

**BMA**



# Caring for the mental health of the medical workforce



British Medical Association  
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## Executive summary

### Doctors can be vulnerable too

Doctors are dedicated professionals who wish to provide the best care possible to their patients. But at any one time, a proportion of the medical workforce must also manage a diagnosed mental health condition of their own. Mental health is not static; it can deteriorate but it can improve too and there are opportunities for doctors to learn from and support each other through their own experience. Experiencing poor mental health should not be associated with failing as a doctor.

### The working environment has an impact on doctors

Doctors working the longest hours appear to be most vulnerable to psychological and emotional disturbance. Older and more senior doctors are most likely to report that their working environment has impacted on their condition. These findings should serve as caution against the idea that doctors can deliver ever more with fewer resources, regardless of the cost to their own wellbeing.

### Doctors should have access to support when they need it

Awareness of how to access support varies, as does the extent to which support meets the needs of doctors. Resident doctors were most likely to say they were not aware of how to access help or support. Worryingly, older doctors, SAS and overseas qualified doctors are most likely to say they have asked for support in managing a problem from their employer but that no support was provided.

### Future doctors are better informed about their mental health

Medical students report the highest rate of having a formally diagnosed mental health condition in the last 12 months. Positively, they also report having high awareness of how to access support at their place of study. While studying medicine undeniably has the potential to subject students to considerable stress, there are some tentative indications that future doctors are engaging more in their mental health and wellbeing.

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## Introduction

Its workforce is the NHS's most valuable asset - without doctors the NHS could not exist. With 1.7 million workers it is the largest employer in the UK (fifth globally).<sup>1</sup> Securing the health and wellbeing of these workers is crucial in order to ensure that the service is able to deliver the best care for patients.

Mental health problems are the single largest source of burden of disease in the UK, affecting around one in four people.<sup>2</sup> Although in recent years mental health awareness among the general population has improved, it remains a taboo subject among the medical profession. Previous research has found that doctors and medical students are hesitant to disclose a mental health condition and are reluctant to seek help.<sup>3</sup>

To increase understanding of the prevalence of mental health issues among the medical profession, attitudes towards seeking support, and whether the support services currently available meet service users' needs, the BMA launched a major project in 2018. The overall aim of the project is to inform the development of policy solutions that will improve the mental health of the workforce and ultimately lead to better patient care.

This report marks the first stage of the project and provides a summary of findings from a large-scale survey of both doctors and medical students. The survey, which was open to BMA members and non-members across the UK from 10 to 31 October 2018, received over 4,300 responses including around 1,400 medical students.<sup>4</sup> The survey provides a quantitative overview of experiences and attitudes to mental health and offers a starting point for the next stage of our project which is a more in-depth qualitative study.

1 Nuffield Trust (2019) The NHS workforce in numbers <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers>

2 BMA (2018) 'Mental health,' <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/mental-health>

3 S Brooks (2011) 'Review of literature on the mental health of doctors: *Are specialist services needed?*' *Journal of Mental Health*, <https://php.nhs.uk/wp-content/uploads/sites/26/2013/11/Brooks-2011-review-of-Drs-mental-health.pdf>

4 Please note that the survey respondents were self-selected and thus the responses may not necessarily be fully representative of the mental wellbeing of the whole profession.

## Key findings

1. A majority of doctors (80%) in our survey were at high/very high risk of burnout with resident doctors most at risk. Burnout was driven mostly by exhaustion rather than disengagement from one's role as a doctor.
2. 27% of respondents reported being diagnosed with a mental health condition at some point in their life, 7% said they were diagnosed in the past year.
3. 40% of respondents reported currently suffering from a broader range of psychological and emotional conditions. Doctors working the longest weekly hours (51 or more hours per week) were most likely to say they were currently suffering.
4. 90% of respondents stated that their current working, training, or studying environment had contributed to their condition either to a significant or partial extent.
5. While the majority of respondents said they did not use alcohol, drugs, self-medication or prescribing as a way to cope with a mental health condition, one in three said they used it regularly or occasionally. Men and older doctors were most likely to engage in regular use of alcohol/drugs/self-medication/prescribing to cope with their condition.
6. Respondents with current experience of managing a condition were most likely to report feeling less able to take on additional responsibilities, to do additional hours and more likely to worry about making mistakes.
7. Awareness of how to access support from the employer or medical school was varied. Resident doctors were most likely to say they were not aware of how to access help or support from their employer which may reflect the frequency at which they change place of training.
8. Where doctors make their own choices of support, they are most likely to rely on their own GP or friends and family. 19% of respondents said they would not seek help or support from their employer or medical school.
9. While 45% of respondents with depression, anxiety, burnout, stress, emotional distress or a mental health condition had been offered support by their employer or medical school, there was noticeable variation among doctors and medical students in whether they feel this support was acceptable or met their needs. Worryingly, 9% of respondents said they had asked for but were not offered support; these were most likely to be older doctors, SAS or overseas qualified doctors.
10. In primary care, half of GPs said they or their practice had sought help or support for a condition affecting their work or training.

## Current state of doctors' and medical students' mental wellbeing

# 1

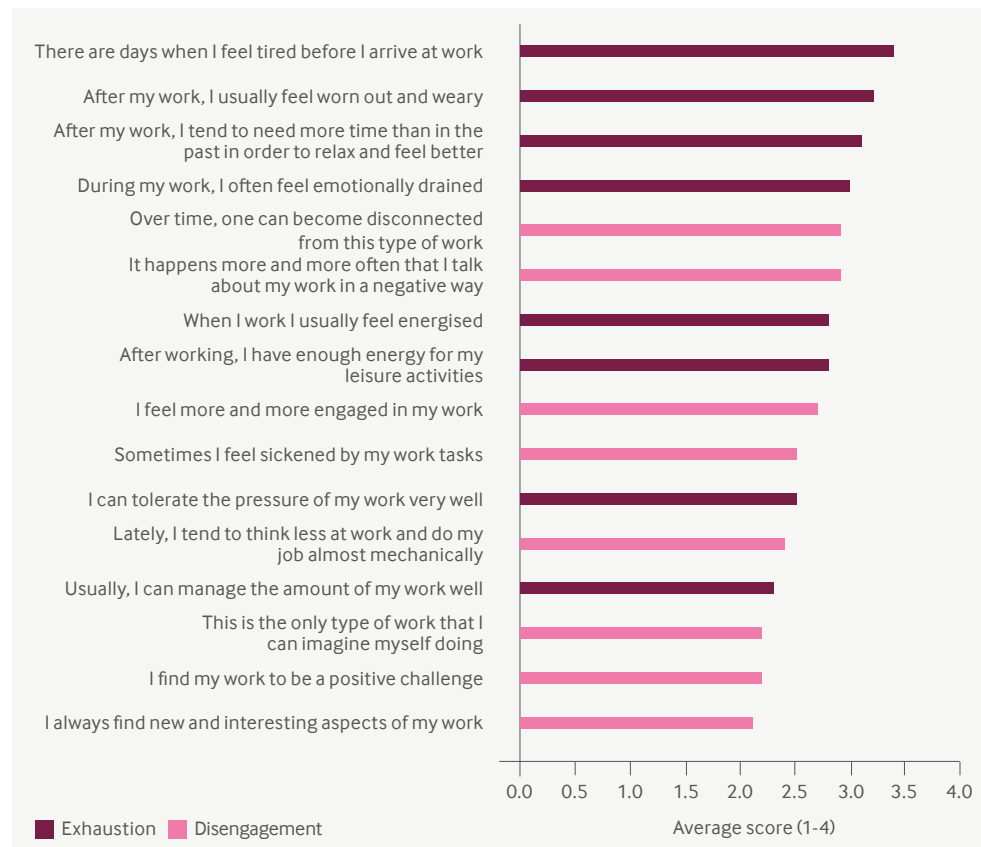
### Doctors are at high risk of burnout

Burnout is a psychological syndrome that is characterised by overwhelming exhaustion, depersonalisation and reduced personal efficiency.<sup>5</sup> Initial research of this phenomenon focussed on people-oriented professions (for example, education and healthcare) where the employee is expected to put others' needs first, work long hours and do whatever it takes to help.<sup>6</sup>

This study uses the Oldenburg Burnout Inventory (OLBI), one of a number of validated burnout inventories as it was considered easy for respondents to navigate. OLBI assesses the two core dimensions of burnout – exhaustion (for example, from long-term exposure to cognitive or physical strain) and disengagement from work. Risk of burnout among the respondents to the survey was largely driven by high scores for exhaustion. The highest score for an individual item in our survey was 'there are days when I feel tired before I arrive at work, training or study' (figure 1).

