

# **Caring for the Carers: A New Service for Doctors and Dentists**

## **Introduction**

For decades now research has shown that, compared to a matched population, doctors have increased rates of mental health problems. Doctors are reported to have high rates of work related stress, anxiety, depression, somatic and social dysfunction<sup>i</sup> and higher levels of fatigue than the general population<sup>ii</sup>. Depression and substance misuse are thought to be contributory to the increased rates of suicide found in doctors<sup>iii</sup>. Around 7% of doctors have drug or alcohol problems across their life time.<sup>iv</sup> Evidence suggests that doctors who misuse drugs also commonly misuse alcohol and prescription medicines, such as benzodiazepines, often interchanging substances on availability.

There are many and complex reasons why doctors appear so vulnerable to mental health and substance misuse problems. These reasons can be thought of as being due to the individual, (perfectionist, recruited for commitment to public service, ability to attend to detail), the job (long hours, frequent change of location/teams/role, isolated working patterns, dealing with high levels of physical and emotional distress) and cultural factors (guilt, not wanting to “let your colleagues down”, feeling that sickness in oneself is a failure and something to be ashamed of). Some of the qualities that contribute to good doctoring (such as conscientiousness, attention to detail, and commitment to caring, stoicism) also, paradoxically, contribute to the factors that predict vulnerability to mental health problems and act as barriers to help seeking behaviour. Doctors, like the rest of the population, are affected by stigmatising images of mental illness and its treatment<sup>v</sup>.

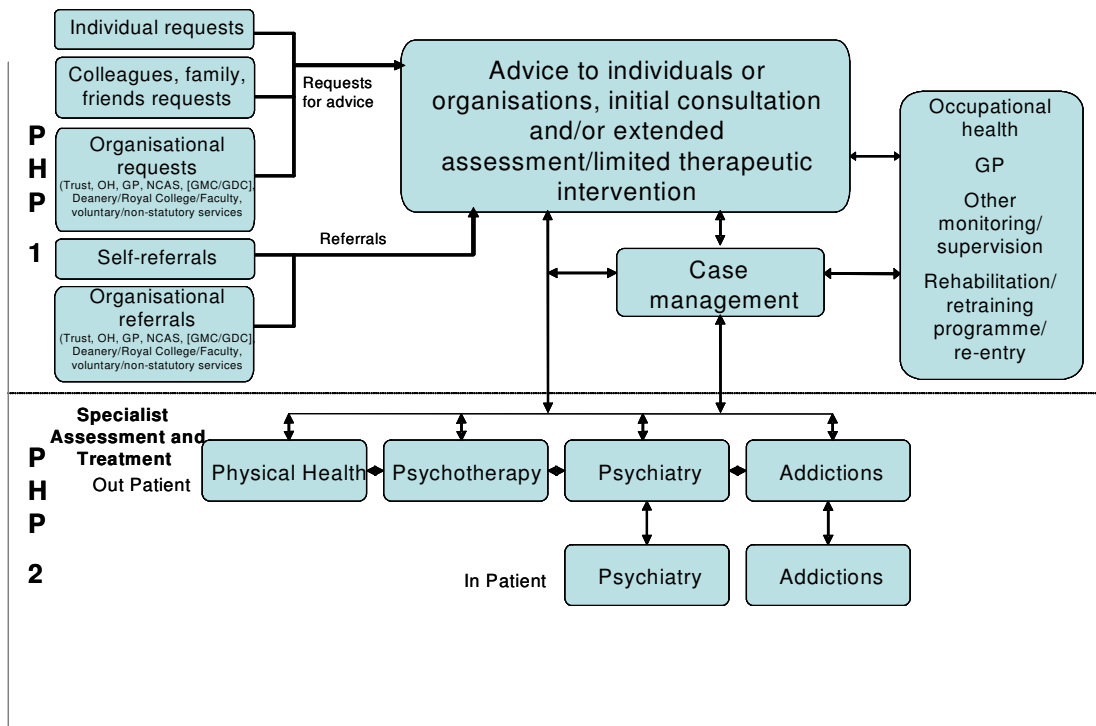
## **The Practitioner Health Programme**

