Royal Australian College
of General Practitioners

A CONSPIRACY OF SILENCE: Emotional ill-health among General Practitioners

PPSP Committee Membership

- RACGP, RANZCP, RANZCOG,
- The Medical Practitioners Board
- The Victorian Doctors' Programme
- GPDV
- The Aust. Psychoanalytic Society
- Aust. College for emergency medicine
- RANZGP Vic. Section of Psychotherapists

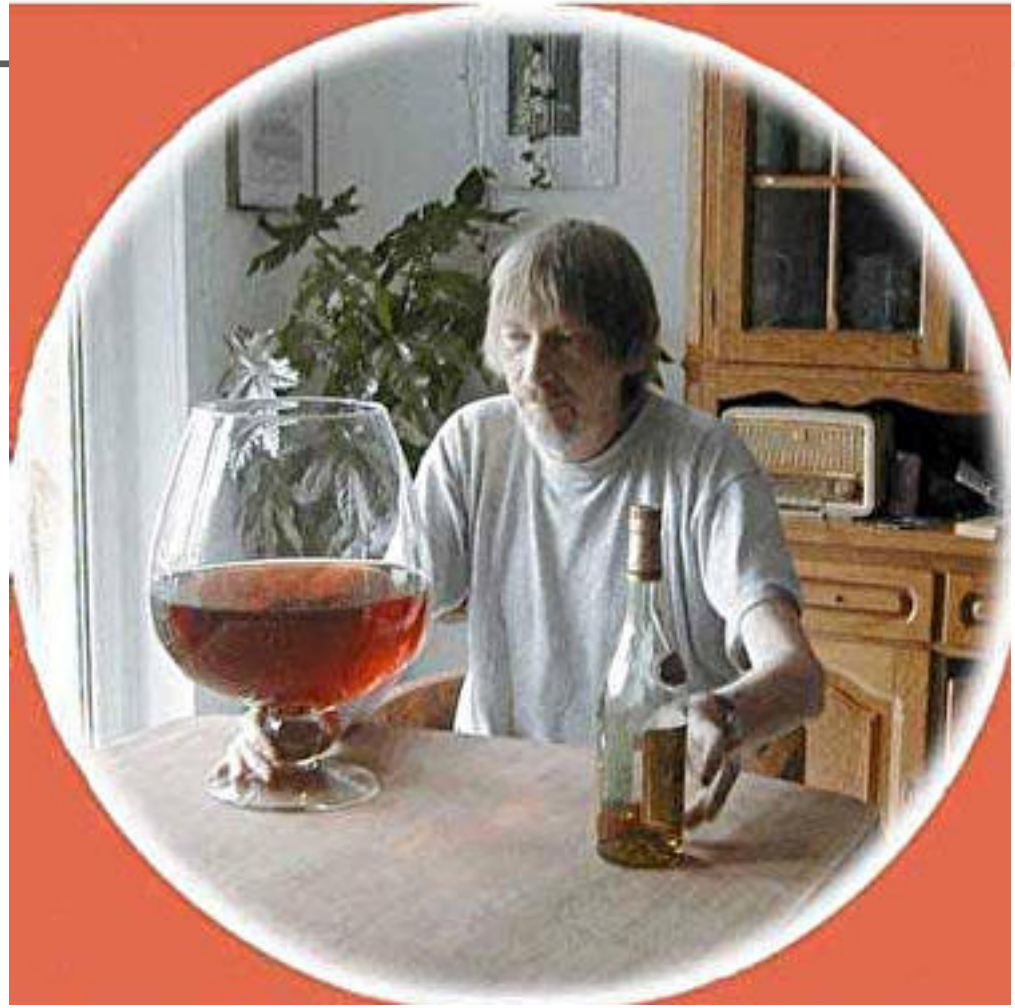
PPSP Engagement Strategy Key Stakeholders

- State Government
- Federal Government
- Beyondblue
- GPRG

PPSP Engagement Strategy Key Aims and Objectives

- Seek funding from State & Federal Govt and stakeholders to:
- Employ project officer for 6 months to write training manual
- Write, print and distribute PPSG workbooks
- Engage in further research

My Doctor said "Only 1 glass of alcohol a day". I can live with that.