Within our survey, most respondents (80%) were at high/very high risk of burnout.<sup>7</sup> Resident doctors were most likely of all groups to be at high/very high risk of burnout (at 91%), followed by GP partners (88%), SAS doctors (87%), sessional GPs (85%), and consultants (83%). Women showed higher rates of risk of burnout than men. People working longer hours (51 hours or more) also have a high risk of burnout.

**Figure 1: Exhaustion versus disengagement and their contribution to 'burnout'**



5 C. Maslach and M. Leiter (2016) "Understanding the burnout experience: recent research and its implications for psychiatry," *World Psychiatry*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911781/>

6 Ibid.,

7 A respondent's total burnout score can place the individual in categories ranging from low/very low, through average to high/very high risk of burnout. The OLBI contains 16 statements with which respondents are asked to indicate the extent of their agreement. These statements are separated into items intended to measure *disengagement from work and exhaustion*.

## 2

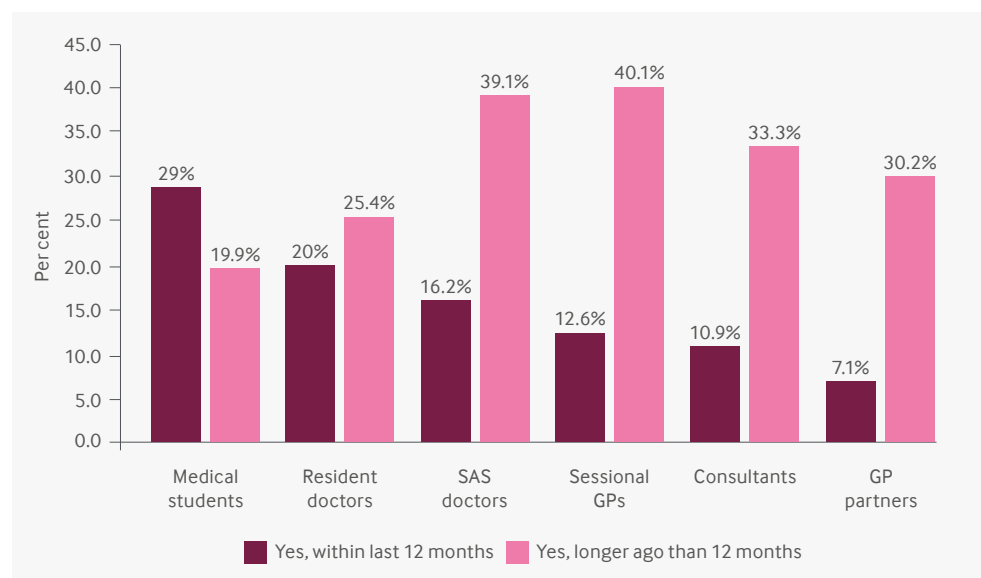
## High proportions of doctors and medical students have at some stage been diagnosed with a mental health condition

The average rate of survey respondents who had received a diagnosis for a mental health condition within the last year was 7%. Rates tended to be highest for the youngest respondents, including medical students, those working a relatively low number of hours (21-30 hours per week), and female respondents. Female respondents were more than 50% more likely than their male counterparts to report a current diagnosis of a mental health problem. Similarly, SAS doctors were nearly 50% more likely to report a diagnosis than their consultant colleagues and sessional GPs were 50% more likely to have an active diagnosis than GP partners.

The data shows that an even larger proportion of respondents across all groups had received a diagnosis longer than a year ago. 20% of respondents said they had been diagnosed more than a year ago, with rates being the highest for SAS doctors, sessional GPs, and those working less than 20 hours per week. Taken together, the highest rates of diagnosis for a mental health condition by branch of practice were SAS doctors, sessional GPs and resident doctors.

While respondents working the longest hours each week (51 hours or more) were likely to be at a relatively high risk of burnout, had low levels of life satisfaction, happiness and of feeling that what they do was worthwhile, they were not one of the most likely groups to report receiving a mental health diagnosis in the last year. This may reflect that once diagnosed doctors start working fewer hours. Resident doctors and SAS doctors also reported the lowest scores for anxiety (i.e. high levels of daily anxiety), life satisfaction, happiness, and feeling what they did was worthwhile.<sup>8</sup>

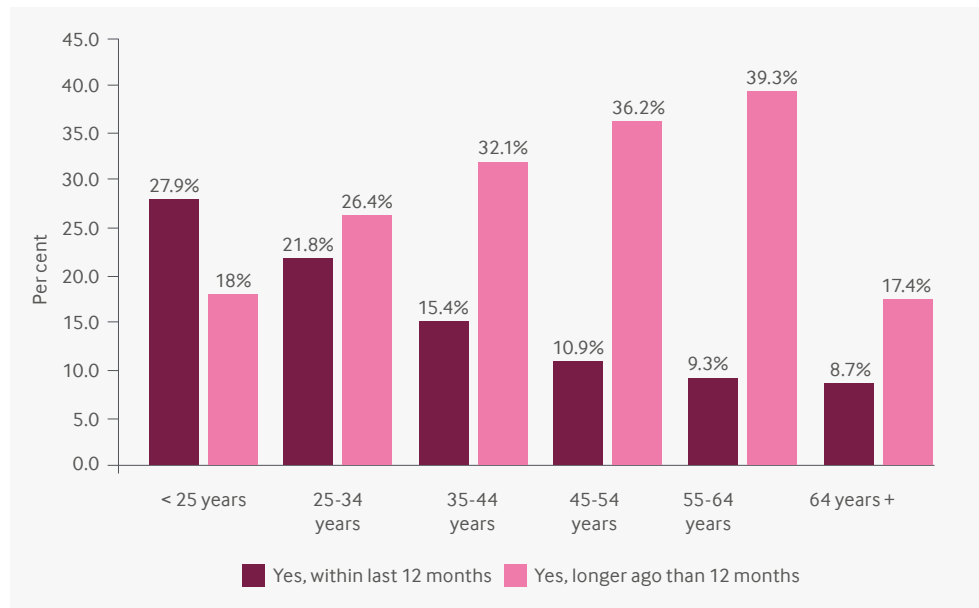
**Figure 2 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by branch of practice**



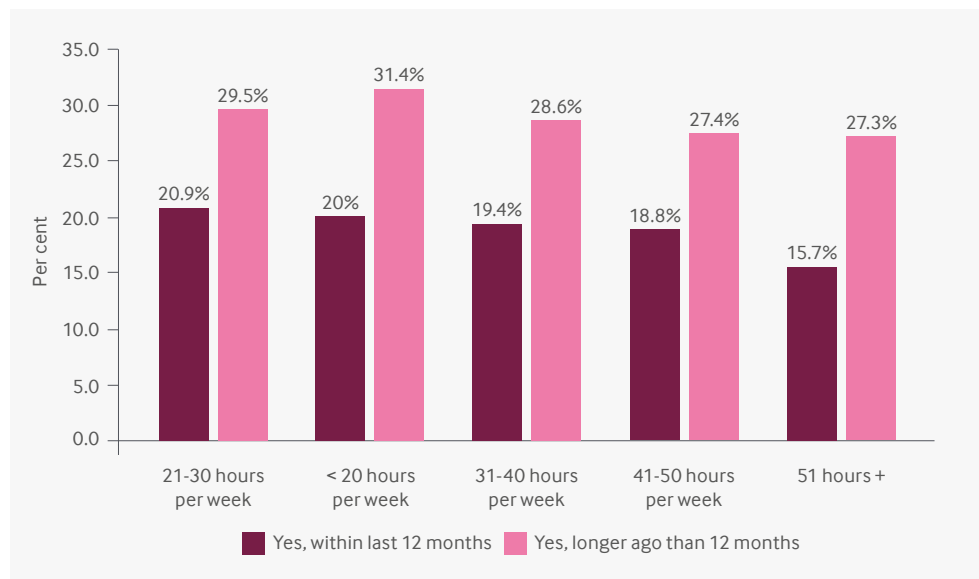
<sup>8</sup> The Office of National Statistics (ONS) use four questions to measure national-wellbeing and these were used in this survey. The questions measure wellbeing in four dimensions: life satisfaction, happiness, daily anxiety and how worthwhile one considers the things one does in their life to be.



