

THE MENTAL HEALTH OF DOCTORS
A SYSTEMATIC LITERATURE REVIEW

AUGUST 2010

EXECUTIVE SUMMARY



beyondblue
the national depression initiative
www.beyondblue.org.au

The Mental Health of Doctors

- Depression and anxiety disorders were commonly¹ identified in medical students and practitioners, although there was not consistent evidence that these rates were higher than in the general population.
- Alcohol use was lower in medical students and practitioners compared to the general population. However, distinct patterns of drug use were observed in the medical profession, with higher rates of prescription drug use (e.g. sedatives such as benzodiazepines). Self-prescribing by medical practitioners was common.
- In Australia, medical practitioners have a higher suicide rate compared with the general population, with female medical practitioners more than twice as likely to die by suicide as females in the general population.²
- A significant proportion of medical practitioners (including 34% of medical students) reported that they would not seek help for depression. Barriers to help-seeking included concerns about stigma in the profession, embarrassment, possible impact on career development and concern about being allowed to continue to practise as a medical practitioner.
- There is limited research examining issues associated with the mental health of medical students and practitioners that is specific to the Australian context, with no studies examining the mental health issues relating to Indigenous or rural and remote medical practitioners.

Introduction

In 2009, *beyondblue: the national depression initiative* commissioned research to investigate issues associated with the mental health of medical students and practitioners. The report, *The Mental Health of Doctors – A systematic literature review*, highlights the extent of the impact of mental illness in the medical profession, key barriers to help-seeking and gaps in current knowledge in this area.

Background

The mental and physical health of medical students and practitioners in Australia is an area of concern for the medical profession and community. Research and media reports have highlighted the consistently high rates of suicide, depression, anxiety disorders, substance use and self-prescribing in the profession. To address the prevalence of depression and anxiety among Australian medical students and practitioners, *beyondblue*, in consultation with key stakeholders, developed a national Doctors' Mental Health Program. The key objectives of the Doctors' Mental Health Program are to:

- increase awareness of the symptoms of depression and anxiety
- identify risk factors for depression and anxiety
- reduce barriers to, and encourage, help-seeking
- promote existing services and develop self-help resources.

To inform the strategic direction of the program, *beyondblue* established an Advisory Committee, chaired by Dr Mukesh Haikerwal. The work of the Advisory Committee is complemented by an Expert Reference Group (ERG) with broad representation across the medical and mental health sectors.

Methodology

A review of available literature identified 86 publications and studies that met the inclusion criteria relating to issues associated with mental illness among medical students and practitioners. The following 10 topic areas were selected for inclusion in the review:

- 1) Prevalence of anxiety and depression
- 2) Prevalence of substance misuse and self-medication
- 3) Suicide rates
- 4) Risk factors for anxiety and depression
- 5) Help-seeking rates for anxiety and depression
- 6) Barriers to help-seeking for mental health care
- 7) Interventions for anxiety and depression
- 8) Attitudes of medical colleagues
- 9) Impact on patient care
- 10) Impact on work and family life

Australian data

The literature search identified limited research specific to the Australian context, with no studies examining the mental health issues relating to Indigenous or rural and remote medical practitioners. This lack of research highlights the need for further work in this area.

Key findings

1) Prevalence of anxiety and depression

While the reported prevalence rate of depression varied from 14% to 60%, comparative studies did not find that the rate of depression in medical practitioners is higher than the rate of depression in other professions. However, there is some evidence that the rate of depression was higher in male medical practitioners when compared with the general population.

Depression was frequently observed in medical practitioners at all stages of their training.

The prevalence of anxiety among medical practitioners is also high, with estimates between 18% and 55%. There was some weak evidence to suggest that medical practitioners had higher anxiety scores when compared to the general population. However there was no evidence to suggest that anxiety scores were higher in medical practitioners compared to other professionals. A major limitation of these studies was the range of methods used to assess anxiety and depression.

2) Prevalence of substance misuse and self-medication

There was no evidence that alcohol abuse was more common in medical students and practitioners. Limited evidence suggested that alcohol abuse was actually less common in the medical profession.

The rate of drug use was similar between medical students, medical practitioners, the general population and other professions.

However, a distinct pattern of drug use was observed among medical practitioners. Prescription drugs such as benzodiazepines were used more frequently by medical practitioners, presumably due to the relative ease of access. Drug use was most common in emergency medicine and psychiatry residents (based on the American definition of residents), which are specialties associated with easy access to prescription drugs. Self-prescription was common in medical practitioners.

