



# National Mental Health Survey of Doctors and Medical Students

Executive summary

## Acknowledgements

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The survey questionnaire and methodology were developed by *beyondblue* with input from a Project Advisory Group comprising leading experts in doctors' mental health.

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# Executive summary

## 1. Background

The National Mental Health Survey of Doctors and Medical Students was conducted with the aims of:

- understanding issues associated with the mental health of Australian medical students and doctors
- increasing awareness across the medical profession and broader community of issues associated with the mental health of medical students and doctors, and
- informing the development of mental health services and supports for the medical profession.

Topics covered by the anonymous, self-complete survey included specific and general mental health status, substance use and misuse, suicidal ideation and self-harm, workplace and life stressors, levels of burnout, impact of mental health symptoms, treatment and coping strategies employed to address mental health symptoms, barriers to seeking treatment and support, and attitudes regarding doctors with mental health conditions.

The sample comprised 42,942 doctors and 6,658 medical students. The final response rate was approximately 27% for both doctors and medical students, which resulted in 12,252 and 1,811 respondents respectively.

The broad demographic profile of those participating in the *beyondblue* survey and the general Australian doctors' population were similar, based on data obtained from the 2011 Australian Census. It was not possible to assess whether this sample is representative of the mental health status, experiences and attitudes of the Australian medical population. As no population norms exist for medical students, it was not possible to assess the representativeness of this sample.

Doctor data were weighted based on demographic information from the 2011 Census. As no population norms exist for medical students, these data were unweighted.

## 2. Key findings

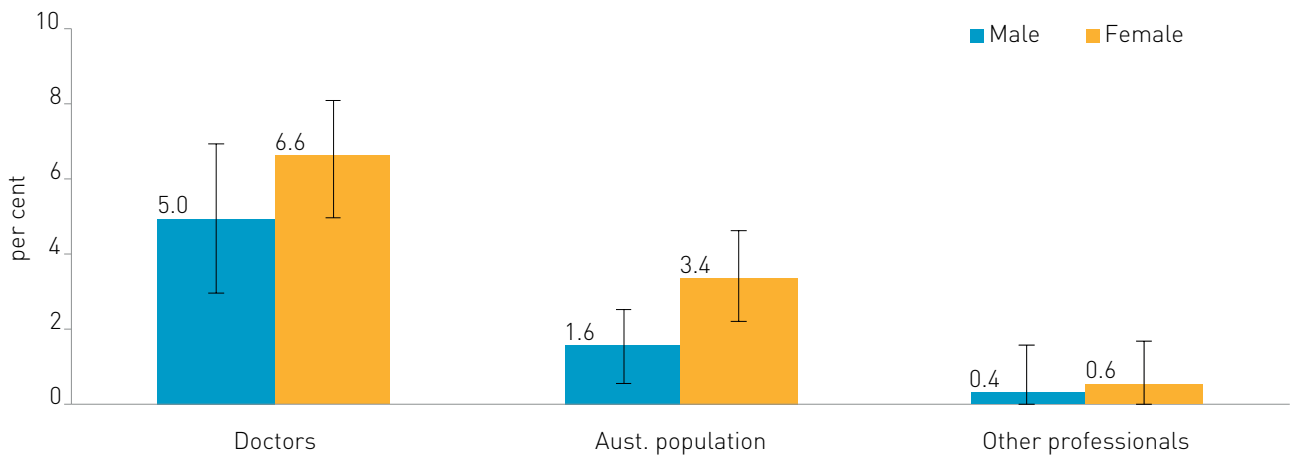
### 2.1 Doctors

Doctors reported substantially higher rates of psychological distress and suicidal thoughts compared to both the Australian population and other Australian professionals.

The level of psychological distress was assessed using the Kessler 10 (K10) scale. Doctors were asked if they had ever been, or were currently, diagnosed with anxiety or depression.

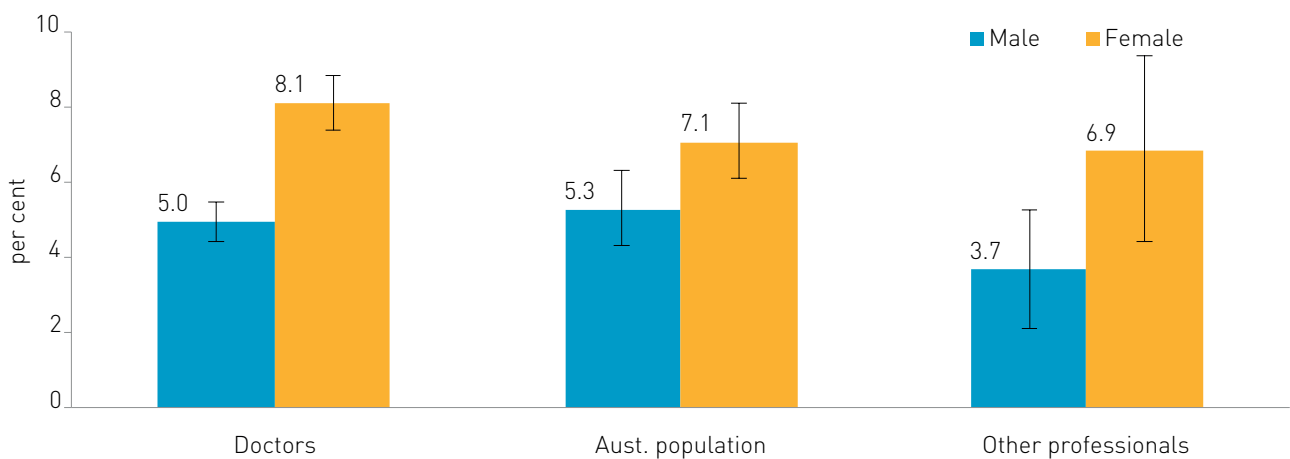
The level of both general distress and specific mental health diagnoses reported by medical professionals was high. In comparison to estimates obtained from the National Survey of Mental Health and Wellbeing 2007 (NSMHW, 2007), the level of very high psychological distress was significantly greater in doctors in comparison to the general population and other professionals (3.4% vs. 2.6% vs. 0.7%). In particular, the levels of very high psychological distress in doctors aged 30 years and below is significantly higher than individuals aged 30 years and under in the Australian population and other professionals (5.9% vs. 2.5% vs. 0.5%). (Figure 1).