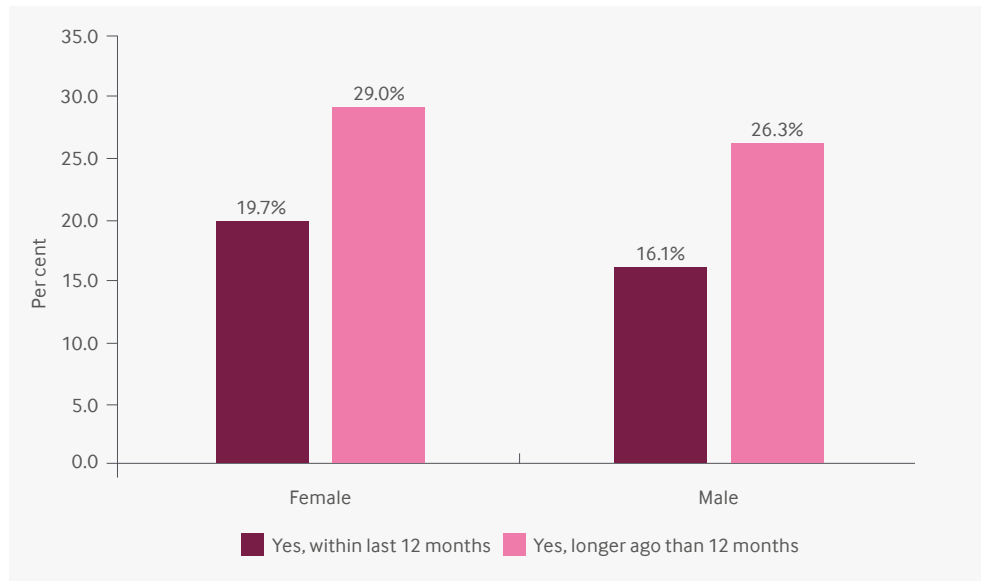
**Figure 3 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by age group**



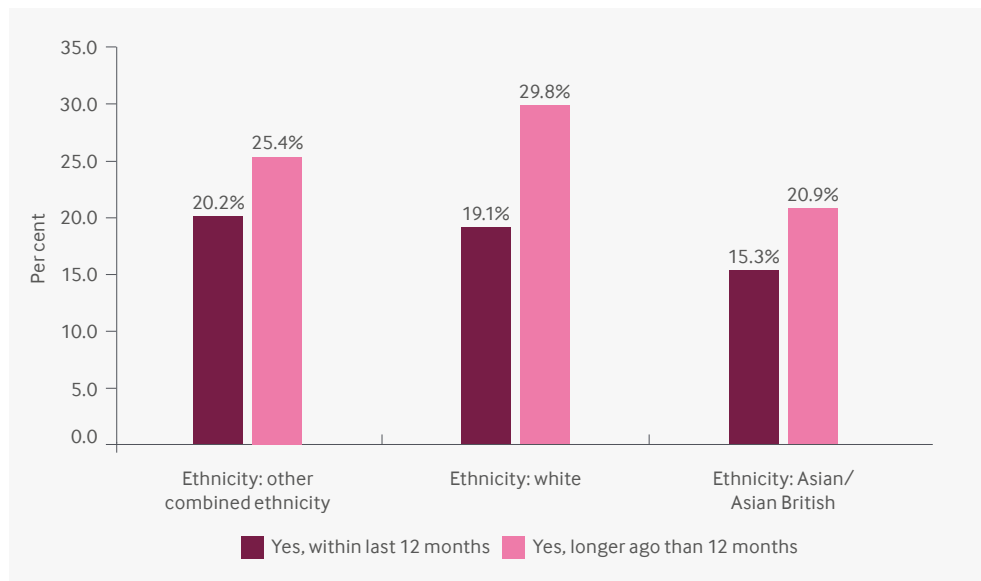
**Figure 4 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by hours per week**



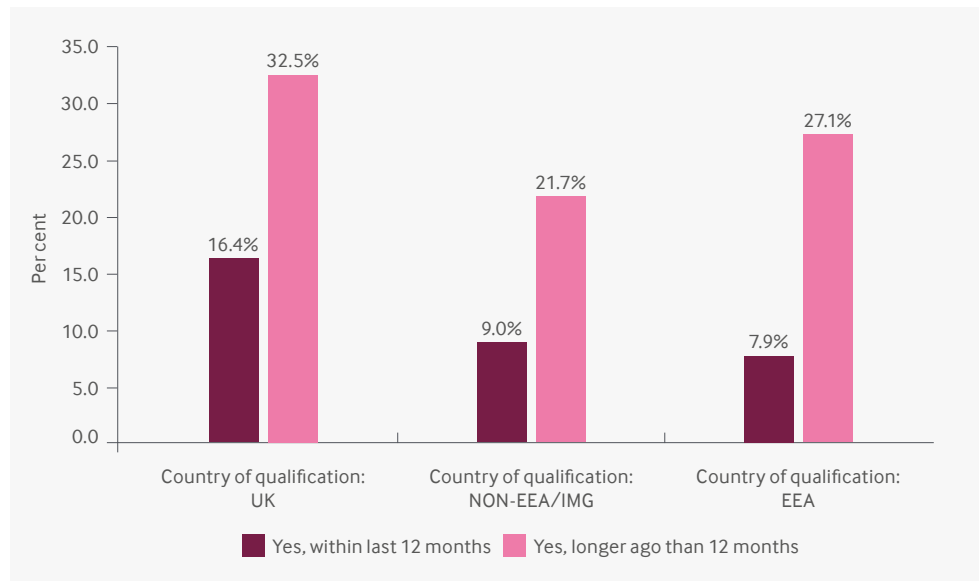
**Figure 5 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by gender**



**Figure 6 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by ethnicity**



**Figure 7 – Formal diagnosis of a mental health condition (within the last year and more than one year ago) by country of qualification**



# 3

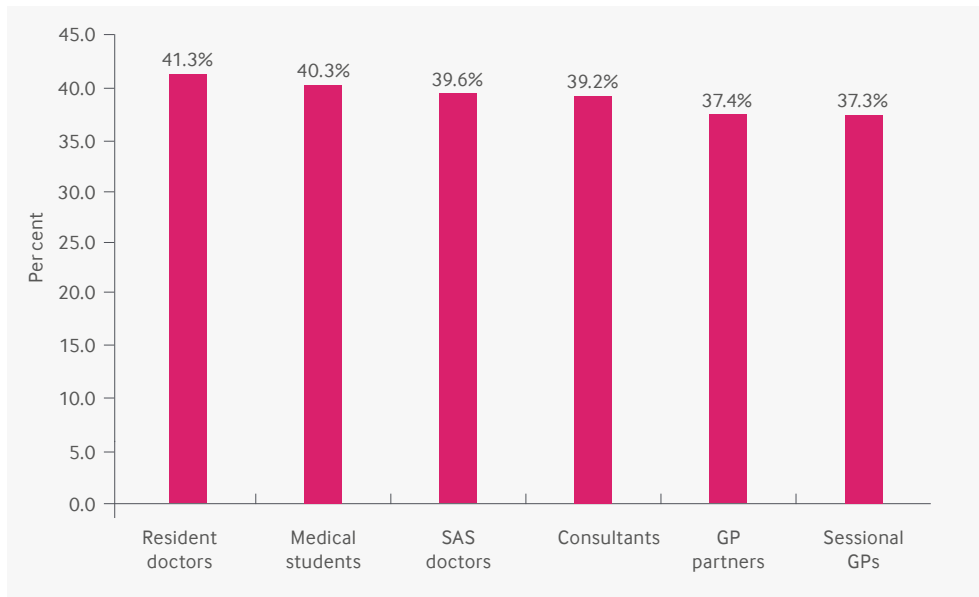
## A significant proportion of doctors and medical students suffer from a broad range of psychological and emotional conditions

Overall, four in 10 respondents to our survey reported currently suffering from depression, anxiety, burnout, stress, emotional distress and/or another mental health condition that is impacting on their work/training/study<sup>9</sup>.

