



Developing an action plan to support the mental health of doctors and medical students

Summary and outcomes statement

Australian Medical Association/*beyondblue*

Roundtable: The Mental Health of Doctors and Medical Students

Melbourne, 6 June 2014

Summary

The Mental Health of Doctors and Medical Students Roundtable (the Roundtable) was held in Melbourne on 6 June 2014 and was facilitated by Dr Michael Bonning, Fleet Medical Officer for the Royal Australian Navy. The Roundtable was a joint initiative of the Australian Medical Association and *beyondblue* and was informed by an Advisory Group, which met on three occasions from March to May 2014 to provide guidance on staging the Roundtable.

The Roundtable was convened in response to the findings of the *beyondblue* National Mental Health Survey of Doctors and Medical Students in October 2013 which highlighted significant issues related to the mental health of medical professionals. The survey highlighted the need to develop a sector-wide response to these issues in order to effect systemic change and improve the mental health of all medical practitioners.

Representatives from medical colleges, specialists, doctors in training, medical schools and students, together with professional groups, health care facility and medical administrators, regulatory and accreditation bodies, and insurers attended the Roundtable with the aim of identifying practical strategies to address priority areas for action arising from the survey outcomes.

The Roundtable acknowledged that the task of improving and protecting the mental health of doctors and medical students takes place within a complex environment. Many of the issues brought to light by the *beyondblue* National Mental Health Survey of Doctors and Medical Students stem from organisational and institutional pressures.

Legislation and regulation provide a necessary framework for the medical sector to support practitioners and their employers, but can also act as barriers to help-seeking and reinforce stigmatising attitudes. It is essential to recognise the initiatives, services and programs already available to support doctors and medical students, and to consider how those resources might yield further benefits more broadly across the profession.

The Actions arising from the Roundtable reflect the dynamic and variable environment that impacts on the mental health and wellbeing of doctors and medical students. They support a holistic and overarching approach to improving doctors and medical students' mental health and wellbeing, and acknowledge that the culture of medical practice must also support the health and wellbeing of the medical workforce.

The major focus of the Action Plan is on increasing personal awareness, knowledge and skills regarding mental health issues for self and others, creating a mentally healthy workplaces and regulatory and cultural environments that support mental health and wellbeing. An additional guiding principle is the need to continue to monitor, evaluate and research mental health services, promotion and policies for doctors and medical students.

The strategies identified emphasise the need to empower the profession to look after themselves and their colleagues, improve resilience and coping mechanisms, and

normalise our response to mental health conditions in much the same way as we would treat a broken bone or chronic condition. Maintaining professional standards and expectations was also seen as critical as was the need to manage expectations throughout medical careers.

The Roundtable also recommended a range of workplace strategies to improve the mental health and wellbeing of doctors and medical students including building a team and workplace culture that makes people want to come to work, creating a culture of mindfulness and accountability for the wellbeing of others, providing a range of accessible touch points for debriefing and support, and promoting access to prevention and early intervention services. Having well-defined systems in place to support doctors to return to work after a mental illness was also considered vital.

Developing a nationally consistent and comprehensive suite of services for doctors and medical students via Doctors Health Advisory Services was seen as one of the most practical strategies to improve access to resources that will support the mental health and wellbeing of the profession. This should be accompanied by strategies to debunk the myths surrounding mental illness and requirements for mandatory reporting, which are a significant deterrent to medical practitioners seeking assistance with their own mental health. Developing better communication systems to reduce fragmentation and strengthen information sharing was also considered as central to improving access to services.

The broad ideas discussed at the Roundtable have resulted in a number of priority projects being identified for initial action. These will form the basis of a Mental Health Action Plan for doctors and medical students. It is now up to key groups within the medical profession to commit to taking a lead role in advancing each of these. Continued leadership, advocacy and support from within the profession is essential to develop policies and initiatives and a professional culture that empowers better mental health and wellbeing for doctors and medical students at an individual, organisational and institutional level.

Actions

Increase personal awareness, knowledge and skills regarding mental health issues for self and others

Enablers

1. Education regarding effective personal wellbeing practices and coping strategies
 2. Awareness of (atypical) signs of doctors' mental illness
 3. Appropriate care practices for health of self and colleagues
 4. Prioritisation of and self-responsibility for own health
- That a campaign be run to raise awareness of and de-stigmatise mental health issues, and to empower professionals to take a more active role in looking after their own mental health. This could include an 'RUOK Day' or similar, supported by a range of organisations including the AMA, ADHN, AMSA, beyondblue, medical insurers, etc.
 - That best practice in promoting good health and wellbeing be acknowledged and rewarded through the development of an Awards program.
 - That a toolkit for self-care be developed that leverages existing resources and is relevant to doctors across the career continuum. This should include advice about promoting good health, mental health and wellbeing, a realistic appraisal of the level of stress associated with the practice of medicine, education and training, the importance of having your own general practitioner, recognising the signs of mental illness and what to do about them, and how to develop resilience and coping strategies.
 - That a toolkit to support caring for colleagues be developed that leverages existing resources and is applicable to doctors across the career continuum. This should include awareness of the signs and symptoms of mental illness and advice about what to do if you recognise mental illness in a colleague or family member.
 - That a training program based on simulation and role playing be developed that raises the skill levels of doctors to identify and support colleagues who may be at risk. Such a program should leverage existing resources and be applicable to doctors across the career continuum.
 - That a supplementary training program to improve resilience and coping strategies be developed. Such a program should leverage existing resources (e.g. AMSA, GPRA), be applicable to doctors across the career continuum, and be taught at all levels of training including through universities and the colleges. Particular emphasis should be placed on improving the skill set in

