NHS HEROES NEED HELP TOO

Prof Subodh Dave,
University of Bolton
Dy Director of UG Medical Education, Derbyshire
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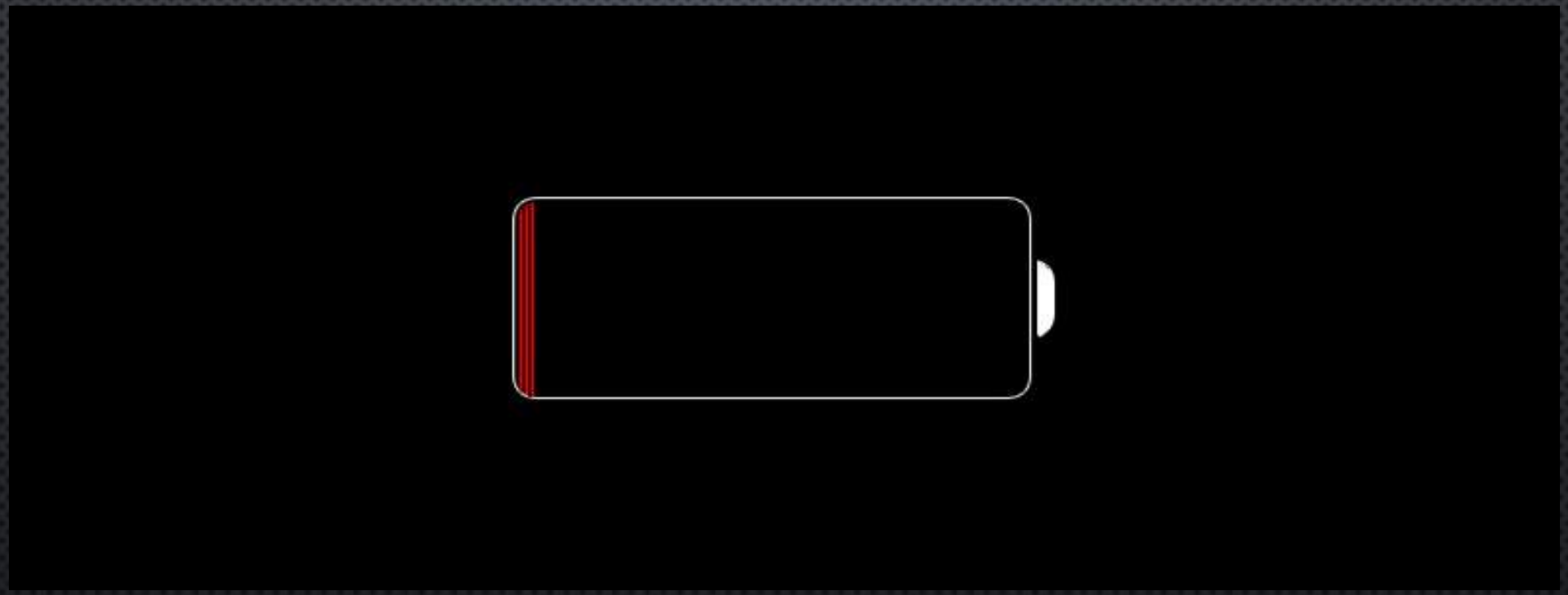
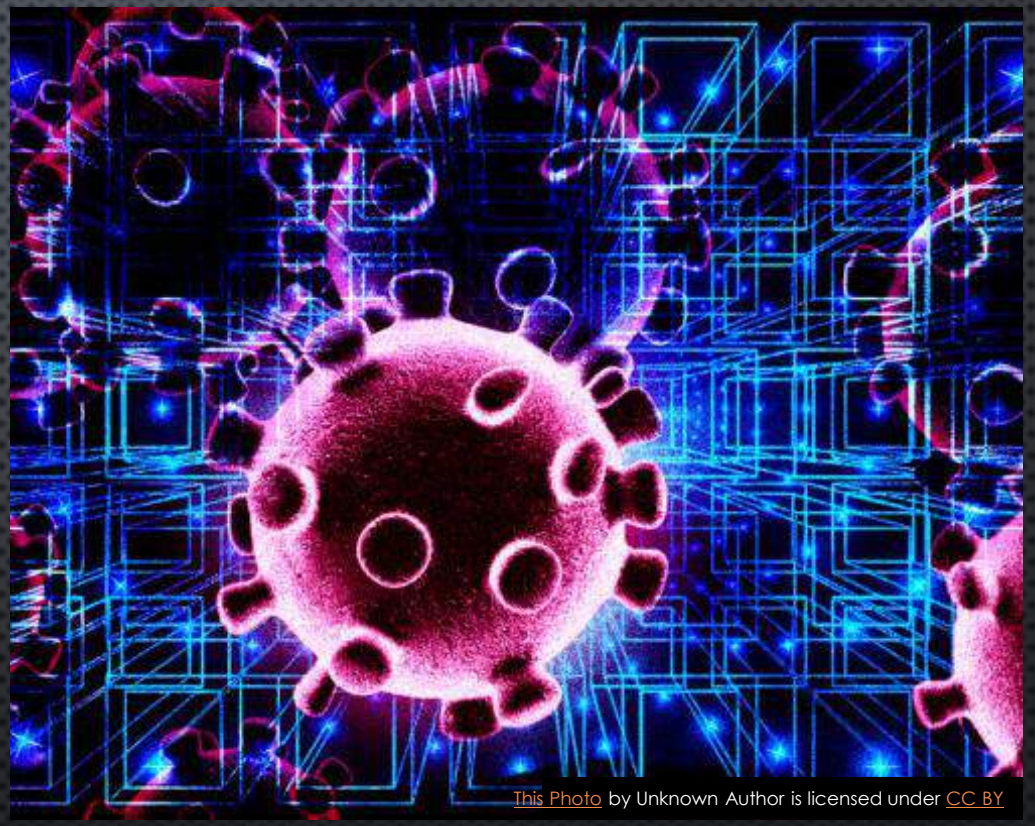
@subodhdave1 @autp2



