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14

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CHAPTER

198

Mental Health of Doctors: Issues and Solutions

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ABSTRACT

Mental health encompasses psychological, emotional, and social well-being, influencing cognition, perception, and behavior. State of mental health is determined by several social, individual, structural, genetic, psychological, and biological factors including the risk factors which can manifest at all stages of life. The medical profession is considered to be one of the most demanding and stressful professions and the global data suggests high prevalence rates of mental health problems among healthcare professionals (HCPs) of all the ages, genders, specialties, and institutions as compared to other professional groups and general population. Risk factors predisposing to mental health issue are occupational and individual risk factors associated with the nature of the job, clinical, structural and individual characteristics. Management strategies include detailed assessment, risk factor management, early initiation of preventive strategies, self-management measures, and specific psychiatric management of mental disorders.

Keywords: Mental health, doctors, healthcare professionals, mental health issues.

"Being a doctor does not exclude you from being a human being."
—Eleanor James, a consultant oncologist

INTRODUCTION

Mental health encompasses psychological, emotional, and social well-being, influencing cognition, perception, and behavior. Mental health determines how one handles stress, interpersonal relationships, and makes healthy choices or decision-making.[1] Mental health also includes perceived self-efficacy, subjective well-being, competence, autonomy, intergenerational dependence, and self-actualization of one's emotional and intellectual potential among others.[2] Mental health from the perspectives of holism or positive psychology may include one's ability to create a balance between efforts to achieve psychological resilience and life activities and to enjoy life. But how one defines "mental health" is influenced by cultural differences, conflicting or competing professional ideas, or theories and subjective assessments.[3] Mental health is a state of mental well-being, an integral component of health, and is a basic human right. Mental health is crucial to community, personal, and socioeconomic development. It is more than just absence of mental disorders, existing in complex continuum, experienced differently from person to person, with varying degrees of distress and difficulty with a potential for very different clinical and social outcomes.[1]

DETERMINANTS OF MENTAL HEALTH

During one's lifetime several social, individual, and structural determinants may combine to influence one's mental health with variable mental state on the mental health continuum. Individual genetics, psychological, and biological factors can make people more vulnerable to mental health problems including the risk factors such as exposure to unfavorable economic, social, environmental, and geopolitical circumstances. Similarly, the protective factors such as one's family support, social and emotional skills, positive social interactions, decent work, quality education, community cohesion, and safe neighborhoods may be present throughout one's life and serve to strengthen

resilience. Mental health's protective as well as risk factors are present at different scales in an individual or society and each single protective as well as risk factor has limited predictive strength as one may or may not develop a mental health condition in spite of exposure to a risk factor and vice versa.[1]

MENTAL HEALTH DISORDERS

Mental health disorders are health-related conditions affecting or altering emotional responses, cognitive functioning, and behavior associated with impaired functioning and/or distress.[4] Conceptualized in the 19th century, the latest International Classification of Diseases (ICD)-11 has been the global standard for diagnosis, treatment, research, and reporting of various diseases including mental disorders.[5] The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association (APA) is also widely used as the authority for classification and diagnoses of mental disorders.[6]

India's National Institute of Mental Health and Neurosciences (NIMHANS) recent survey documented that over 10% of Indian population is suffering from diagnosable mental health or substance use disorders and about 150 million people are in need of mental healthcare services, but <30 million are seeking care. The prevalence of mental disorders in India accounts for about 15% of the global mental health burden.[7] Since medical practice has peculiar challenges as compared to any other professions, so it is associated with a high degree of mental health issues and occupational burnout which is defined as a pathological syndrome due to occupational stress incorporating three characteristic sequentially occurring dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment among professionals. Burnout is neither depression nor anxiety and affects women healthcare professionals (HCPs) more than a male HCPs.[8,9]

MENTAL HEALTH OF DOCTORS

The medical profession is considered to be one of the most demanding and stressful professions and stress starts form medical college entrance exams and continues throughout professional life. The association of mental disorders and stress is well known so medical students and HCPs have higher incidence of mental disorders. Presently, the data on the psychological or mental health problems among HCPs is limited and the worldwide data suggests high prevalence rates of mental health problems among HCPs in all age groups, genders, and specialties than other professional groups as well as the general population.[9,10] About three times more prevalence of mental health problems were reported among HCPs as compared to general population in New Zealand.[11] Studies reported existence of stress in three-fourth of the subjects and about 91.1% prevalence of stress among interns. Studies have reported 51.3% depression, 66.9% anxiety, and 53% stress among undergraduate medical students.[8] Data from UK suggested that 10–20% of doctors at some point in their career become depressed and have a higher risk of suicide as compared to general population.[12] A survey among UK-based Doctors Support Network members showed 68% had depression and others reported of anxiety, bipolar disorder, eating disorders, and addictions.[13]