Morale and Wellbeing

- Many GPs are not satisfied with their work
- GPs have low morale and are highly stressed
- Organisational stressors are significant

GP pressures

- workload, time pressures, paperwork, practice management, after hours work, financial management, bureaucratic changes and remuneration
- difficult consultations (death and dying, complex psycho-social issues, emergencies), violence and safety, patient expectations, litigation
- role conflict, personal and professional boundaries, interference of work and family and leisure time

GPs and external stresses

Causes of mental ill-health

- Poor psychological health of doctors is often due to vulnerabilities before entering medicine, vulnerabilities reinforced by medical training and careers

A.D. Revel

Pre-existing issues

- Students with unhappy childhoods were likely to run into problems later, and likely to select medicine as a career *Valliant, 1972*
- 35% of medical students had a family history of psychiatric illness (affective disorders and alcoholism) *Pitts et al. 1961*
- 25-33% of medical students have families with significant alcohol problems *Virshup et al. 1993, Bowermaster, 1988*

Conscious motivations

- Interest and desire to help others
- Interest in science
- Fascination with the process of disease
- Professional autonomy
- Good income

Unconscious motivations

- Fear of disease and death and a need to control them
- Desire for social approval and identity
- A counterpoint against poverty, abuse, worthlessness, powerlessness and personality disorders

Training is important

Medical training features

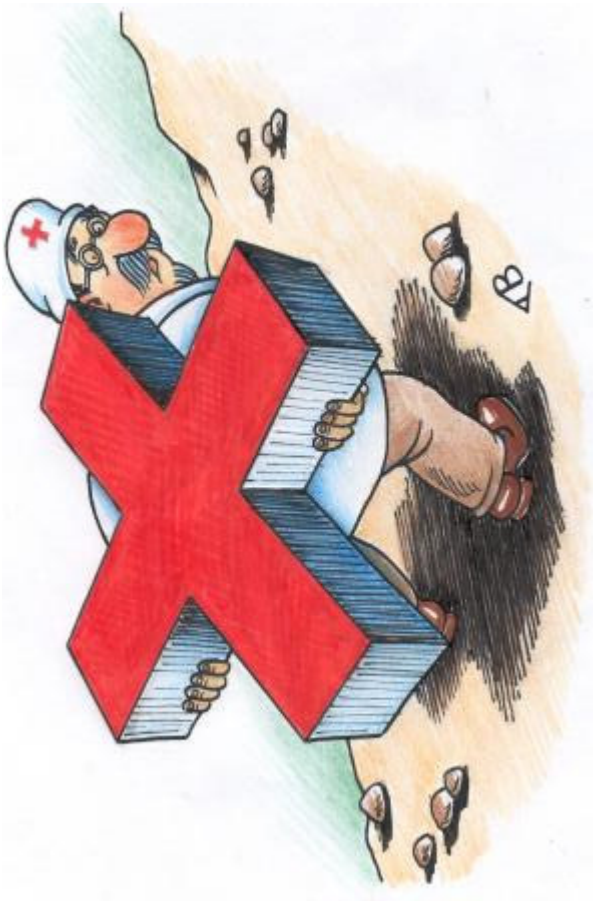
- Rational, biological, hierarchical, male-dominated, competitive, grade/success-focused, self-denying, altruistic, performance-based.
- Lack of psychological training, self-awareness, interpersonal skills, acknowledgment of personal feelings.

Medical student health

- 30% of UK medical students have significant emotional distress (compared to around 10% for the general population or other students)
- 30% of Canadian interns (40% of female interns) were depressed (compared to 15% for matched controls)
- 25% of interns experienced suicide ideation