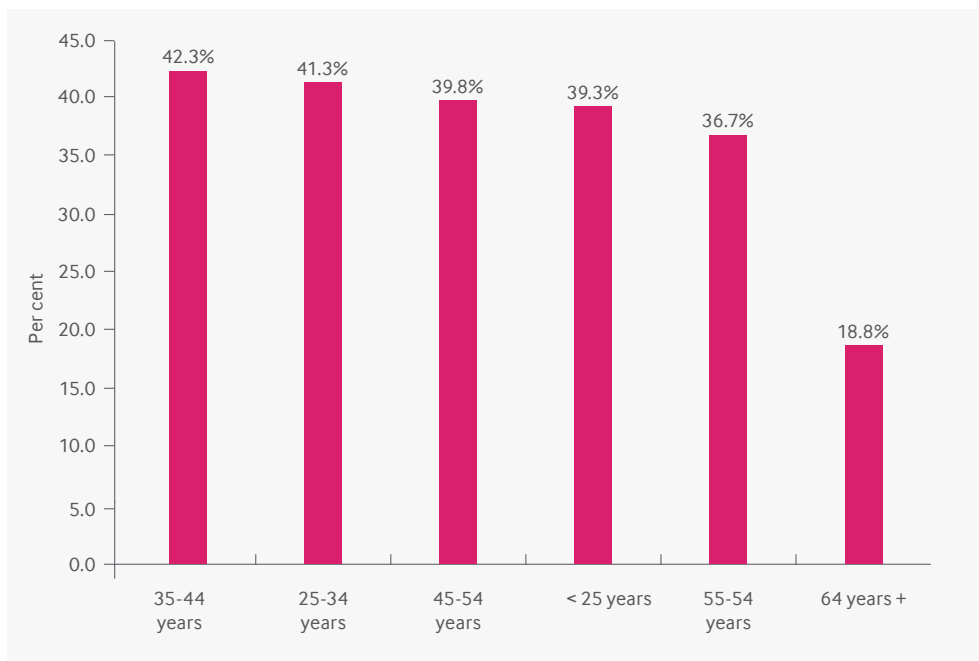
Despite reporting moderate rates of a formal mental health diagnosis in the last year compared to other groups, those working the longest weekly hours (51 hours or more) were most likely to report experiencing one or more of the above-mentioned conditions. Again, being younger, a medical student or a resident doctor, and female was more strongly associated with currently suffering from one or more conditions.

<sup>9</sup> A formal diagnosis was not required to give a positive answer. While this tells us that respondents are experiencing some degree of psychological and/or physical strain, we cannot be clear about the type, severity or when the problem began.

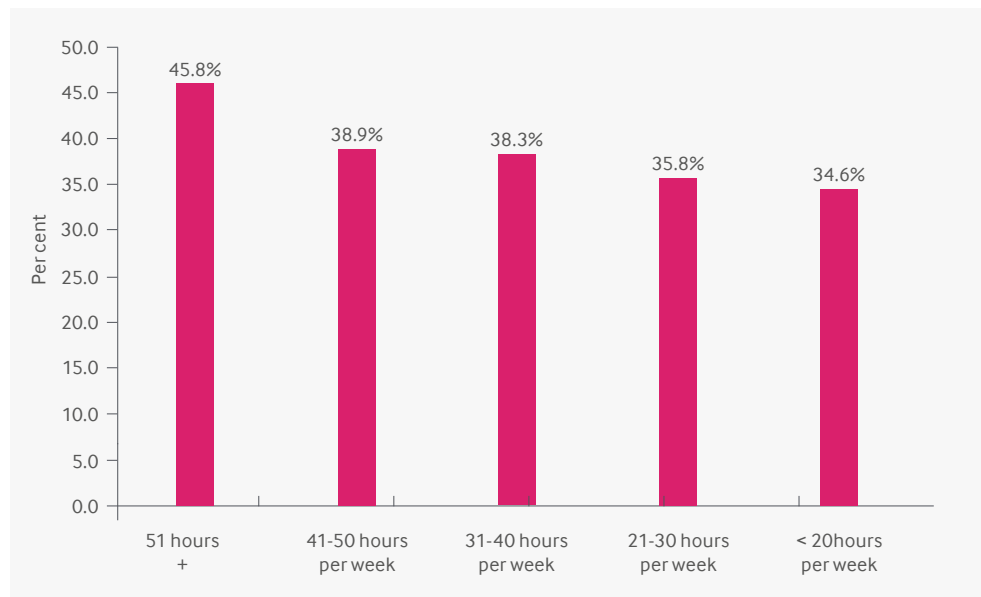
**Figure 8 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by branch of practice**



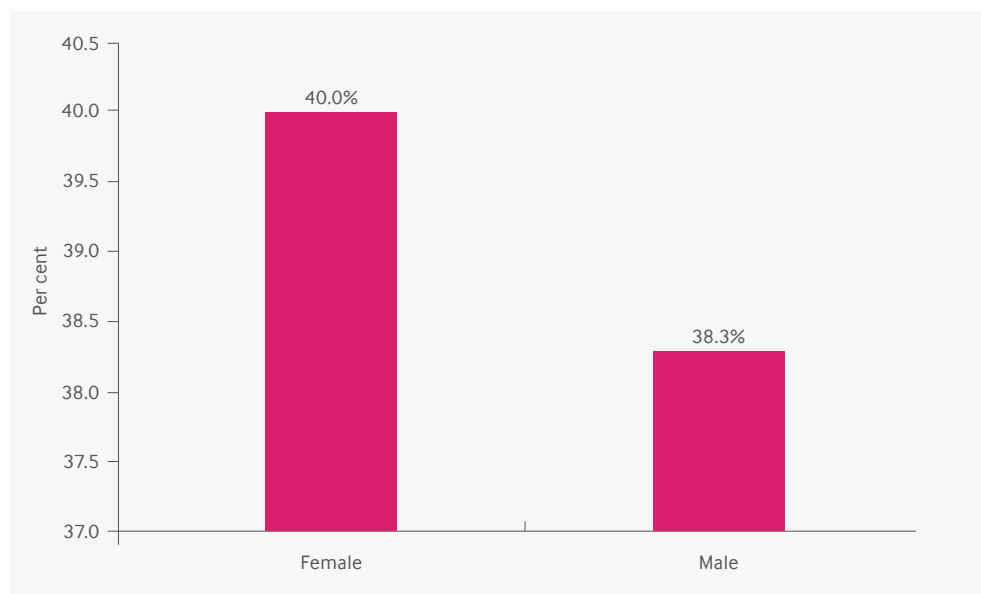
**Figure 9 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by age**



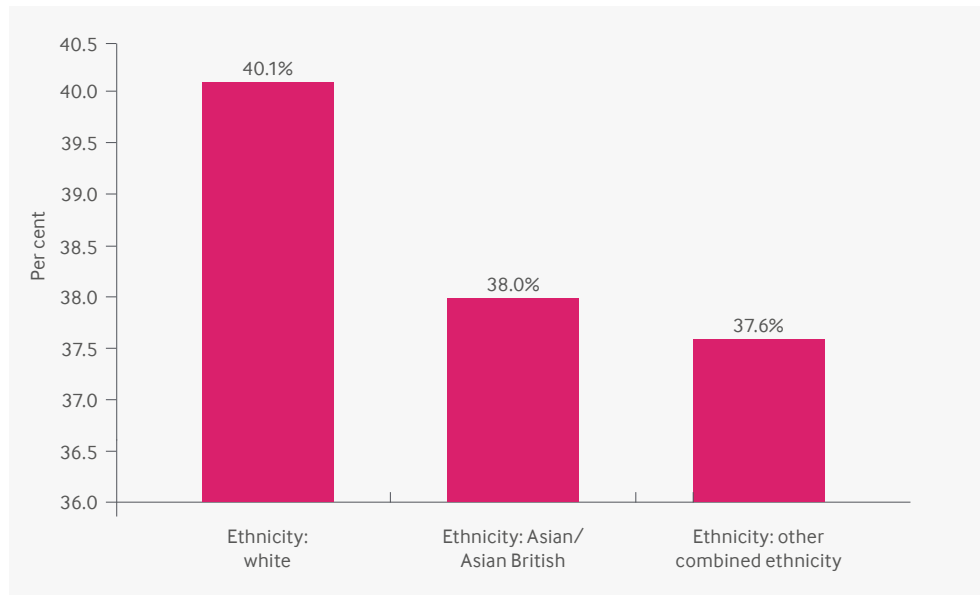
**Figure 10 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by hours per week**



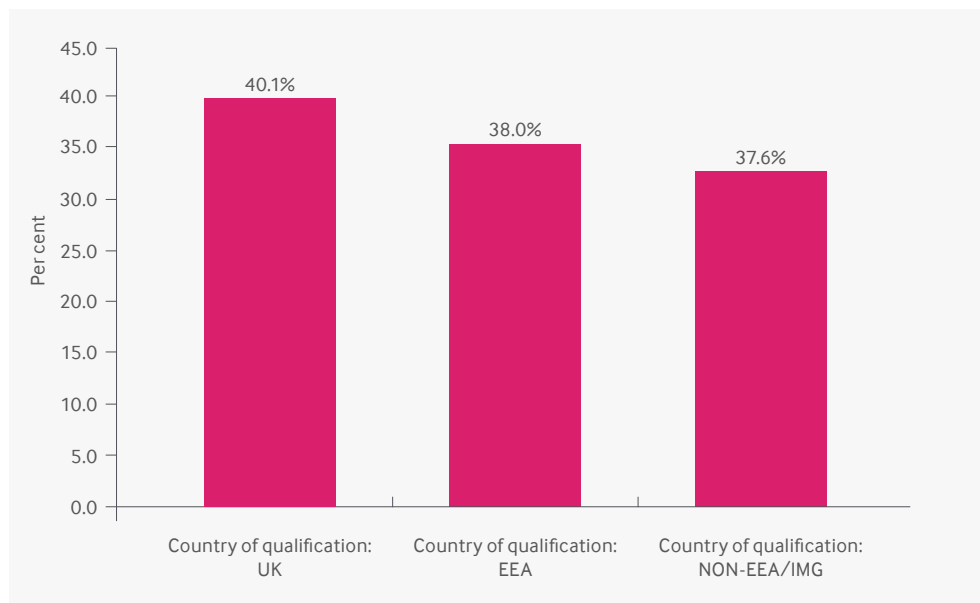
**Figure 11 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by gender**