COVID 19

- SARS-CoV-2 virus
- 11th Feb 2020, WHO named the disease caused by this virus – COVID19
- UK mortality >45,000
- Worldwide >1m deaths
- Lockdown/self isolation/quarantine



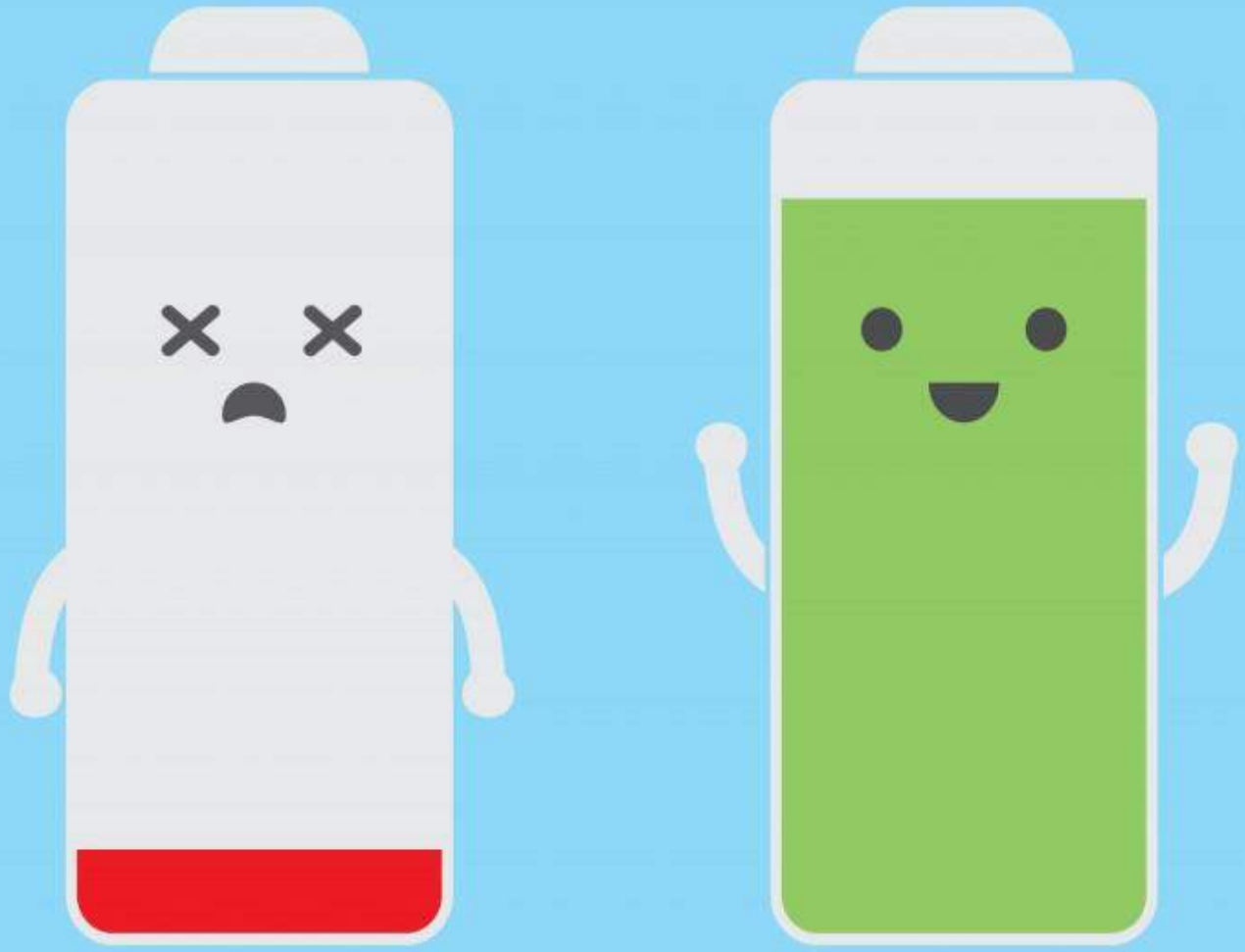
Physician Suicide

Updated: Aug 01, 2018 | Author: Louise B Andrew, MD, JD; Chief Editor: Barry E Brenner, MD, PhD, FACEP more...

Overview

It has been known for more than 150 years that physicians have an increased propensity to die by suicide. It was estimated in 1977 that on average the United States loses the equivalent of at least one small medical school or a large medical school class to suicide. [1] Exact numbers are not known. Although it is impossible to estimate with accuracy because of inaccurate cause of death reporting and coding, the number most often used is approximately 3-400 physicians/year, or perhaps a doctor a day. Of all occupations and professions, the medical profession consistently hovers near the top of occupations with the highest risk of death by suicide.

Sadly, although physicians globally have a lower mortality risk from cancer and heart disease relative to the general population (presumably related to knowledge of self care and acess to early diagnosis), they have a significantly higher risk of dying from suicide, the end stage of an eminently treatable disease process. Perhaps even more alarming is that, after accidents, suicide is the most common cause of death among medical students




MARATHON
TIME
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QUARANTINE/LOCKDOWN/SELF ISOLATION

- Unprecedented
- Disruption of travel, school, work and normal daily life has had an impact on everyone irrespective of COVID status
- Healthcare workers – additional impact of managing work with lockdown restrictions in place..

Impact on healthcare workers

- Professional
- Physical
- Social
- Psychological

Physical impact of COVID19

- Highly infectious
- Vast majority – mild infection
- Up to 20% of those infected – stage 3 disease with hypoxia and possible ARDS
- 2% mortality

PHYSICAL

- Sleep
- Increased computer time – Risk of Repetitive Strain Injury
- Lack of gym/fitness routines
- Altered work routines/ on calls

SOCIAL

- Social distancing/self-isolation/shielding
- Separation from family/friends
- Challenges of working from home
- Dependents – young children/elderly
- ? Stigma

COVID19: PSYCHOLOGICAL IMPACT

- 50% of HCWs reported worsening mental health after onset of pandemic (IPPR report Care Fit for Carers)
- Impact worse in younger HCWs (18-34) with 71% reporting worse mental health
- More in women
- Childcare a factor for 1/3
- 20% reported intention to quit