GP mental health

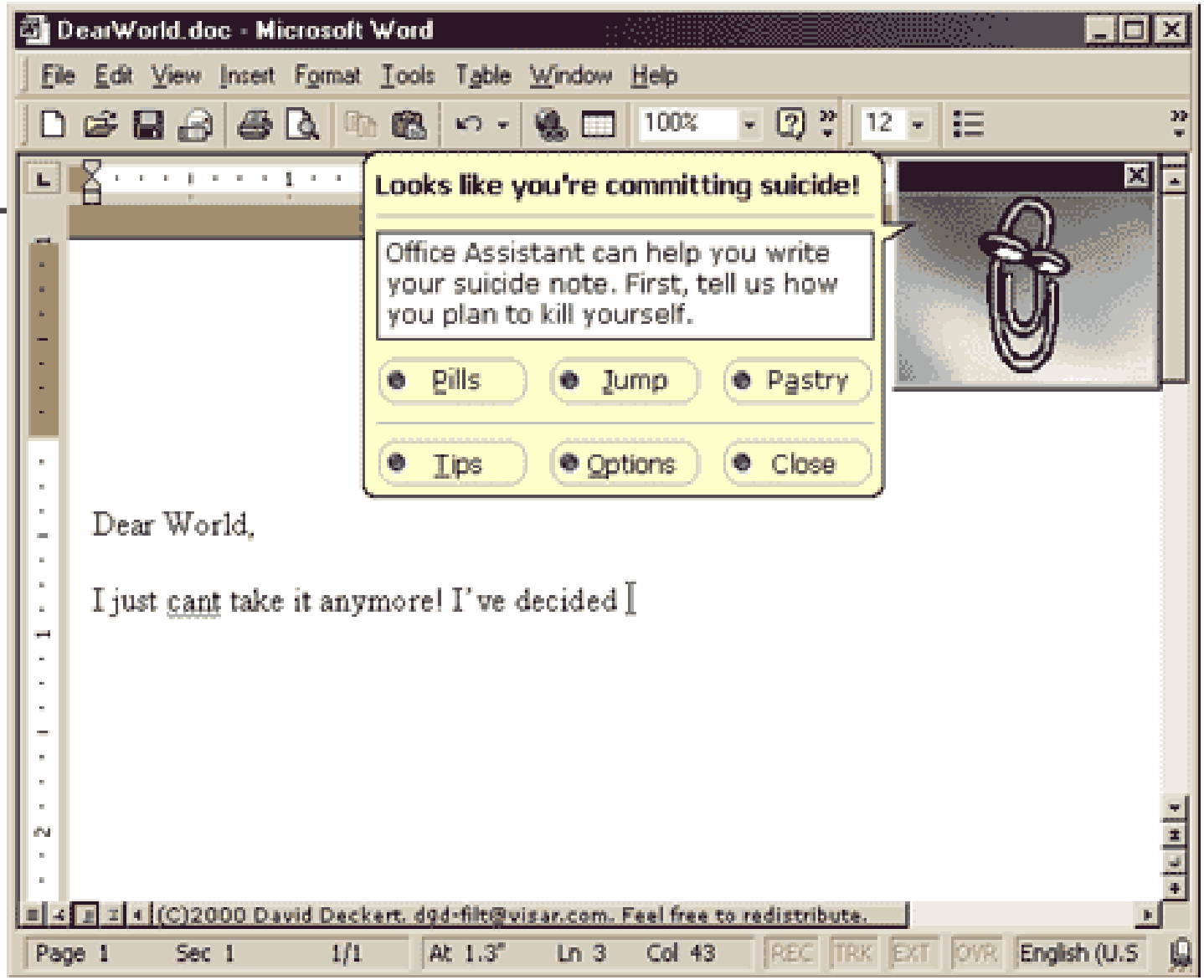
- Poor general health care
- High levels of psychiatric disturbance
- Greatly elevated suicide risk
- High levels of marital stress
- Significant work stress



The silent contract

I undertake to protect my partners from the consequences of my being ill. I will protect my partners by working through any illness up to the point where I am unable to walk. I expect my partners to do the same and reserve the right to make them feel uncomfortable if they violate this contract. In order to keep to the contract I will act on the assumption that all my partners are healthy enough to work at all times. This may mean ignoring evidence of physical and mental distress and disregarding threats to their wellbeing. I will also expect my partners not to remind me of my own distress when I am working while sick.