Depression

Studies from different countries evaluating depression among doctors have documented 8.2–27% prevalence of depression.[14,15] A meta-analysis of studies including medical students documented 27.2% prevalence of depression and 13.5% increase in depressive symptoms when assessed before joining the medical college and during the medical course.[16] A meta-analysis of studies on resident doctors showed 28.8% estimated pooled prevalence of depressive symptoms or depression and also showed 15.8% increase in depressive symptoms after starting the residency.[17] Meta-analysis from Australia showed 27% prevalence of depression among medical students, 29% in registrars, and 60% in practicing doctors.[18] A large survey documented 73.7% prevalence of depression including 71.7% among nonmedicos and 74.7% among medicos, and the survey observed that most subjects had minimal depression among the study population including medicos and nonmedicos.[19] A meta-analysis of 28 research articles from India on medical students estimates a 40% pooled prevalence of depression with girls at higher risk than boys.[20] A study from North India found that 30.1% resident doctors had depression, 16.7% had suicidal ideations, and up to 90% reported some burnout.[8]

Burnout

A study from Canada reported that 80% of physicians were suffering from burnout.[21] Data suggest that depending on the specialty among residents, the prevalence of burnout varies between 50 and 76%.[22,23] Indian Medical Association (IMA) reported 82.7% doctors felt stressed-out in their profession.[24] A study conducted to explore violence against doctors and its effect on psychosocial health documented that 52.2% doctors who faced work place violence (WPV) reported feeling of shame and loss of self-esteem, 51.2% reported stress/anxiety/depression/ideas of persecution, and 41.7% felt a sense of defeat.[25] A number of studies showed 16–80% prevalence of burnout in medical students, 27.13–90% in residents, registrars, and physicians.[26] A meta-analysis of 15 studies from India estimated 24% prevalence of emotional exhaustion, 27% depersonalization, and 23% for burnout related to personal accomplishment among HCPs.[27] Among medical students and residents the incidence of burnout has been shown to be between 40 and 76%.[28] A meta-analysis of 24 studies showed 44.2% prevalence of burnout including 40.8% prevalence of emotional exhaustion, 35.1% depersonalization, and 27.4%

prevalence of personal accomplishment.[29] A systematic review of 182 studies published between 1991 and 2018 including 109,628 subjects in 45 countries reported 0–80.5% prevalence of burnout, 0–86.2% prevalence of emotional exhaustion, 0–89.9% depersonalization, and 0–87.1% for low personal accomplishment.[30]

Alcohol and Substance Abuse

Studies from USA reported high rate of suicide, prescription drug use, especially opiates and benzodiazepines among doctors.[31,32] Global data shows 10–15% prevalence of substance use among physicians that is almost similar to the general population.[26] A meta-analysis from India showed 40.3% prevalence of substance abuse in medical students.[33] A study showed 72.4% HCPs making weekly use of alcohol and an abusive pattern was observed in 30% HCPs. Another study documented 7.3% were hazardous drinkers and 23% were moderate drinkers. Substance abuses of self-prescription drugs such as lorazepam and alprazolam is common. Presently, medical students may indulge in cannabis more often than alcohol, which is agonizing.[9]

Suicidal Ideation and Suicide

Data shows 1.8–53.6% risk of suicidal ideation among medical students.[34] There is severe paucity of data on suicide among HCPs in India. A study from India documented 30 suicides by doctors in between March 2016 and March 2019 including 18 females, 12 males, 80% were <40 years of age.[34] Data from UK between 2011 and 2015 documented suicide by 430 doctors, and from China between 2008 and 2016, 51 doctors committed suicide.[35,36] A systematic review and meta-analysis documented 11.1% prevalence of suicidal ideation among medical students[16] and 17% among physicians.[37] A study from India estimated the prevalence of suicidal ideations among medical students to be 53.6%.[38] A study among resident doctors and faculty members showed 16.7% prevalence of suicidal ideations.[39] An Australian survey reported significantly higher prevalence of suicidal ideation in doctors (24.8%) than the general population (13.3%) and other professionals (12.8%).[9] A study estimated the suicide rate for doctors varied between two and five times the general population rate.[40] A systematic review including 183 studies from 43 nations documented 27.2% crude prevalence of depression in medical students and prevalence of suicidal ideation was 11.1%.[16]