Psychological Impact of Quarantine

- Bai et al (2004) – SARS epidemic – Quarantined staff significantly more likely to report exhaustion, anxiety, depression and detachment from others
- Confusion, Fear, Anger, Grief, Numbness, Insomnia also reported in HCWs
- Substance misuse – also a common consequence
- More recent study in Singapore by Tan et al reported figures of about 15% for anxiety and 10% for depression – suggesting that preparedness may help reduce stress and anxiety

Psychological

- Information overload
- Uncertainty, anticipation, speculation
- Fear and panic
- Grief of losing colleagues

PSYCHOLOGICAL IMPACT OF QUARANTINE

- AVOIDANCE A COMMON COPING MECHANISM TO DEAL WITH STRESS AND ANXIETY
- COMMON EXAMPLES OF AVOIDANCE – AVOIDING CONTACT WITH PATIENTS, DELAYING PAPERWORK..

Maintaining Well Being

- Professional
- Self and Solitude
- Family and Friends

- *"I had three chairs in my house; one for solitude, two for friendship, three for society."*
- Henry David Theoreau

PROFESSIONAL

- Sort basics first – PPE, safe working- Know whom to speak to in your organization
- Participate in local risk assessment – BAME staff, comorbidities, age etc. relevant so don't ignore these
- Make technology your friend
- Model handwashing and physical distancing guidance
- Learn to recognize and be specific when raising issues or giving feedback. Instead of "It's all too much" "I am *scared* with the lack of appropriate distancing at work"
- Feel comfortable talking about mental health at work. Rehearse how you might initiate such conversations – "how are you feeling? – I know it is a very stressful period"; "Are you OK? – can I be of any help?" "I imagine it's been a difficult time for you – just wanted you to know that I am available to have a chat"

Self and solitude

- Explicitly label your emotions
- Get to know your triggers
- Manage information overload
- Manage expectations
- Develop a routine
- Focus on lifestyle factors: Develop reserves to deal with stress
- Get to know when, where and how to seek help

RECOGNISE YOUR EMOTIONS (AFFECTIVE LABELING)

HOW ARE YOU FEELING? SAD, FRUSTRATED, ANGRY, IRRITABLE, ANXIOUS?

IDENTIFY THE EMOTION – BE EXPLICIT ABOUT IT

REMEMBER "WHY AM I FEELING LIKE THIS" IS QUITE COMMON

EXPLICITLY LABELING THE EMOTIONS TAKES AWAY FEAR AND UNCERTAINTY AND REDUCES SECONDARY ANXIETY

KNOW YOUR TRIGGERS

Emotional - feeling tearful, panicky, irritable, angry, fearful

Thoughts - Negative or self-critical thinking, inability to concentrate

Physical sensations - palpitations, sweating, tremors

Actions – constantly checking COVID-updates, drinking more than usual

MANAGE INFORMATION OVERLOAD

Follow a few key information sources – Trust guidance, PHE, Royal College, a specific journal or newspaper

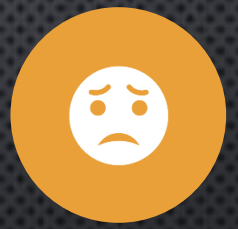
Prioritise the information you need to know to do your job safely

