

Written evidence submitted by Doctors in Distress (WBR0107)

Doctors in Distress is a charity registered in England and Wales as well as in Scotland. The charity was established in 2019 by Amandip Sidhu following the death by suicide of his cardiologist brother Jagdip. Jagdip died because he did not seem to have anyone to turn to as his workload continued to intensify. As a charity we are working entirely *to prevent* doctors, nurses and all healthcare professions from despair, helplessness and burnout.

Doctors in Distress was established to ensure that no other doctors, or healthcare professionals, need to go through what Jagdip Sidhu felt. The charity aims to do this by reducing the stigma which still exists around the mental health of our medical colleagues and by providing safe spaces in the form of facilitated peer groups. These groups will enable doctors and others to help to relieve their stress and workplace burnout.

Doctors in Distress is not aimed at those healthcare professionals who have pre-existing mental illness or who are in need of medical intervention, rather we aim to prevent mental illness in the first place.

Doctors in Distress aims at providing support, focusing on specific themes where we can have the greatest impact on emotional wellbeing.

Recommendations

We welcome the Health and Social Committee focus on work place burnout and resilience. We hope this continues beyond the life of the committee and that they acknowledge this serious problem which needs addressing in a strategic manner, ensuring that urgent action is taken to relieve the pressure and intensity currently experienced by the NHS workforce.

We recommend

- 1) All health care staff, who interact with patients, must have the time and space for reflective practice – spaces where they have protected time to come together to talk about the emotional impact of their work. These spaces must be confidential and facilitated and within the working day of healthcare professionals (that is not an added extra which they are expected to do in their own time).
- 2) Confidential spaces, ideally as groups of professionals need to be available throughout a health professionals working life.
- 3) Doctors and nurses must have access to mentoring, career advice and one to one support for work related issues throughout their career – with milestones marked by an invitation to an enhanced professional appraisal (e.g at 5th anniversary post training, when obtained CCT, first consultant post, pre retirement). These enhanced appraisals should provide a confidential space for reflection.



Doctors in Distress – Case for Support “Connecting Practitioners to Groups”

Why now

Doctors kill themselves at a higher rate than the general population. They do this as they feel unsupported, and isolated. We must stop this. It is an imperative, now more than ever, that we improve the mental health and wellbeing of doctors and other healthcare professionals and stop needless loss of life through suicide.

Even before COVID-19, the mental health of the medical work force was of great concern, with doctors experiencing high rates of mental illness, burn out and even suicide. Rates of suicide amongst female doctors in particular have been reported to be between two to five times that of an age matched group. Yet, despite these high rates, due to a host of factors (mainly linked to professional determination, stigma and fear) doctors often fail to address their personal mental health needs, presenting late, in a crisis or sadly as a consequence of a suicide attempt.

The pandemic has added enormous additional pressure on doctors and the healthcare system in general – a system already stretched beyond capacity. Evidence from previous pandemics shows the effects on the mental health of health staff due to COVID-19 will be profound and long lastingⁱ, leading to “Post covid Stress Disorder” or what is now known as Long COVID. This is hardly surprising considering how much more grief and anxiety is being brought into the mix due to death, sadness and fear as the virus continues to take its toll. The effects of the psychological distress can be long lasting, overwhelming, distressing, and disruptive for the individual and those around them. With respect to the medical profession, the strain is already being felt.

A survey carried out by the British Medical Association conducted between 14th to 16th April 2020 found that **almost half of UK doctors were suffering from burnout, depression or anxiety, and more than half do not feel supported by the Government.**ⁱⁱ A Mori Poll conducted reported that already one in two workers feel their mental health has declined in the first two months following the commencement of the crisis. Critically, one in five professionals say COVID-19 has made them more likely to leave the profession. Given existing workforce shortages, this could create a long-term and catastrophic crisis of capacity in the health and care system for many years to come. If COVID-19 has a similar psychological impact as other major pandemics, it will mean a vast number of key workers needing supportⁱⁱⁱ, starting right now and continuing well into the future.