Anxiety

About 9% of doctors in the National Mental Health Survey from Australia reported anxiety disorder as compared to 5.9% Australian population.[41] A large survey including 4,333 subjects documented 80.5% prevalence of anxiety including 81.9% among nonmedicos and 79.3% among medicos, and survey observed that most subjects had mild anxiety.[19]

RISK FACTORS FOR MENTAL HEALTH DISORDERS[9,10]

Risk factors can be discussed under two categories:

1. *Occupational risk factors*: These are associated with the nature of the job, clinical, or structural.
2. *Individual risk factors*: These are related to individual characteristics and personality traits.

Occupational Risk Factors (Clinical)

Medical Specialty

Every medical specialty has a unique stress levels, some having long working hours, unpredictable night duties, and stress of emergencies especially agitated caregivers and breaking bad news. Data suggests that burnout is more prevalent among department of emergency medicine, trauma, and surgical specialities, frequent traveling, and neglecting sleep lead to early exhaustion, monotony, and decreased recreational activities.

Psychosocial Work Environment

This is an important risk factor for developing a psychological or mental health disorder because of long working hours, increased workload, unpredictable shifts, lack of team work, relationships issues, and conflicts with junior or seniors colleagues and workplace bullying.

Stress of Breaking Bad News

Many stressors are unique to HCPs like breaking bad news, anxiety, suffering of patients, and death, so the HCPs are faced to patient's emotional reaction, caregiver's stress and anxiety, listen to their emotional let-out and distress, and to comfort and soothe them.

High Expectations from HCPs

Emotional demands and high expectations of favorable clinical results from HCPs put unrealistically high pressure and sometimes lead to both verbal and physical aggression from patients in event of death and disease.

Easy Access to Prescription Drugs

Abuse of prescription drugs is common among HCPs because of easy access, availability, and knowledge about drugs.

Occupational Risk Factors (Structural)

Work Place Violence

Work place violence is an important risk factor for mental health disorders among HCPs. Doctors facing WPV reported feeling of shame, loss of self-esteem and stress, and depression, anxiety, and ideas of persecution adversely affecting their professional capabilities.[25]

Administrative Environment

Manpower deficiencies, budgetary constraints, heavy workload, inconvenient and unpredictable working hours, long shifts, lack of cohesive team work, lack of social support, problematic relationships, and conflicts with colleagues are important risk factors. Other risk factors may be poor work environment or organization, comprehensive electronic documentation, poor financial remuneration, risk of malpractice suits, limited interpersonal collaboration, and limited opportunities for career advancement.[39]

Individual Risk Factors

Age: Evidence suggests high prevalence of mental health issues among young doctors and interns.

Gender: Most of the studies report significant prevalence of depression, anxiety, and burnout among female doctors than men, but men are more into substance use and prescription drug abuse as compared to female doctors.

Personality traits: Some personality traits such as being a perfectionist, increasingly self-critical, nature to please everyone, extreme sense of responsibility, self-guilt, self-doubt, and obsessive–compulsive traits are risk factors and in combination, individual personality traits, can create mental health disorders.[9]

BARRIERS TO SEEKING MENTAL HEALTHCARE BY HCPS[10,26]

Healthcare professionals work culture expects them to project themselves as good doctors, not to complain or express pain, not to shirk work, and not to disclose any signs or symptoms of mental disorders and if at all some HCP express stress perception or mental problems are considered to be weak-minded, unfit for the job, so much so that the work environment compels them to pretend to be infallible, supernaturally, and omnipotent.[42] That is why HCPs generally avoid seeking treatment. Barriers can be broadly classified as individual-level barriers and system-level barriers.

Individual-level Barriers

Barriers can be different for medical students and medical professionals and interns.