MANAGE EXPECTATIONS

SET REALISTIC GOALS

BE KIND TO YOURSELF

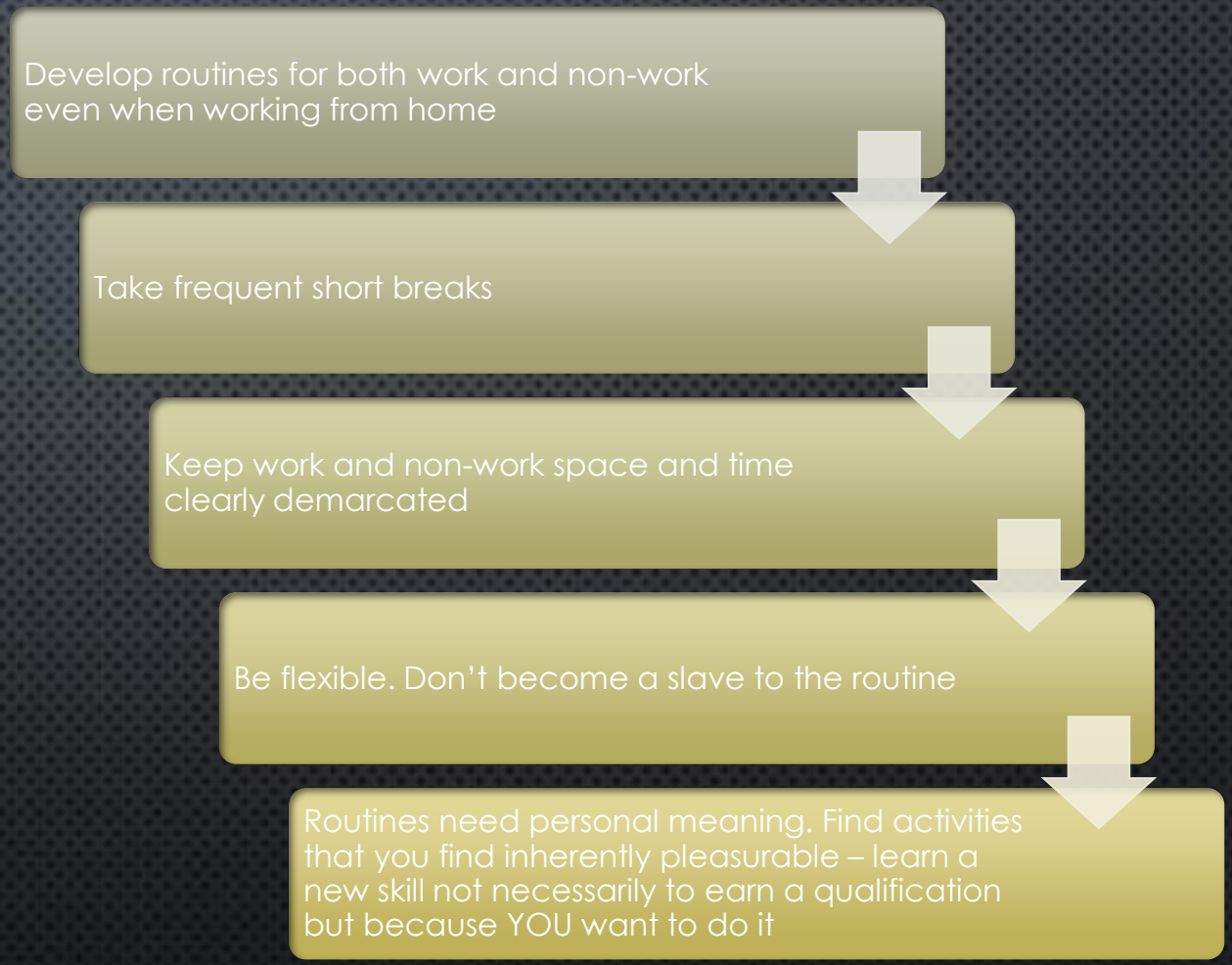
BE AWARE OF YOUR OWN SPHERE OF INFLUENCE



DON'T WORRY ABOUT THINGS BEYOND YOUR CONTROL

ADAPTATIONS TAKE TIME

DEVELOP A ROUTINE



LIFESTYLE FACTORS- CREATE RESERVE TO DEAL WITH STRESS

SLEEP WELL. USE AN APP IF YOUR SLEEP HYGIENE ISN'T GREAT.