Importance of connections

The COVID-19 pandemic has emphasised the importance of providing doctors and other health professionals with spaces where they can re-connect with each other, discuss their traumatic day, obtain physical (as in terms of food and beverage) but more importantly psychological sustenance.

These spaces have been vital in allowing all health staff to do the difficult jobs they do and obtain the emotional respite they deserve **before** they reach the point of despair or distress. However, this kind of service is only sporadically provided and faded away as the NHS began to return to some sort of normality. Now, in the second wave (and with a possible third wave to follow), we must ensure that health professionals form and maintain therapeutic connections with each other – in safe, facilitated environments without judgement or stigma. This time of extreme strain on the health service also provides an opportunity to make a change that has been needed for far too long.

Funding is urgently needed to provide structured support to health professionals by providing them access to psychologically safe and professionally led spaces (virtual at present, real as well as virtual in the future). This is essential **Psychological PPE**.

What will 'Doctors in Distress' do?

The COVID-19 pandemic has brought to the forefront the importance of not just the physical health of health workers but also their mental health and well-being. Without the psychological strength and resilience of doctors, nurses and others working with patients, we would not have been able to deliver care to the millions who have received this over the last few months.

The COVID-19 crisis has led to a plethora of different forms of support and therapeutic groups for health professionals across the NHS. Much of the response to supporting staff has involved creating on-line spaces for them to seek support, either from their teams and peers in the form of group huddles or through more formal, facilitated therapy groups and well-being webinars. There are also examples of physical spaces being provided, for example, in large hospitals “welfare or decompression rooms” staffed by airline personal but also providing access to confidential psychological support. There is a wealth of evidence to demonstrate that doctors benefit from having access to individual and group support (for example, supervision, Balint groups, compassion circles, group huddles, reflective practice groups, therapy groups and so on) to be able to talk about their work and support the well-being of health practitioners.

These groups improve well-being, reduce burn out and lead to improvements in mental health through providing doctors with time and spaces to digest the emotional impact of their work and gain therapeutic support through dialogue with ‘an-other’.

Therapeutic spaces, led by skilled facilitators, provide doctors and other healthcare professionals with the reassurance of knowing that they are not alone; sharing their concerns with others in possible similar situations provides a mirror to gain relief via the experience of others and as well as enabling a secure base allowing them to separate from their medical self and embrace patient hood if needed (something doctors in particular find incredibly hard to do). Finally, facilitated groups are perhaps the best and most cost-effective route for achieving these aims.

The COVID-19 crisis has accelerated this work and using a small grant, the NHS service which provides care to doctors with mental illness (Practitioner Health) has been offering a wider range – available every day and accessible at different times to ensure maximum availability. The groups have been well received and membership, at the time of writing, is growing fast each week.

The legacy of COVID-19 must be to continue providing this lifeline to health professionals who have very few spaces to talk about the impact of their work. **Doctors in Distress** understands that there is strength in expressing vulnerability and is determined to spread this message across the medical world; this will break down stigma. Our medical colleagues need to know that they can share their distress and feel safe enough to access the support, through connecting to groups when they need to.

At the time of writing, **Doctors in Distress's** groups have shown groups to be:

- Time to consider self-compassion
- Time to discuss the emotional impact of one's work
- Time to create and maintain professional boundaries and personal well being
- Time to connect with one's professional values
- Time to reflect on one's work
- A safe space to meet as equals

How this is being done:

Thousands of flowers have been blooming during the urgent early stages of the COVID-19 pandemic, as the number and variety of therapeutic groups for health staff have been made available. Sadly, as we pass through the second 'recovery' phase and now into the second wave, as hospitals are forced into further overwhelming demand and no time to plan for post-Covid care, these groups are disappearing as quickly as they were formed.