The Practitioner Health Programme (PHP), headed by Dr Clare Gerada is a two-year prototype service based in London. This service has been funded by the Department of Health and commissioned by the London Strategic Health Authority and National Clinical Assessment Service (NCAS). PHP is a free, primary care, low-threshold, stepped care service than can be accessed via the web: [www.php.nhs.uk](http://www.php.nhs.uk), confidential e-mail and a telephone help line. The service is for doctors and dentists living or working within the London area who have mental health and/ or physical health concerns that might be affecting their work, or addiction problems of any severity. The service is complimentary to existing National Health Service (NHS) and other services, rather than a replacement of them. Potential practitioner patients, their family members or concerned colleagues can contact PHP anonymously to discuss concerns and prospective referrals for assessment.

Unlike general practice, PHP has the resources to provide a 'Super Service' for doctors and dentists experiencing illness and or alcohol/drug use that affect their work. One of the main benefits is time. The initial assessment can take around 2 hours. We are mindful that many practitioners have not had the benefit of healthcare and often on their first presentation the need to 'off load' is immense. Practitioner patients can experience the 'GP approach' toward assessment and therapeutic engagement.

As part of the stepped care model, practitioner patients requiring specialist input or an inpatient setting will continue to be monitored by the primary care led team (PHP1) but will have access to a range of services (PHP2). These consist of a number of preferred specialist providers. These providers include: Capio-Nightingale, Tavistock and Portman NHS Foundation Trust and South London and Maudsely NHS Foundation Trust. Clouds House in Wiltshire can provide additional residential provision. In exceptional cases, referrals can be made to other providers. PHP2, like PHP1 is provided free to the practitioner patient and will operate with the same level of confidentiality, access and quality as with PHP1.

## Practitioner Health Programme Flow Diagram



## Confidentiality

A major barrier to health professionals seeking help are concerns regarding confidentiality, in particular whether having disclosed mental health or addiction concerns, will lead to a referral to the GMC. The PHP service guarantees the same level of confidentiality as for any other non-health care professional patient. An agreement has been drawn up with the GMC confirming that the practitioner patient can be treated in an entirely confidential manner unless there are serious risks to patient safety. The GMC has also agreed that PHP can have informal, confidential discussions about any doctor where PHP have concerns about patient safety. Only in exceptional circumstances will information be disclosed and always with the knowledge of the practitioner patient.

## The Future

The PHP service has now been in operation since early October 2008. Even before completion of the developmental stage referrals have been arriving, confirming the well-known maxim "if you build it they will come". Doctors and dentists have self referred, been referred by colleagues, spouses, friends, employers, medical directors, the GMC, NCAS, NHS specialists and via self-help support services. The distress and isolation that sick health professionals have to endure underlines the need for such a service which, hopefully, if proved to be successful will be expanded to cover the whole country.

For further information, please visit our web site: [www.php.nhs.uk](http://www.php.nhs.uk)

**Dr Clare Gerada and Jane Haywood, PHP.**

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<sup>i</sup> Baldwin, P., Dodd, M. & Wrate, R. (1997) Young doctors' health: how do working conditions affect attitudes, health and performance? *Social Science and Medicine*, 45, 35–40.

<sup>ii</sup> Hardy, G. E, Shapiro, D. & Borrill, C. (1997) Fatigue in the workforce of national health trusts: levels of symptomatology and links with minor psychiatric disorder, demographic, occupational and work factors. *Journal of Psychosomatic Research*, 43, 83–92.

<sup>iii</sup> Hawton, K., Clements, A., Sakarovitch, C., *et al* (2001) Suicide in doctors. *Journal of Epidemiology and Community Health*, 55, 296–300.

<sup>iv</sup> British Medical Association. *The misuse of alcohol and other drugs by doctors*. London: British Medical Association, 1998

<sup>v</sup> Mukherjee, R., Fialho, A., Wijetunge, A., *et al* (2002) The stigmatisation of psychiatric illness: the attitudes of medical students and doctors in a London teaching hospital. *Psychiatric Bulletin*, 26, 178–181.