EAT HEALTHILY

EXERCISE – CONSISTENCY IS KEY

WATCH YOUR ALCOHOL INTAKE

MINDFULNESS

When anxious it is easy to regret the past or worry about the future

Try to be in the present

Learn mindfulness

Actively observe and feel

Set aside a regular time to be mindful

Thoughts are not to be "removed" but "observed"

Variety of apps including mindfulness and cognitive therapy based apps are listed on https://www.nhs.uk/apps-library/

KNOW WHEN, WHERE AND HOW TO SEEK HELP

- Less likely to seek help even when suffering from frank mental illness
- Stigma, worries about referral to regulators, worries about medicalizing distress and myths about mental illness prevent help-seeking
- Outcomes – good when help is sought
- Talking about mental health openly makes it easier to seek help. Our Dr1in4 programme where Drs share their lived experience of mental illness has received great feedback
- Sources of help are listed with this talk

FAMILY AND FRIENDS

Physical distancing not social distancing

Altruism

Support those in need of it.

Physical distancing not social distancing

- Connect with people. Reach out.
- Have lunch with a colleague
- Have technology-free time with family to enjoy dinner together
- Play games together
- Do use social medial to stay in touch with family/friends
- Don't rely solely on social media to stay connected though

Altruism

- Be kind. Be aware of obligations to society and to patients.
- Give the gift of your time and/or expertise
- Improves self-esteem
- Engenders positive feelings and a sense of reward/achievement
- Volunteering, random acts of kindness

Support those who need it

- In stressful times, friction can develop easily within the team
- Try to retain empathy
- Support those you may be responsible for – with your words and actions.
- Be aware of resources that you can signpost people to

Lack of disclosure/help-seeking a key problem

So why do we not disclose?

- Culture – we're help providers not help seekers
- Fear of labelling and being reported to the GMC/NMC/Regulators
- Fear of hindrance to career progression
- Fear of being considered unfit to practice by patients/carers/colleagues
- Fear of being viewed as a failure by colleagues
- Fear of being viewed as a failure by self (sick leave = failure)

PERSONAL RESOURCES

- https://beta.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/sources-of-support-for-your-wellbeing Comprehensive list of support resources for physical and mental health, legal and financial issues
- https://www.practitionerhealth.nhs.uk/ A free, confidential NHS service for doctors and dentists across England with mental illness and addiction problems
- https://doctorssupportgroup.com/ Support for doctors facing suspension, exclusion, investigation of complaints and/or allegations of professional misconduct
- http://www.bapio.co.uk /
- Samaritans Freephone 24hrs/day 365 days/year: 116123 https://www.samaritans.org/ A free confidential counseling/support service not just a "suicide helpline "
- Tea And Empathy Facebook Group for NHS staff. Popular peer support group https://en-gb.facebook.com/groups/ /1215686978446877
- Helpline for sick doctors http://sick-doctors-trust.co.uk /
- For trainees –many deaneries have a Professional support and Wellbeing Unit (PSW/PSU), which usually needs referral via Supervisor/TPD but some have made self-referrals open in the light of COVID19 outbreak e.g HEE East of England. PSWs have access to various forms of support including private counselling sessions .
- For Psychiatrists of any grade, dedicated service at Psychiatrists Support service pss@rcpsych.ac.uk or the helpline on 020 7245 0412.

Take Home Points

- Stress (common response) v Mental Illness (uncommon but treatable)
- Power of Conversations – Reach Out
- Know– where you would seek help from

- @subodhdave1


We are all in this together.
And together, we can wipe out the stigma surrounding mental health.

22 July 2019

Best of *InSight+*: Learn from me, by Steve Robson

Authored by

STEVE ROBSON

Related Links +

Clear suicide risk exists for doctors under investigation
| MJA INSIGHT

Doctors' wellbeing: learning from Richard's death
| MJA INSIGHT

Put faith in "repaired" colleagues
| MJA INSIGHT

Dear Dr, find someone you trust and start talking
| MJA INSIGHT

Have the courage to act on burnout
| MJA INSIGHT

Originally published on 22 October 2018, the response to this article and it's subsequent international distribution qualifies it as one of the most impactful ever published by InSight+. This is the first in an irregular series featuring the best of InSight+.

I DISCOVERED CrazySocks4Docs Day – held annually on 1 June – only [in 2018]. The day aims to "encourage conversations about mental health and help reduce the stigma for doctors experiencing mental illness". When I discovered the day thanks to my burgeoning Twitter obsession, I experienced an incredible and overwhelming reaction.