Barriers for Medical Students

A review of 33 papers identified that the most common barriers by medical students were fear of the negative effect on career opportunities/residency, apprehension about stigma, breach in confidentiality, lack of perceived seriousness/normalization of symptoms, and fear of shaming from peers. Students also preferred outside of their institution consultation for fear of disclosure of their mental disorder to their colleagues[43] and those who sought help in their own institution suggests being negatively judged by their seniors and peers, revealing their mental health issues to others.[44] A study from India reported barriers as 61.2% lack of confidentiality, 56.4% fear of unwanted interventions, 50.3% unsure about where to seek help, 45.8% stigma, 40.1% lack of time, 38.8% fear of the impact on the academic performance, 30.2% fear of side effects, and 11.5% cost of treatment. Other barriers included fear of mental healthcare being noted on academic record, fears of decreased career opportunities, fear of discrimination or judgment, a belief of self-resolving issue or not severe enough to seek care, lack of experience with mental illness in close contacts, preference for mental support from family, friends, peers, competition with peers, self-diagnosis, and lack of positive mentorship.[26]

Barriers for Medical Professionals and Interns

Commonly identified barriers to seeking help include perceived structural stigma of not be accepted onto a specific training program, perceived stigma of what others might think of them, self-stigma, lack of prioritizations, and time, recognition and knowledge of mental disorders, treatment attitudes and expectations, preference for self-management, and the belief that treatment does not work. A study identified common barriers to seeking help like fear of being labeled as "weak" and stigmatized of having a mental disorder, fear of adverse impact on the attitude of faculty toward them, fear of being accused of shrugging work, and time constraints to seek help.[8]

System-level Barriers

System-related barriers to seek mental healthcare include lack of access to mental healthcare, lack of access to anonymous and convenient services, concerns regarding confidentiality, fear of negative impact on career, affiliation of treating practitioner with the same institution, access issues, limited number of sessions, mandatory reporting by law, lack of education on resources, lack of available resources, and more importantly cultural stigma.[26]

MENTAL HEALTH OF FAMILIES OF HCPS[9]

There is paucity of research about health of families of HCPs, still generally doctors cherish the success of treating patients and get upset with adverse outcomes. Doctors spend most of the time on duty and spend less time with family. Situation is worse when both husband and wife are doctors, still much worse if both are in surgical field. Doctors because of their professional commitments might spend less time with children, give less attention to their studies, or miss several memorable events, etc., and may have to miss pleasure trips or other social obligations. Sometimes many children develop a personality disorder, fall to substance abuse or some mental health issue and cause an embarrassment to parents and HCPs feel guilty and helpless thinking about what is more important, profession compulsions or proper attention to family, such a situation may lead to adverse mental health issues for whole of the family.

SOLUTIONS FOR PREVENTION AND INTERVENTION STRATEGIES[9,26]

Effective solution to mental health disorders of HCPs lays in prevention and immediate effective intervention strategies. Prevention should start very early and continue through professional life practising soft skills, life skills, learning to deal with a patient in various situations and personality development programs will prepare them to face the difficulties of medical profession.

Assessment[26]

Before any intervention, assessment of mental health issues is an important step especially specific for evaluating HCPs. Like any other patient, HCP as a patient may be anxious and frightened so friendly environment is important. History should include current symptoms, onset of problem, risk and precipitating factors, duration, course and severity of illness, psychiatric symptoms, suicidal ideations or attempts. Past as well as family history of mental disorders and substance abuse is important. History of comorbid chronic medical disorders needs to be asked. Disorders specific to age or gender, sexual history, gender orientation, sexual harassment may have implications on mental health. Detailed medication history, medication adherence, self-medication must be integral part of assessment protocol. History of work place stress, interpersonal relationship issues, academic pressure, sleep deprivation, financial remuneration, risk of malpractice suits, and level of autonomy at the workplace may affect mental health. History about work-related behavior, studies-related stress, patient and caregiver-related behaviors, pending medicolegal issues, violence against the doctors, level of social support, marital status, personality issues, personal stressors, coping mechanisms, hobbies, socialization, social support may have adverse mental health consequences. Preintervention assessment should include detailed physical and mental status examination and disorder specific assessment and laboratory investigations.

Issues Specific to HCPs Confronting Mental Health Problems[26]

Many HCPs are uncomfortable in taking treatment from a fellow HCP especially for mental health issues. Issues like stigma, poor help-seeking behavior, VIP syndrome, fear of loss of privacy and confidentiality, habit of self-diagnosis and treatment, reluctant about full-disclosure, unable to adjust in patient role, poor adherence to medication, sessions and follow-up, hesitation to disclose the mental health issues has to be taken into consideration while managing a HCP having mental health issues.