Paraphrased from Thompson et al. 2001


DearWorld.doc - Microsoft Word
File Edit View Insert Format Tools Table Window Help
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12
Looks like you're committing suicide!
Office Assistant can help you write your suicide note. First, tell us how you plan to kill yourself.
Pills
Jump
Pastry
Tips
Options
Close
Dear World,
I just cant take it anymore! I've decided
(C)2000 David Deckert, dgd-filt@visar.com. Feel free to redistribute.
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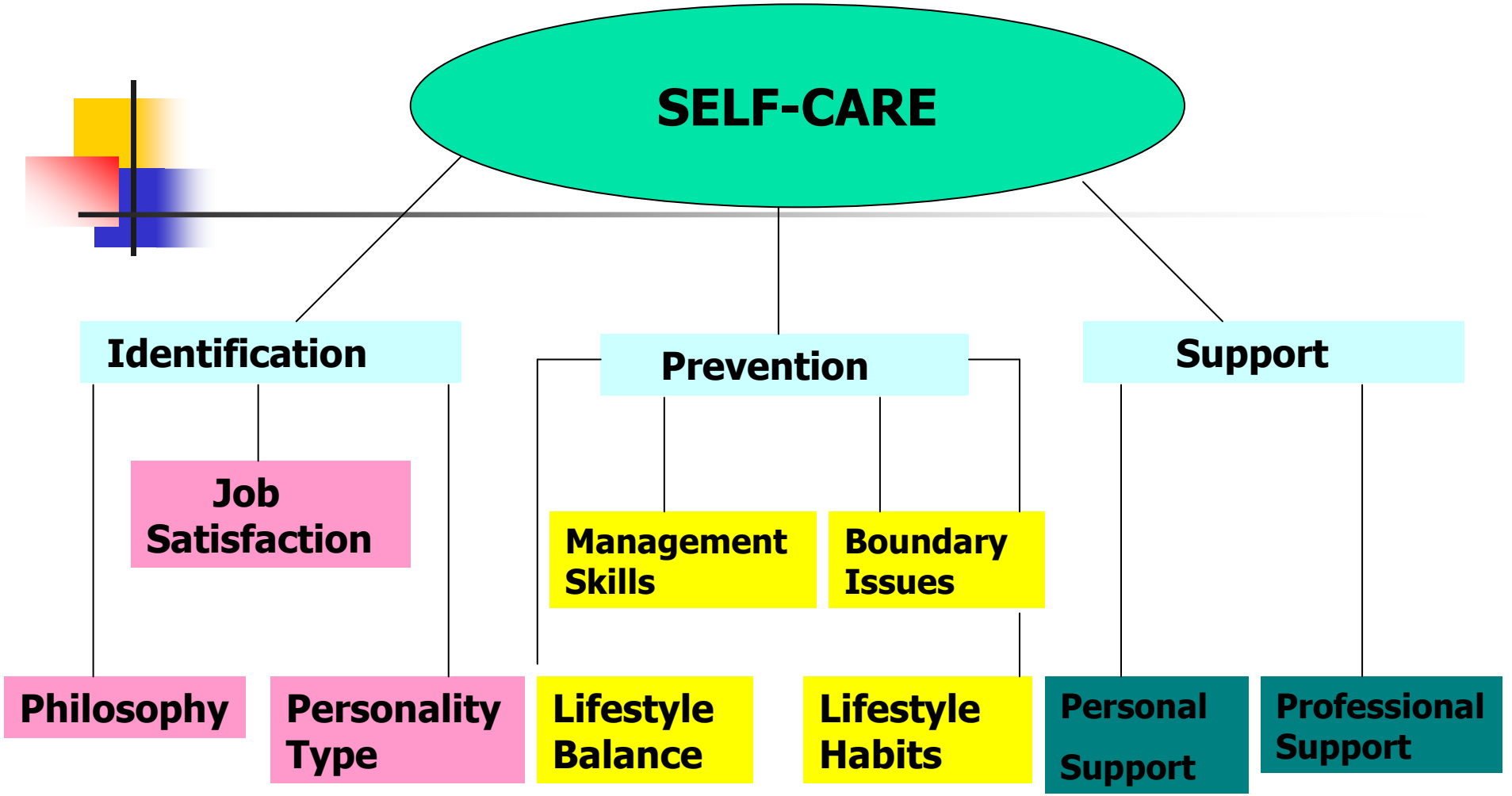

SELF-CARE
Identification
Prevention
Support
Job Satisfaction
Management Skills
Boundary Issues
Philosophy
Personality Type
Lifestyle Balance
Lifestyle Habits
Personal Support
Professional Support

Balint groups

- Established in the UK in the 1950s
- Facilitated by a psychoanalyst
- To help doctors with the psychological aspects of their patient's cases
- Focuses on the interaction between the doctor and their patient – difficult cases

Peer review/quality circles

- Established in Europe in the 1980s and 90s
- Focus on improving quality of care rather than education or self-awareness
- Often developed spontaneously, GP-driven, voluntary participation
- Lead by trained GPs

Peer review groups

- Over 470 operate in New Zealand
- Every GP encouraged to join one
- Facilitated by trained GPs, evolve over time with needs of the group
- Part of a larger self-care package for GPs

Peer support experience

"Over the past 11 years, the group has met every two weeks, apart from holidays…We have shared professional success and failure, professional error, professional mis-judgement and many problem patients. During each crisis we have all had support from within the group...The success of the group has been largely due to real commitment, regular meetings and the constant nature of the members. For me the friendship, support and understanding has been immeasurable."