Doctors in Distress has the skills, knowledge, networks and experience to act fast and decisively to create 100's of virtual video groups and ensure that when most needed, staff continue to receive the support they need.

In the first instance funding has been raised and used to provide the administrative and leadership infrastructure to create a network of facilitated groups for doctors. These are being delivered by trained facilitators and focusing on specific topics and areas of need.

We envisage that for the foreseeable future, these groups will be provided using the wide range of technological platforms to enable effective virtual interaction – and hopefully, in the future, face-to-face groups will emerge.

In parallel with delivering the groups we will learn lessons, find ways to contact hard to reach groups and lobby the NHS and employers to provide these as core to their staff. In addition **Doctors in Distress** is developing a monitoring, evaluation and learning framework to provide a culture of continuous development that can be shared nationally.

There will be many lessons learned from this period of entirely virtual connectivity.

We will offer our help so that all and any health professionals can join and find the option which will suit them. Our current model, which is showing positive results, is to offer an opening Webinar for all those who show an interest and register. There are then 8 facilitated groups with a webinar to end, to capture lessons and to ascertain future need. There will be no stigma or judgement which will enable participants to feel secure.

Who will provide it?

Since 2009, Professor Clare Gerada, the Chair of **Doctors in Distress** has been leading a multi- award winning, CQC rated 'outstanding 'mental health treatment service for doctors across England. She is a world leader in the field of physician mental health and has made a significant contribution to what is known to address not just treatment but prevention of mental illness in this professional group^{iv}.

The Trustee Board includes Amandip Sidhu, the founder of **Doctors in Distress** – who set up the charity following the death through suicide of his cardiologist brother, Dr Jagdip Sidhu's death.^v

Other trustees are Professor Subodh Dave, Anna Soubry, Dr Gavin McColl, Dr Nisma Shah and Dr Ananta Dave.

What will be the impact of this work?

The initial injection of funds within the first 6 months was used to contract the part-time services of a Chief Executive, operations manager and a small number of contractors currently on furlough. We have also begun to establish effective online resources to raise awareness and provide relevant timely information for the medical profession.

Together with Dame Clare Gerada, **Doctors in Distress**, we will:

- Engage a network of group therapists who will be able to provide sessions across different times of the day and week
- Continue to target hard to reach groups (stranded doctors, doctors with Long COVID, locums, clinicians from BAME groups)
- Begin to engage key stakeholders, including Health Education England, GP trainers, Appraisers, Responsible Officers to ensure they are aware of what we are providing
- Within 24 months, our aim is to have 200 groups running across the UK
- We will gather evidence of, and publish the impact and effectiveness of these groups.

Doctors in Distress aims to develop long-term sustainable methodology post-Covid and will continuously review our objectives to enable this. However, the current need is greater than ever with an imperative to support all those who are supporting the nation to get through this pandemic.

Conclusion:

With your immediate support, **Doctors in Distress** will create the infrastructure needed to deliver this ambitious but critical vision –

Zero deaths from suicide amongst the all health professionals by 2025

For further information or an informal conversation, please contact Dame Clare Gerada or Ann Paul

ⁱ Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; published online April 15. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1).

ⁱⁱ <https://www.bma.org.uk/news-and-opinion/almost-half-of-uk-doctors-suffering-from-burnout-depression-or-anxiety-bma-survey-reveals-1>

ⁱⁱⁱ Maunder, Robert (2004) 'The Experience of the 2003 SARS outbreak as a Traumatic Stress among Frontline Healthcare Workers in Toronto: Lessons Learned' *The Royal Society*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1693388/pdf/15306398.pdf>

^{iv} Clare Gerada (2020) "Beneath the White Coat, Doctors, their minds and mental health" www.routledge.com ISBN: 978-1-138-49973-7

^v <https://www.dauk.org/blog/2019/11/27/guest-blog-by-amandip-sidhu-1st-year-anniversary>

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