Self-improvement Strategies[26]

Self-prevention and improvement strategies help HCPs to imbibe these qualities and strategies which are helpful in preventing, managing as well as improving mental health issues. Strategies to improve self-efficacy include celebrating success, encourage positive feedback and avoid people with negative feedback, counter negative thoughts with positive thoughts. Strategies to improve empowerment include cultivating positive attitude, focus on self-care, keep achievable and reasonable goals, be assertive and keep company of positive thinking people. Strategies to improve self-compassion may include being not being harsh and belittling to others and yourself, to understand that everyone has some deficiencies and no one is perfect, keep broader perspective of life and should be aware of own negative thoughts.

MANAGEMENT[9,10,26,39]

It is important to understand that assessment and management should go hand in hand and the follow-up with both nonpharmacological and pharmacological management would be influenced by the attitude of HCP toward mental illnesses, psychotropics, and psychosocial interventions.

Advocacy

Advocacy is important to sensitize HCPs to come out openly and seek help for their mental health issues. Various professional organizations like IMA, specialty associations like Cardiological Society of India and the Indian Psychiatric Society should form a special joint task force to address the mental health issues of HCPs and evolve a feasible strategy. Promotion of telepsychiatry may be the path-breaker. Advocacy through social and mass media is already creating awareness and helping in destigmatizing mental illness so much so that leading personalities including bollywood stars are coming out in public to create awareness about mental health. Several advocacy nongovernmental organizations (NGOs) are formed to reach out to silent sufferers and motivate them to seek treatment.

Interventions at Hospital Level

At hospital level team work is always associated with less stress, mental issues, and burnout. Working environment should be created with a team leader who empathizes with juniors and senior colleagues, listens to their problems, facilitates effective communication, identifies the risk factors, makes efforts to resolve the issues, acts promptly, and allows ventilation. Hospital administration should provide a safe and enjoyable work environment, protect doctors from litigation, facilities for proper individual and professional risk coverage, rotation of high stress to lower stress jobs, appropriate shift breaks and holidays to distress HCPs. Frequent discussion on common mental health problems, debrief on events of unfortunate outcomes, early identification of mental health problems and early referral to confidential and specialized psychiatric intervention.

At Individual Level

Interventions at individual level by HCPs are very effective in prevention as well as management of mental health issues and burnout. At individual level HCPs should balance profession and household work and manage leisure time, maintain good relationship with friends and family. Do not compromise on health and family in a bid to earn more money, participate in religious or spiritual activities, practice meditation and relaxation exercises, adopt some social activities and hobbies. Physical health influences mental health and vice versa so ensuring work breaks, adequate sleep, avoiding self-medications for insomnia, moderation of alcohol intake and cessation of tobacco or nicotine use will help both for good physical and mental health. At individual level HCPs should not stigmatize the problem and if needed seek professional psychiatry help and follow recommended therapy, learning to enhance the resilience will help resolving mental health issues.

INDICATIONS FOR INPATIENT CARE

A few indications if present suggest that HCP may need inpatient care. Indications may be current history of suicidal ideations and/or plans of any recent suicide attempt, HCP has threatened or physically hurt someone, impairment of poor insight, reality testing and poor judgment, rapidly increasing mental health problem or deteriorating course, severe illness, violent or aggressive behavior of HCP, psychosis and mania, severe emotional breakdown, substance abuse, intoxication or severe withdrawal or when HCP needs special therapy.

Management of specific psychiatric illness should be done according to the clinical practice guidelines and treating psychiatrists should follow the guideline recommendations and modify the treatment to suit the requirement of the patient that is HCP.

CONCLUSION

The prevalence of mental health issues is high among HCPs and there are several risk factors which predispose HCPs including medical students to mental disorders. There are several barriers to seeking mental healthcare by HCPs including individual- and system-level barriers. Solution to mental health disorders of HCPs lies in careful assessment, initiating preventive strategies, and both nonpharmacological and pharmacological management of specific psychiatric illness according to the clinical practice guidelines. Issues specific to HCPs confronting mental health problems must be studied and self-improvement strategies should help HCPs in preventing, managing as well as improving mental health issues. Health, especially mental health, is everyone's right more importantly the HCPs as the health of all depends on health of HCPs. So slogan should be "mental health to all". Let us invest in the mental health, increase access to mental healthcare, let us talk about mental health, and remove stigma to talk about mental health. The phrase, "there is no health without mental health" expresses the fact stressing that mental health especially of HCPs is an essential and integral component of individual health as well as the health of society cannot and should not be ignored at any cost.

We as physicians can only look after our patients if we look after ourself first.

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