**Figure 12 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by ethnicity**



**Figure 13 – Proportion of respondents currently suffering from any of depression, anxiety, burnout, stress, emotional stress, or a mental health condition affecting work, training or study (diagnosed or undiagnosed) by country of qualification**



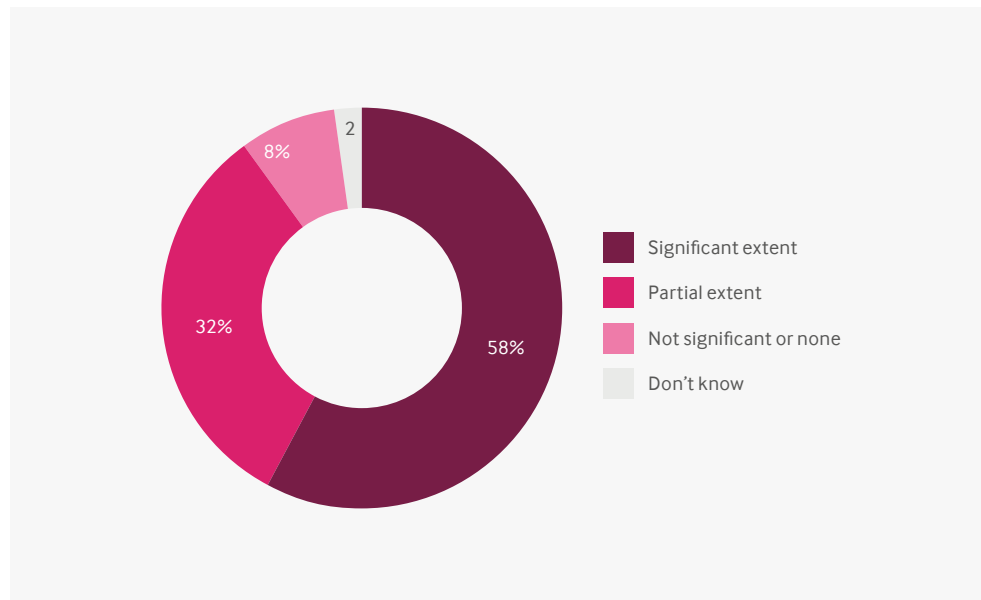
## 4

## The work environment contributes to mental health conditions

90% of respondents stated that their current working, training, or studying environment had contributed to their condition either in a significant or partial extent (figure 14). This reflects the fact that doctors work in intense environments where they are often required to put others' needs above their own, highlighting the importance of ensuring they receive the right support in such pressurised environments.

Respondents to the survey who were older, more senior or working the longest hours were most likely to say that their environment had significantly impacted on their condition. GP partners (82%) and consultants (77%) were most likely of all groups to feel their work environment had contributed to their condition. By contrast, respondents who were generally younger, including students, and those working fewer hours per week, were more likely to report their environment had had only a partial impact on their condition. This indicates that the environment becomes more important as a contributor to mental health conditions over time with the potential for a cumulative effect on staff occurring. If not changed the longer today's medical students and residents work in the NHS the more likely they are to get a mental health condition.

**Figure 14 – The contribution of current working, training or studying environment upon condition<sup>10</sup>**



<sup>10</sup> Out of the 1723 respondents, one person chose the option 'prefer not to say'

## Working, training or studying with a mental health condition

# 5

### Doctors are using alcohol, drugs or self-medicating/prescribing to cope

There was a strong relationship between the use of alcohol, drugs or self-medication/prescribing and being formally diagnosed with a mental health condition.<sup>11</sup> For those who received a formal mental health diagnosis (currently or previously), 62% reported using alcohol, drugs or self-medication/prescribing to cope compared to 39% who had never been diagnosed with a condition.

Use of alcohol, drugs or self-medication/prescribing was most common among consultants, those aged above 64 years and male respondents. It was least common among resident doctors and female respondents. 31% of respondents who were over 64 years said they used them regularly compared to only 9% who were less than 34 years. While the survey did not distinguish between alcohol, drugs and self-medication/prescribing, this finding could reflect a trend for younger people to be less likely to engage in risk behaviours, such as the consumption of alcohol and drugs.

Overall, men were more likely to use alcohol, drugs or self-medication/prescribing as a means of coping than women; 38% of male respondents used alcohol, drugs or self-medication/prescribing to cope, compared with 28% of females. A study of European countries' alcohol and drug consumption shows a similar pattern<sup>12</sup> and an international study of 35 countries showed that both drinking and high-volume drinking were consistently more prevalent among men than among women.<sup>13</sup>

# 6

### Those suffering from a mental health condition are more likely to feel less able to take on additional responsibilities

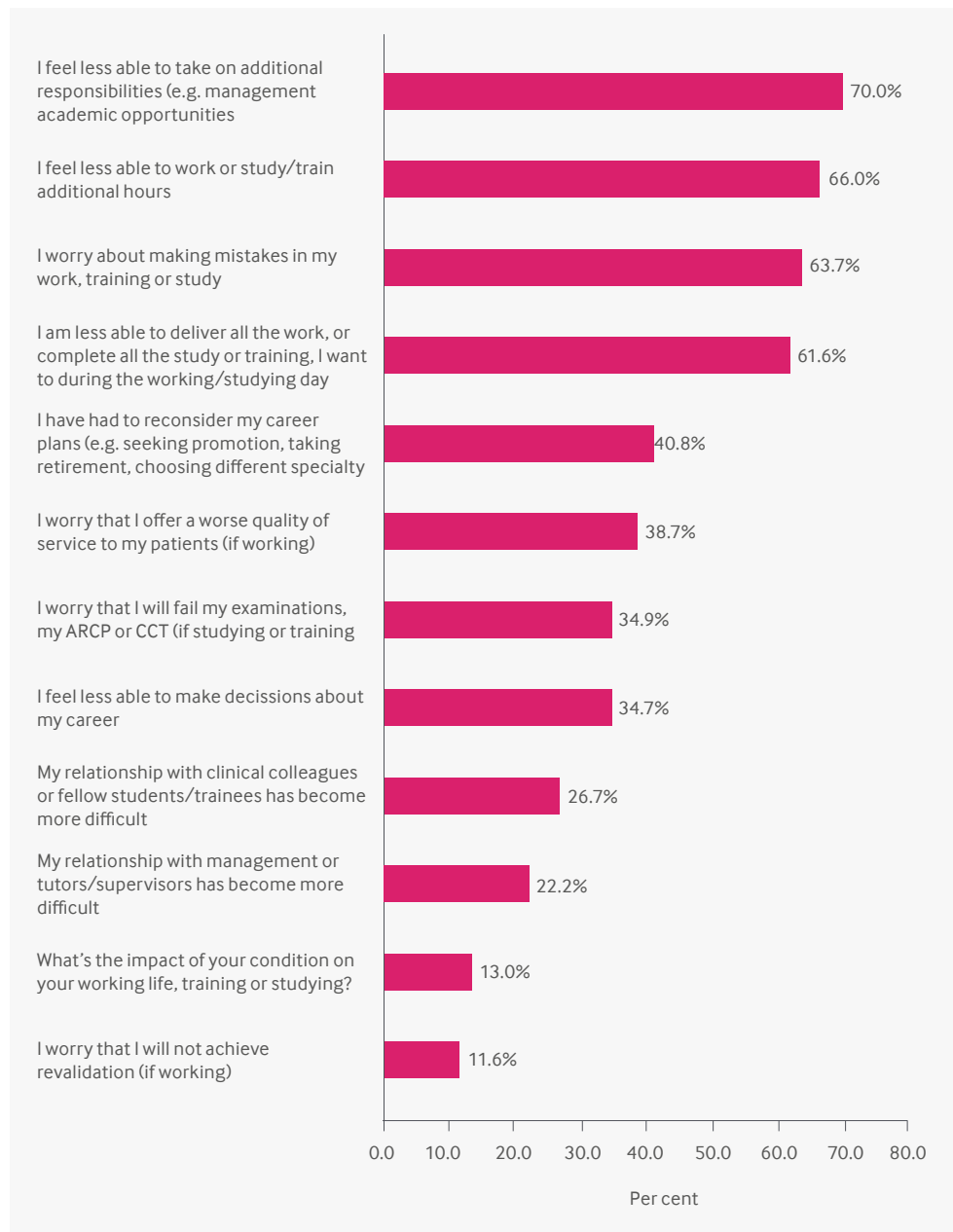
Respondents who reported currently suffering from a condition which impacted on their work, training or study, were asked how it had affected them. There was broad agreement on the most common impacts across the different groups within the survey. Respondents with current experience of a condition were most likely to report feeling less able to take on additional responsibilities (70%), less able to do additional hours (66%), more likely to worry about making mistakes (64%) and less able to complete all the work they would like (62%) (figure 15). Respondents are also concerned about offering a worse quality of service to patients (39%) and are reconsidering their career plans (41%).