medical students and junior doctors and consideration given to strategies employed by other professional groups.

Create a mentally healthy workplace

Enablers

1. Building positive work environments
 2. Access to support systems in the workplace
 3. Access to support to stay at, or return to, work
- That positive mental health behaviours and respect for self and others are modelled at all levels in the workplace and are considered highly desirable professional attributes in recruitment of supervisors and medical leaders.
 - That health services adopt a 'mental health in all policies' approach. This means that the impact of workplace policies on the mental health and wellbeing of doctors and medical students and other health professionals are considered and taken account of before being implemented.
 - Strengthen policies and practices to stamp out bullying and discrimination. This includes a commitment at senior levels to tackling problem behavior, and specific training for all staff including how to deal with situations of discrimination.
 - That prevention and early intervention services are publicised and easily accessible to doctors and medical students. These services should provide confidentiality and privacy at all times. The entry and exit points of these services should be made clear. Services could range from the provision of health promoting events or seminars to access to a general practitioner and/or professional counselling and/or Doctors Health Advisory Services.
 - That formalised support systems are put in place for all doctors, and for medical students and junior doctors in particular. This may include regular education, review and/or debriefing sessions, a buddy or mentor system, peer support groups, or a combination of models.
 - That consideration be given to establishing handover arrangements between medical schools and hospitals for interns known to have or have experienced high levels of stress and/or a mental health condition so that appropriate support mechanisms can be put in place.
 - That the idea of workplace 'wellbeing champions' be explored. Under this model, 2-3 people (depending on size of workplace) would undertake this role; this would mean shared responsibility, availability of support even if one champion is unavailable, and greater capacity to advocate and reap the benefits of a formal relationship with the workplace system and external doctors' health programs.

- Provide specific training and education workshops for supervisors and mentors on their roles and responsibilities, including modelling of positive mental health behaviours.
- That a nationally consistent, clear and supportive framework is in place to provide for doctors and medical students to return to training/work following a mental health episode or illness.

Create regulatory and cultural environments that support mental health and wellbeing

Enablers

1. Mechanisms to address the source and effects of stigma towards mental health conditions
 2. Enablers and barriers to care for doctors with mental health conditions
 3. Access to mental health services and programs (independent of workplace)
 4. Supportive regulatory frameworks
 5. Other impacts of the professional culture of medicine
- That a campaign be developed that seeks to normalise and promote acceptance of mental health conditions within the medical profession. Strategies could include using the 'lived experience' of doctors who have both had a mental illness and recovered from it and/or continue to live with it e.g. *beyondblue* has recently developed a lived experience series which includes videos of two female doctors speaking about their experience of a mental health condition with reference to their profession.
 - That professional standards encourage and support a mindful and compassionate approach to self and colleagues and emphasise the importance of good leadership, communication and supervision and looking after one's own health.
 - That accreditation standards for medical education and training promote the mental health and wellbeing of medical students, junior doctors and trainees and require programs to offer this as a component of training.
 - That career guidance and planning is available to doctors across the medical training continuum. This is important to manage career expectations in the wake of both specialty and geographic maldistribution, and should include information on training requirements, expected lifestyle, employment prospects, etc. Consideration could be given to identifying personality traits consistent with particular specialty choices.
 - That the Australasian Doctors Health Network take a lead role in promoting and looking after doctors' overall health and wellbeing. This will be enabled by the Medical Board of Australia's decision to fund doctors' health programs to deliver a nationally consistent suite of services to medical practitioners and

students in all states and territories. Core services to be provided include advice and referral, education and awareness, administration and general advocacy.

- That doctors and medical students have access to well-coordinated physical and mental health and wellbeing resources, programs and services via a single online portal. Improving communication systems to reduce fragmentation and strengthen information sharing is considered essential to improving and ensuring consistency and equality of access to services.
- That misinformation and lack of clarity about mandatory reporting requirements be addressed as a matter of urgency as these are currently a significant deterrent to practitioners seeking assistance with their own mental health.
- That relevant stakeholders make a submission to the Review of the National Registration and Accreditation Scheme for the health professions with regard to the impact of mandatory reporting, noting that the project team is currently preparing a consultation paper, which is expected to be released publicly in August 2014.