Self Care for General Practitioners. 2000

PPSP Draft Terms of Reference

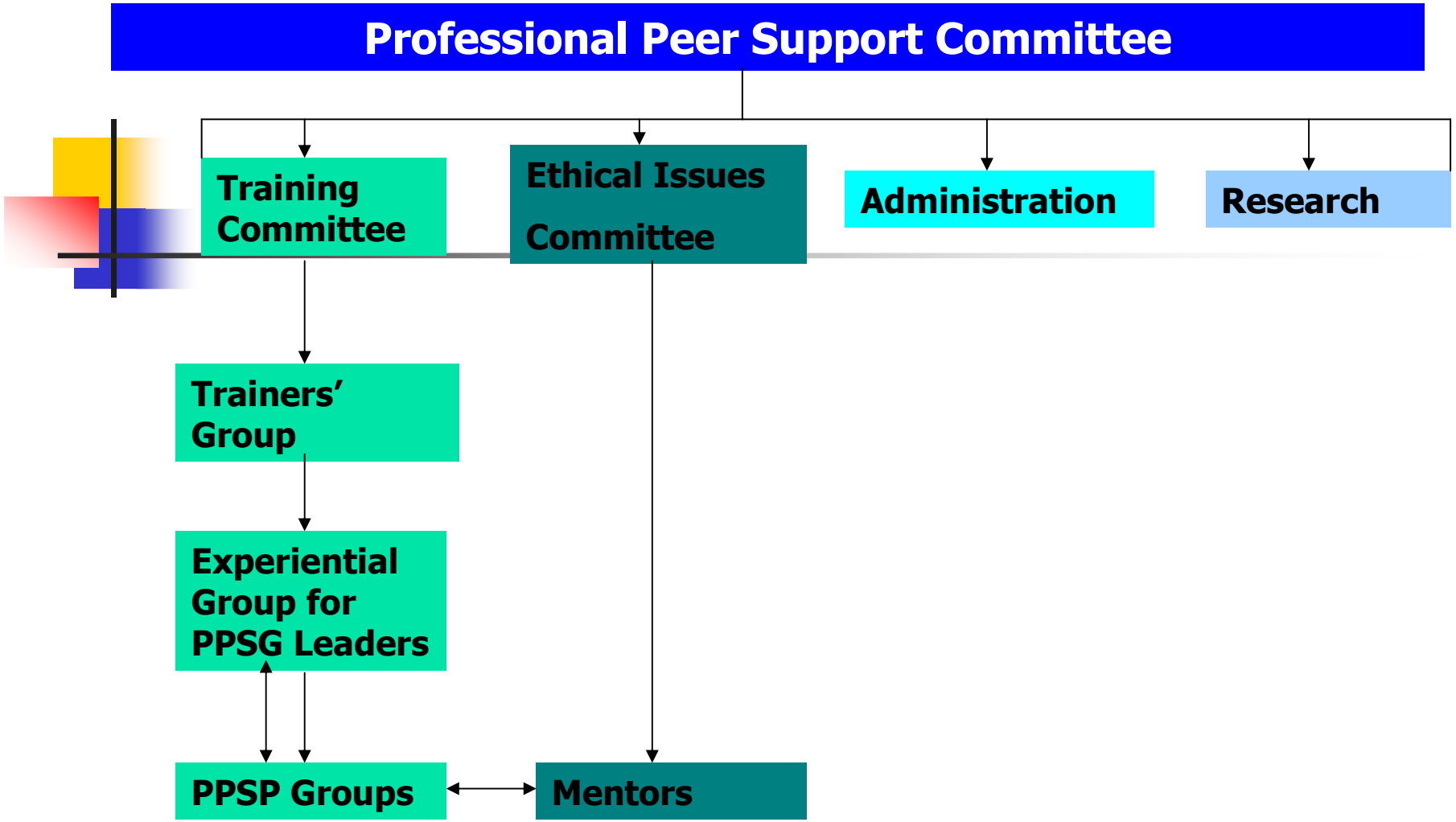
- To set up a peer support structure
- To study and report on health of medical practitioners
- To develop an intervention strategy
- Study recommendations of Literature review
- Oversee writing of PPSP workbook
- Engage with stakeholders
- QA/CPD points development

PPSP Draft TOR cont.

- Set up administrative committee
- Evaluate ethical concerns
- Appoint project officer
- Broad representational membership
- Meetings held every 2 months
- No remuneration for Committee Members

Professional Peer Support Groups

- Membership
- RACGP
- RANZCP
- APS
- RANZCP-section of Psychotherapists
- Medical Board of Victoria
- Victorian Doctors Health Program


Professional Peer Support Committee
Training Committee
Ethical Issues Committee
Administration
Research
Trainers' Group
Experiential Group for PPSG Leaders
PPSP Groups
Mentors

PPSG progress

- Four meetings to date
- Plan
- Literature review
- Work book/manual for doctor
- Development of the framework and function of the PPSG program

Structure of a PPSG

- Leader who has training or experience
- Underpinned with a code of ethics
- Framework for the content
- CME recognition
- Leaders will have support from APS and RANZCP
- Structure within RACGP

Believe, despite all the short term hype, that general practice is the most challenging, most interesting and most malleable medical vocation possible – go for it!!!

Claire Jackson, 2004