11 We are unable to distinguish between use of alcohol, drug use, self-medication and prescribing.

12 European Monitoring Centre for Drugs and Drug Addiction (2005) "Differences in patterns of drug use between women and men", [http://www.emcdda.europa.eu/attachements.cfm/att\\_34281\\_EN\\_TDS\\_gender.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_34281_EN_TDS_gender.pdf)

13 Richard Wilsnack et al (2009) Gender and alcohol consumption: patterns from the multinational Genacis project" *Addiction*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2844334/>



**Figure 15 – Impact of condition on working life, training or studying**

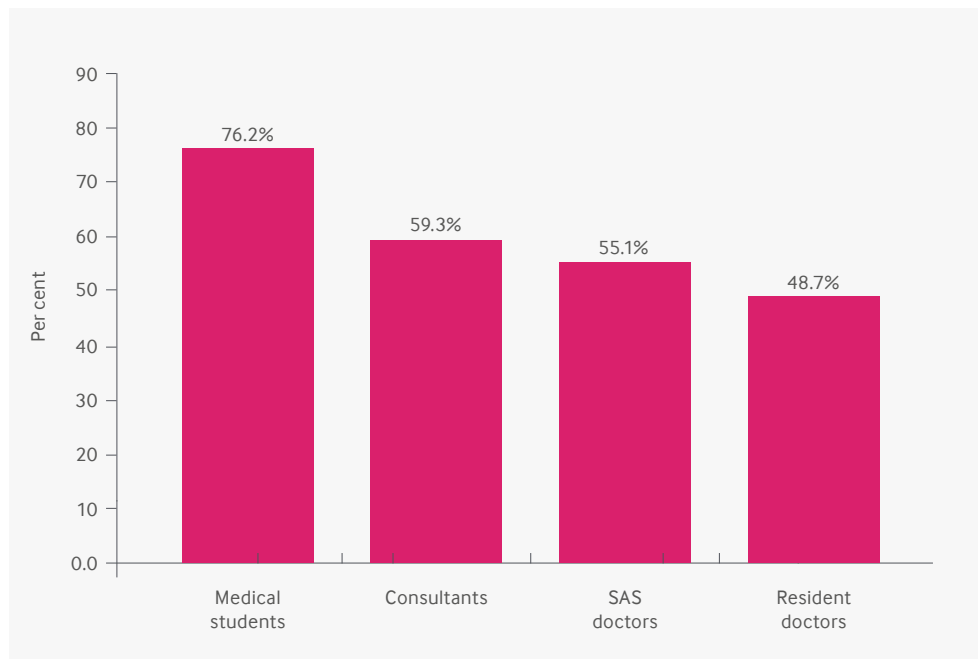
## 7

## Seeking support

### Awareness of how to access support varies among the profession

Overall, six in 10 respondents (63%) said they were aware of how to access support from their employer or medical school. This figure increases to three-quarters for medical students alone (76%). By contrast, resident doctors were most likely to say they were not aware of how to access help or support from their employer (49%), which may reflect the frequency at which doctors in training change placement.

**Figure 16 – Awareness of how to access support (by branch of practice)**



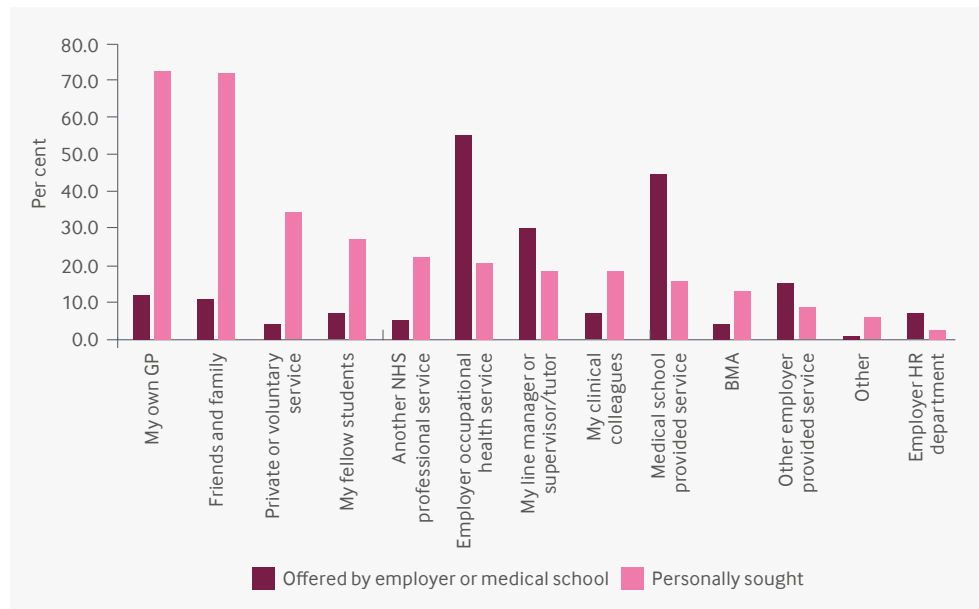
## 8

## The majority of doctors and medical students are seeking help outside their place of work or study

Almost two-thirds of all respondents (65%) who were currently or had previously suffered from a mental health condition said they had sought support from sources other than their place of work or study. Groups most likely to report having done so were those working less than 20 hours per week (76%) and SAS doctors (72%) with no group of respondents more likely to seek help from their work or study than from other sources. Women were somewhat more likely to seek support outside their place of work or study (67%) than men (58%).

Among the services respondents had *personally sought support* from, 72% had chosen their own GP and friends and family, while 34% had used private and voluntary sector services. Younger doctors and students were more likely than other ages to seek support from their friends and family.

**Figure 17 – The proportion of respondents who were offered support by their place of work/training/study (blue) and those who sought support independently (orange)**

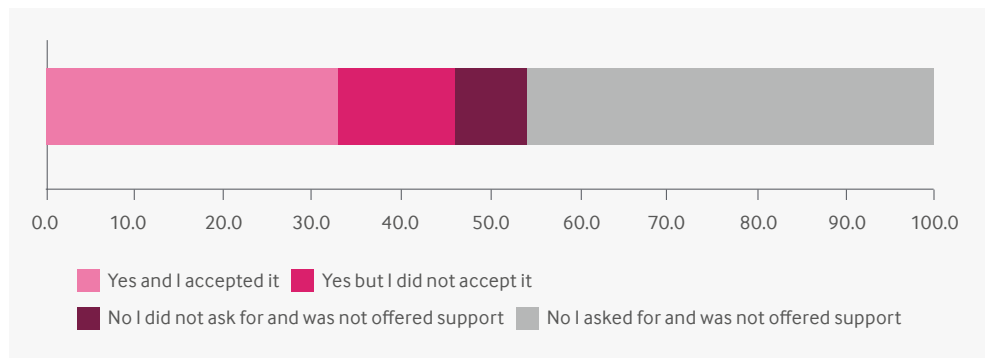


# 9

## Where support is offered by the employer or medical school, attitudes differ as to whether it should be accepted, and where it is accepted, whether it meets the needs of the service user

Respondents (who did not work in general practice) currently suffering or who had previously suffered from a condition were asked if they had been offered support by their employer or medical school. Less than half (45%) of respondents had been offered support (figure 18) but not all doctors and students who were offered support chose to accept it. Women were more likely (34%) to find support acceptable than men (26%). Those 64 years and older (15%) and those working longer hours (21%) were least likely to accept support if offered – this may reflect the fact that mental health among these age groups still have a large stigma and that working longer hours means having less time to make time to take up the support offered. Medical students and those under 25 years reported some of the highest rates of accepting support, but they were also the groups who were most likely to find the support offered unacceptable. This indicates that there is growing willingness to accept support and awareness of services, however, it illustrates also that the services available currently do not meet users’ requirements.

