Health Education England’s implementation plan *Stepping Forward to 2020/21: the Mental Health Workforce Plan for England*, which acknowledges the importance of supporting staff’s own mental health by creating healthy workplaces. Included are detailed options for improving the working lives of psychiatrists as part of retention initiatives in line with NHS Improvement’s national programme of mental health retention. The role of the College in relation to the plan has been delineated in a briefing document (Royal College of Psychiatrists, 2017a).

Interventions

In order to translate policy into action and close the implementation gap, change management at local level requires the dissemination of evidence-based interventions effective at individual and, importantly, systemic levels. Clearer evidence is needed of the efficacy and cost-effectiveness of specific interventions aimed at individuals e.g. resilience training and of how to deliver them to optimise results within the healthcare setting, according to an expert review (West et al, 2016).

A recently published systematic review (Brand et al, 2017), commissioned by the Department of Health, reviewed a large number of international healthy workplace interventions and recommended the following whole-system changes to improve health and wellbeing in healthcare staff:

- identification and response to local need
- engagement of staff at all levels
- the involvement, visible leadership from, and up-skilling of, management and board-level staff.

Effective implementation of wellness initiatives requires a motivated change in organisational culture in relation to staff mental health, embracing psycho-education and behavioural interventions, and offering needs-based facilities, services and strategies to create supportive and health-promoting working environments (Blake & Lloyd, 2008). Additionally, the organisational health of individual trusts needs assessment, in terms of the impact of trust culture and climate on staff wellbeing.

Support for psychiatrists with poor mental health

The Psychiatrists' Support Service (PSS) at the College has been in place since 2007, providing a telephone helpline for those in need, with the aim of one to one support from a psychiatrist advisor who, if necessary, will signpost the caller to appropriate avenues of treatment. The PSS has accumulated anonymous qualitative data and has been able to identify a number of problems regularly encountered by psychiatrists who need psychiatric treatment themselves, such as difficulties in accessing inpatient services determined by local protocols, the impact of difficult issues within the workplace e.g. bullying, or problems in relation to confidentiality.

Good practice in relation to staff mental health

There are indications of positive changes taking place, such as the NHS England *Healthy workforce programme* currently under way (NHSE, 2017), and the effective work being carried out in high functioning trusts (e.g. Blake et al, 2013). NHS England has provided financial incentives for trusts to introduce health and wellbeing schemes for staff, including mental health (NHSE, 2016b).

The potential exists for doctors to flourish at work; positive goals and outcomes bring out personal attributes and motivation more effectively than an emphasis on avoidance of burnout or mental health problems. The review *Supported and Valued?* (Royal College of Psychiatrists, 2017b) highlighted the value placed by psychiatric trainees on good relationships, autonomy, flexibility, personal development opportunities and reflective time; these factors are applicable at all grades.

Staff engagement with activities that promote positive mental health is crucial for the future wellbeing of both psychiatrists and those under their care. Professional responsibility now requires engagement at a personal level as well as support of staff mental health promotion at the organisational level. The Quality Improvement model is an excellent vehicle for empowering staff to drive positive changes locally. Inspirational examples of good practice and innovation in staff wellbeing should be more widely shared nationally and discussed locally.

The College position

The College's view is that:

- 1 The scale and impact of mental ill health amongst UK psychiatrists have not been researched and are not currently definable. Information can to some extent be extrapolated from worldwide academic research, but this has limited value because of different cultural and working practices.
- 2 Mental ill health amongst psychiatrists is part of a wider public health issue requiring recognition and action at national and local levels with regard to
 - epidemiology
 - workplace mental health promotion
 - the effective management of work-related mental illness in doctors
- 3 A mental health perspective is required when considering wellbeing, in preference to the use of imprecise psychological constructs such as stress or burnout. A mental health perspective refers to diagnosable, treatable and measurable categories of common mental disorder such as depression, anxiety disorders, substance misuse and post-traumatic stress disorders. This perspective should inform much needed data gathering and research.
- 4 Stigmatisation of mental illness and of psychiatry and psychiatrists persists within the medical profession, with detrimental effects on doctors who have mental health issues. The stigmatising culture must be robustly challenged at all levels from medical school upwards.
- 5 Currently, insufficient priority is being given to improving the health and wellbeing of psychiatrists within the duty of care that all employers have for their staff; local action needs to be taken to ensure the issue is robustly addressed in line with the recommendations of the 2017 Farmer-Stevenson Report.
- 6 Many of the potential service gains envisaged in the *Five Year Forward View for Mental Health* will not be secured without making significant progress locally in addressing the mental health and wellbeing of psychiatrists throughout their careers in practical and measurable ways.

Recommendations for action

- 1 NHSE should prioritise the commissioning of comprehensive mental health research so as to understand the current scale and impact of the issue within the NHS as a whole and more specifically within the different professional groups. Such research should include detailed coverage of suicide in doctors and other healthcare professionals.
- 2 The NHS should increase the use of incentives and sanctions as levers specifically to encourage employers to prioritise the support of staff mental health and wellbeing through engagement with local initiatives and organisational improvements.
- 3 The Royal College of Psychiatrists will continue to work with medical schools and other Colleges and faculties to reduce stigmatisation of mental illness, psychiatry and psychiatrists within the medical profession.
- 4 The Academy of Medical Royal Colleges should explore the potential to develop a collaborative approach across the whole medical profession so as to support the mental health needs of doctors more widely through, for example, uniform data gathering to inform discussions with key bodies such as NHS England, NHS Improvement, Health Education England and the General Medical Council.

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