Almost exactly 30 years before, as an intern in the central Queensland city of Rockhampton, I had tried to kill myself. Three decades later, I am now President of a specialist college, but I had kept the entire episode to myself and tried to forget it. I am deeply ashamed of not learning from my own experience and using it to help others.

I hope it isn't too late.

Perhaps by fate I was introduced to cardiologist Dr Geoff Toogood, the incredible and inspiring founder of CrazySocks4Docs, at a College meeting a couple of weeks ago. The meeting was so unexpected and so overwhelming I choked and could barely speak, but it made me determined to take something positive from my own experience all those years ago. Hence this article.

I have a strong feeling that my own experience mirrors that of many doctors around the country, but it is worth explaining. I hope it will help others understand why I have been silent and have not taken the actions I should have. When I heard that Rockhampton junior doctor Frith Footitt had taken his own life on New Year's Day this year, I could not bring myself to read any of the details. The tragic outcome could

As I reached the halfway point in my internship, I felt overwhelmed with inadequacy. I had a patient die and felt responsible. My ward work was just barely adequate. My consultants and registrars were not exactly glowing in their feedback. I had an all-pervasive sense of failure, that so many years of struggle at medical school had been a complete waste and that I was little short of dangerous. I could see no way out.

So, one night, I made careful plans to kill myself. I won't go into detail but suffice to say that I wanted the end to be painless and clean. I stole some supplies from the wards – standards of drug security were much slacker 30 years ago – and set about writing letters. Luckily, I had few personal affairs to put in order.

Incredibly, a work colleague arrived unexpectedly and began knocking on the door of my small hospital unit. That person – I won't reveal the gender – knew I was in because my car was parked just outside. There were knocks and calls, "I know you're in there ..."

It was completely distracting. I had inserted a cannula in my left hand, so took it back out and threw the tubing and bag of intravenous fluid in the bedroom. When I answered the door, I must have looked very flustered and suspicious.

I will never know what made this person visit me unexpectedly. Perhaps my emotional state wasn't as well disguised as I thought. Perhaps it was just plain good luck. Perhaps it was something else.

I spent quite a while talking to the person, though not about my plans for the night. Enough, however, to make me take a step back from the brink. To reconsider. To think about other options. Looking back, that person probably had an inkling that I was about to do something dramatic. That impromptu visit saved my life.

I won't pretend that I had an epiphany or that I suddenly was better. I did seek help, although I didn't completely disclose just how close I was to suicide.

Authored by

KATE TREE

Related Links +

Learn from me: speak out, seek help, get treatment

MJA INSIGHT

Issue 42 / 29 October 2018

of Dr Kate Tree and Professor Robson.

Dear, dear Steve,

As one of the very small group of interns working with you in 1988 at Rockhampton, I read your brave and eloquent story. I wept, I could not sleep, and I felt I must respond.

Oh Steve, I had no idea until reading your article that for 30 years you thought it was "just plain good luck" that you were visited at home and interrupted before you could commit suicide.

Your "hospital supplies" had indeed been glimpsed, a small number of us were terrified about what your intentions might be, and there was a desperately staged intervention. If you had not opened the door, then you would have had visitors climbing through your window or kicking the door down. It was not an impromptu visit. It was not "plain good luck". We cared about you, Steve. We were unskilled, untrained, perhaps totally unhelpful, but we cared and we tried to help.

Please accept my apologies for all the ways in which we let you down. Please accept my sincere and profound apologies that for the past 30 years, you have lived with the belief that no-one cared enough to try to stop your suicide.

Perhaps we could have helped you more without that "code of silence", and what I heard described recently as "the manbox" – the cultural assumptions about how a man is supposed to act, the box into which a man is supposed to fit.

I was a girl, but I was not your girlfriend, so of course you could not be expected to talk to me about your feelings – in 1988 that was not how a man was "supposed" to behave. If I asked "how are you", or "are you okay", and you looked awful but said you were fine, in 1988 I am afraid that I did not have any effective strategy to turn to next.

I hope I would do better now.

All the promises of silence, which was most definitely the prevailing culture of the day, were well meant and were intended to help you, and yet created a complex web to trap us all.