**Figure 18 – Proportion of respondents (currently/previously suffering from a mental health condition) offered and accepting support by their place of work/training/study**

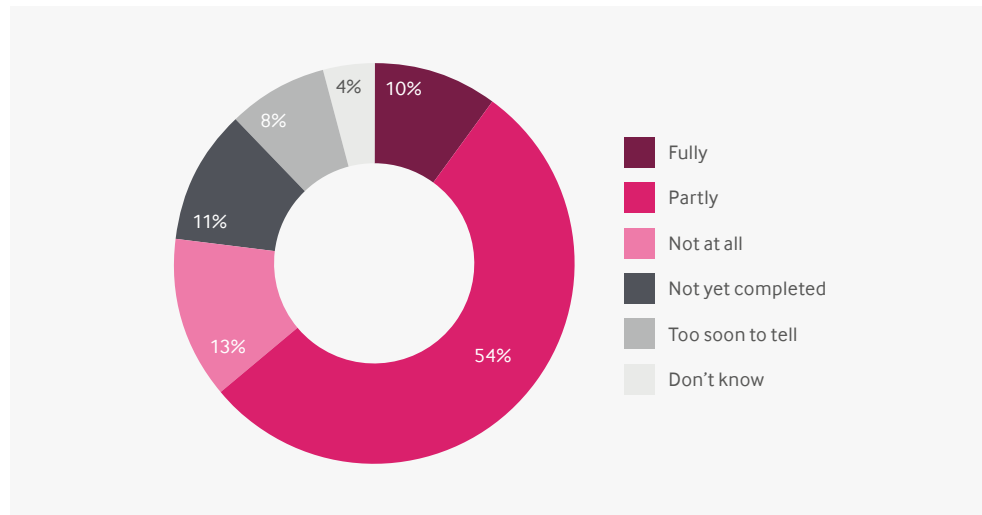


88% of respondents accepting support received support from their employer or medical school within three months at the latest, with 56% receiving support no later than within three weeks. There was no difference according to whether respondents reported having a formally diagnosed mental health condition.

Respondents below 25 years of age were most likely to say they began receiving support within three weeks of referral/request which suggests medical schools were quicker than employers at arranging support from point of referral or request.

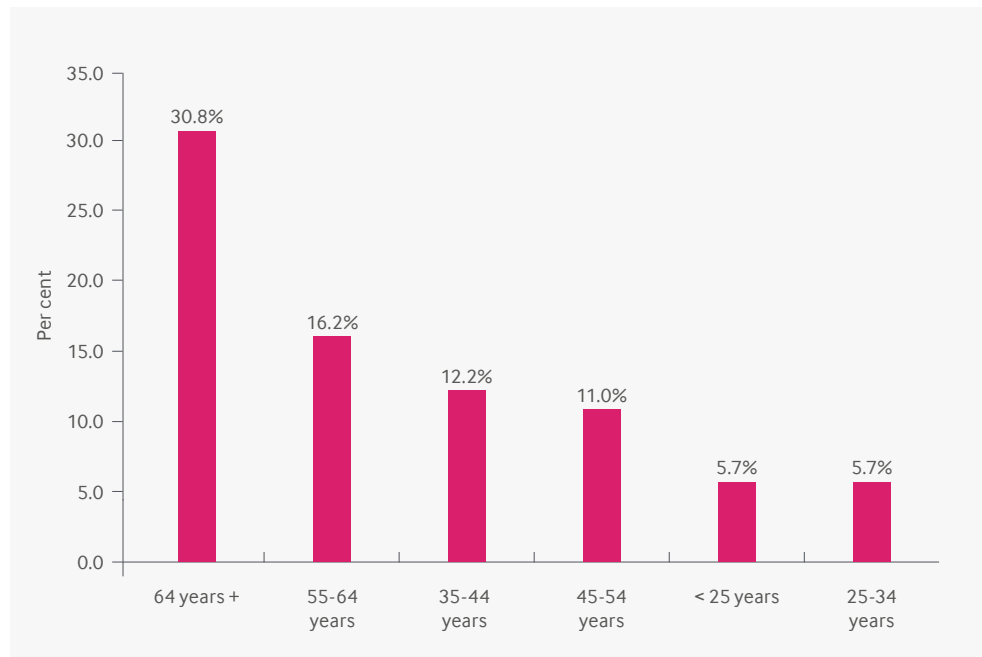
Over half of respondents to have used the support provided by their employer or medical school said this partly met their needs (54%) while a further 10% felt their needs were fully met.

**Figure 19 – The extent to which support from an employer or medical school met the needs of respondents<sup>14</sup>**



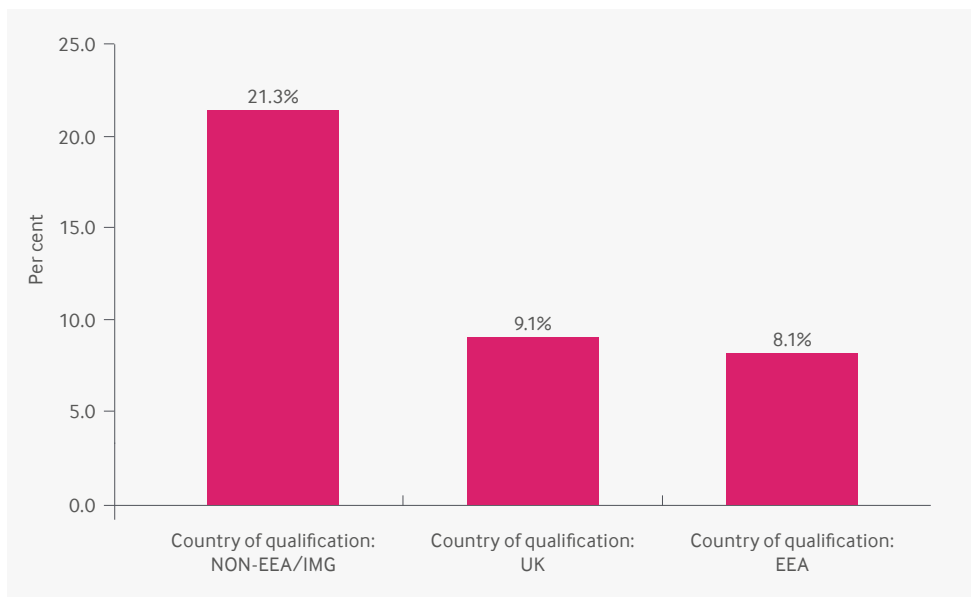
A worryingly high proportion of some groups reported asking for support, but not being offered any. Respondents aged 64 or older (31%), overseas qualified (21%) and SAS doctors (20%) were most likely to say they had experienced this (see figures below).