3) Suicide rates

The suicide rate in medical practitioners was higher than the suicide rate in the general population. Male medical practitioners had a 26% higher risk of suicide, while female medical practitioners had a 146% higher risk of suicide (i.e. more than twice the risk) compared to the general population. This was particularly notable given that medical practitioners have lower overall mortality rates when compared to the general population.

The suicide rate varied between different medical specialties, with psychiatrists found to be at the highest risk of suicide.

There was also some evidence that the suicide rates in medical practitioners were different to those found in other professional groups. However, there was some inconsistency in these findings. Consequently, it is difficult to conclude if rates were higher or lower in medical practitioners. The most common method of suicide was by drugs or poisoning, likely due to the ready access medical practitioners have to such substances.

4) Risk factors for anxiety and depression

Studies generally reported that factors associated with improved well-being (e.g. more hours of sleep, greater job satisfaction, higher income, lower stress at work) were negatively correlated with depression. Conversely, risk factors associated with poorer well-being (e.g. work-effort imbalance, demands of job, home-work stress) were positively correlated with depression.

5) Help-seeking rates for anxiety and depression

A significant proportion of medical students and practitioners are unwilling to seek help for depression despite their awareness and understanding of the effects of depression.

6) Barriers to help-seeking for mental health care

Several barriers to help-seeking in the medical profession were identified. These included concerns about stigma, career development, impact on colleagues, impact on patients, confidentiality, embarrassment and professional integrity.

General practitioners were concerned about the potential impact on their practice. Psychiatrists were concerned about potential career implications. Medical practitioners were less likely to seek help from colleagues and professional institutions due to concerns regarding professional integrity and career development, while they were less likely to seek help from family and friends, or not seek help at all, due to concerns regarding stigma and embarrassment.

7) Interventions for anxiety and depression

The literature search identified a single Australian publication which evaluated the effectiveness of a program which aimed to treat medical practitioners with a mental health condition.

8) Attitudes of medical colleagues

One publication was identified in the literature review which reported that many medical practitioners had a negative attitude towards fellow medical practitioners with depression.

9) Impact on patient care

One publication was identified in the literature review which suggested that depression may lead to poor patient care. However, it was difficult to assess the strength of the relationship between depression and patient outcomes due to the lack of quantitative evidence presented in the publication.

10) Impact on work and family life

One publication identified in the literature review reported that medical practitioners with depression had experienced a negative impact on their work and family life as a result of their depression.

Conclusion

Depression and anxiety were commonly identified in medical students and practitioners, although there was no evidence that these rates were higher than in the general population or in other professions. Medical practitioners had a higher rate of suicide compared with the general population, with suicide more common in female medical practitioners.

Alcohol consumption was lower in medical students and practitioners when compared to the general population. However, distinct patterns of drug use were observed in the medical profession, with higher rates of prescription drug use, presumably related to the relative ease of access. Self-medication was common in medical practitioners.

A significant proportion of medical students and practitioners reported that they would not seek help for depression despite their awareness and understanding of the effects of depression. Barriers to help-seeking included concerns about stigma, career development, impact on colleagues, impact on patients, confidentiality, embarrassment and professional integrity.

There was insufficient data regarding the attitudes of medical colleagues, impact on patient care or impact on work and family life, and the effectiveness of mental health programs for medical practitioners.

The review identifies the need for future research specific to the Australian context regarding the prevalence of depression and anxiety, and other issues associated with the mental health of Australian medical students and practitioners. This includes Indigenous and rural and remote medical practitioners, and the effectiveness of interventions aimed at improving the mental health of medical practitioners. Further work is also needed to increase the awareness of anxiety and depression among medical students and practitioners, reduce profession-specific barriers to help-seeking, and improve access to treatment options, such as self-help and confidential therapeutic programs. *beyondblue* will be working with the medical profession to address these gaps.

Further information

The full report, *The Mental Health of Doctors – A systematic literature review*, will be available online at www.beyondblue.org.au from September 2010.

For more information on the *beyondblue* Doctors' Mental Health Program, contact *beyondblue* on (03) 9810 6100.

Acknowledgements

Literature review conducted by Lisa Elliott, Jonathon Tan and Sarah Norris, Health Technology Analysts, July 2010.

Footnotes

- 1 Prevalence rates of depression and anxiety disorders among doctors varied greatly in the international literature (14%-60% for depression and 18%-55% for anxiety disorders). This is largely due to different measurement methods used in different studies. There is no Australian data on the prevalence of depression and anxiety disorders in the medical profession.
- 2 One possible explanation for this is ready access to prescription drugs (the most common suicide method used by doctors), paired with a greater knowledge of human physiology.