**Figure 20 – The proportion of respondents who requested support, but did not receive it by age**

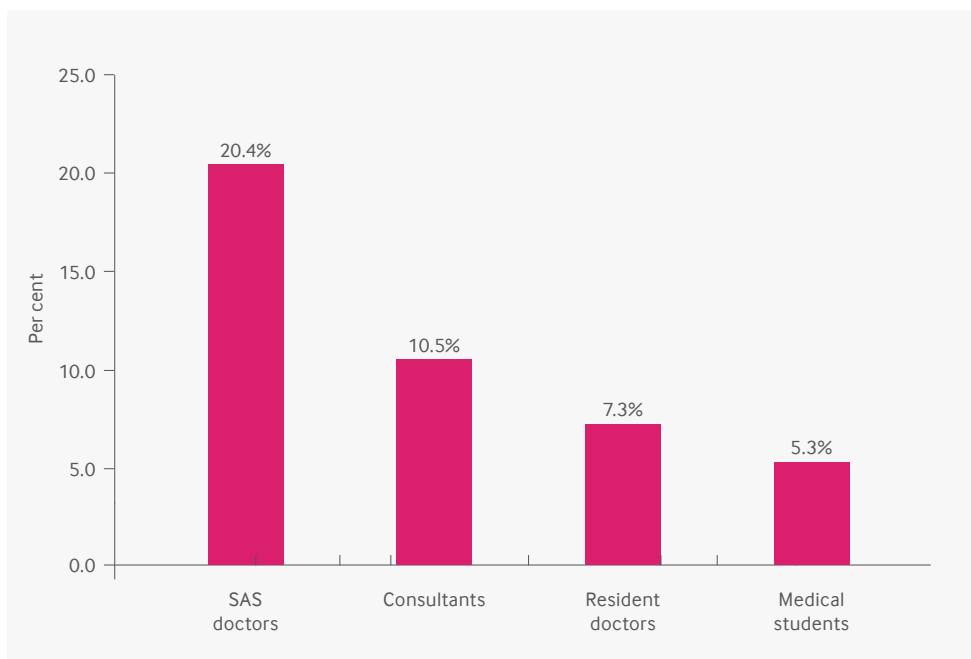


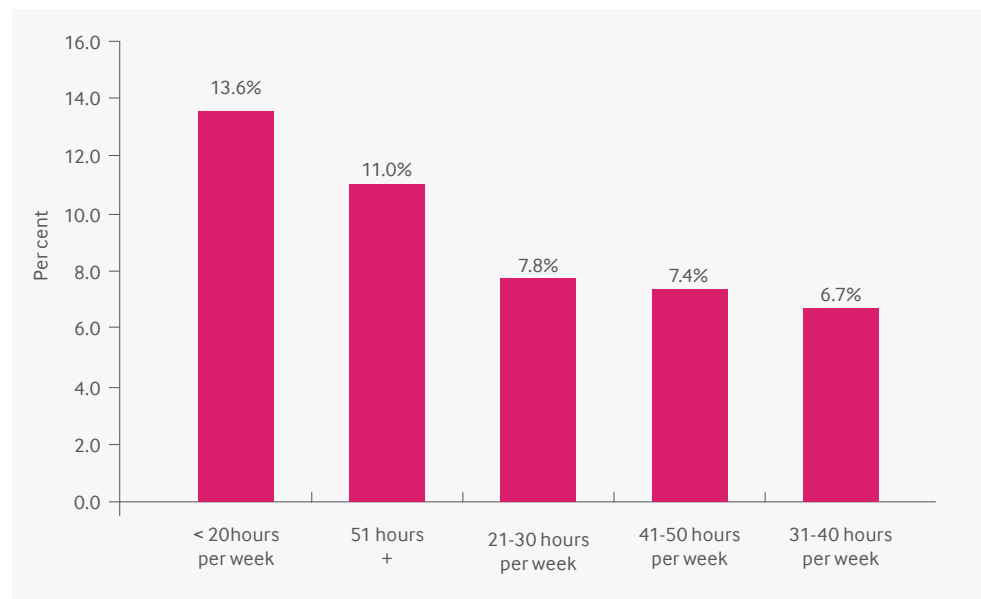
<sup>14</sup> Out of the 497 respondents, 3 people chose the option 'prefer not to say'

**Figure 21 – The proportion of respondents who requested support, but did not receive it by country of qualification**



**Figure 22 – The proportion of respondents who requested support, but did not receive it by branch of practice**



**Figure 23 – The proportion of respondents who requested support, but did not receive it**

## 10

## In primary care, half of GPs said they or their practice had sought help or support for a condition affecting their work or training.

Just over half of GPs (53%) said they or their practice had sought help or support for a condition affecting their work or training.

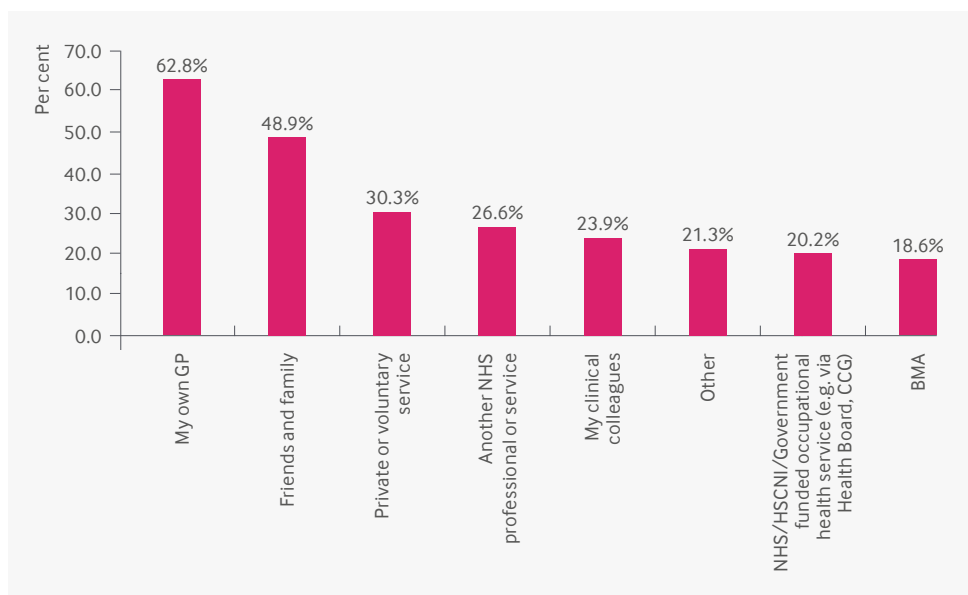
Of those **who had sought support**, as for other doctors, the highest proportion preferred to seek out their own GP (63%) or friends and family (49%) (figure 24). Only one-fifth of GPs (20%) had sought support from an NHS or Government funded health service (e.g. via a Health Board or Clinical Commissioning Group). Included among the 'other' responses, are referral to the NHS Practitioner Health Programme, the NHS GP Health Service, counselling (including through the Local Medical Committee) and other individual arrangements such as coaching or mentoring.

Of those GPs **who had not sought support** either personally or through their practice, almost an equal proportion of respondents said they were aware (46%) of how to access an NHS/Government funded occupational health service to those that were not (44%). Almost one in 10 (8%) said they would not seek help or support from an NHS/Government funded health service.

Of the small number of GPs to have used an NHS/Government funded occupational health service (37 people), most (54%) felt the support met their needs partly, 16% thought it met their needs fully, whereas a similar proportion (14%) thought it did not meet their needs at all.

58% of GPs who have used an NHS/Government funded service received support within three weeks of their request or referral, while a further one-third (33%) received help between three weeks and three months.

**Figure 24 – The proportion of GPs who sought support and the source of help**





## Conclusion

The findings presented by this survey paint a concerning picture, with doctors and medical students experiencing burnout, psychological or emotional conditions, and a significant minority turning to alcohol/drugs/self-medication/prescribing to cope with their condition. Respondents have told us that their environment is impacting their health and wellbeing as well as their ability to provide the best quality care for patients.

The findings also show that awareness of how to access support varies, as does the extent to which support meets respondents' needs. On a positive note, we also see that some groups, particularly younger doctors and medical students appear more engaged with their mental health, accepting support from their place of study/training/work, and less likely to use alcohol/drugs/self-medication/prescribing to cope.

This survey has helped us to identify the problems being experienced by doctors and think about what needs to be done to address them. It indicates also the importance of both providing effective care for those who have mental health conditions and ensuring there is effective support for those at high risk of burnout prior to any potential mental health conditions developing.

The following key principles offer a set of high-level points, as a starting point for improving the mental health of the profession.

## Key principles to improving mental health among doctors and medical students

### Building a supportive culture

- **Valuing the NHS workforce:** promoting shared values, fostering a sense of fulfilment and enjoyment at work, involving staff in mental health policy design, procedure and implementation, offering adjustments (time off, reduced hours)
- **Preventing the cause of ill-health:** reducing risks and pressures, fostering a no-blame environment
- **Raising mental health awareness:** addressing the stigma around accessing support services, normalising and encouraging help-seeking behaviour, offering education/training opportunities to improve awareness, creating mental health champions
- **Using innovation and best practice:** being proactive in providing support and designing strategies to improve mental health
- **Offering support:** recognising and providing support for potentially stressful events/situations (traumatic incidents, career transitions), training supervisors/educators to help/signpost to services

### Enhancing access to support

- **Improving awareness of services:** promoting services regularly, encouraging the use of services, providing clear guidance on support procedures
- **Meeting service user needs:** providing access to or signposting to mental health support services, addiction support services and occupational health support, ensuring any services offered provide timely, confidential and flexible support
- **Providing spaces to rest:** ensuring staff have access to areas where they can have refreshments, speak with colleagues, reflect on experiences

### Encouraging self-care and peer support

- **Self-care:** valuing and maintaining one's mental health, acknowledging support available to you
- **Peer support:** recognising ill-health in colleagues and offering support, understanding the difficulties colleagues face and being alert to signs of mental health problems, fostering a collegiate and inclusive environment

The next phase of our research will look at some of these issues in more detail and will inform the development of a detailed set of solutions to be published in summer 2019.



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