**Figure 1:** Levels of very high psychological distress by gender in doctors, the Australian population and other Australian professionals aged 30 years and below



Approximately 21% of doctors reported having ever been diagnosed with, or treated for, depression and 6% had a current diagnosis. Current levels of depression were similar in doctors in comparison to the general population, but higher than other Australian professionals (6.2% vs. 6.2% vs. 5.3%). (Figure 2). Approximately 9% of doctors reported having ever been diagnosed with or treated for an anxiety disorder (Australian population 5.9%), and 3.7% reported having a current diagnosis (Australian population 2.7%).

**Figure 2:** Current levels of depression by gender in doctors, the Australian population and other professionals



Approximately a quarter of doctors reported having thoughts of suicide prior to the last 12 months (24.8%), and 10.4% reported having thoughts of suicide in the previous 12 months. The data also indicated that thoughts of suicide are significantly higher in doctors compared to the general population and other professionals (24.8% vs. 13.3% vs. 12.8%). Approximately 2% of doctors reported that they had attempted suicide.

Young doctors and female doctors appeared to have higher levels of general and specific mental health problems and reported greater work stress.

General mental health problems were assessed with the use of the K10 and General Health Questionnaire (GHQ), which provides an indicator of the likelihood of minor psychiatric disorders. Specific distress was determined based on diagnoses of anxiety and depression.

Female doctors reported higher rates than male doctors of current psychological distress (4.1% vs 2.8%), high likelihood of minor psychiatric disorders (33.5% vs. 23.2%), and current diagnoses of specific mental health disorders (8.1% vs. 5.0% for depression; 5.1% vs. 2.9% for anxiety). In addition, they were more likely to have thoughts of suicide in the previous 12 months (11.0% vs. 10.0%), prior to the previous 12 months (28.5% vs. 22.3%), and attempted suicide (3.3% vs. 1.6%). They also reported greater work stress (e.g. 37.4% vs. 19.8% for conflict between career and family/personal responsibilities) and were more likely to report experiencing stressful life events in the past year compared to male doctors (e.g. 20.4% vs. 17.2% regarding caring for a family member).

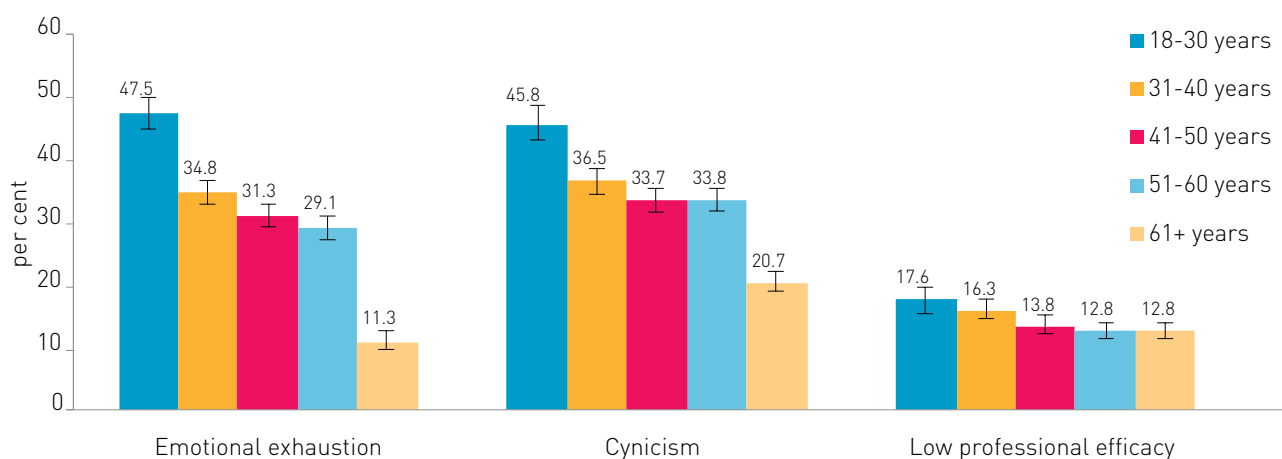
Young doctors appeared to be particularly vulnerable to poor mental health and high levels of stress. Compared to older doctors (51-60 years), younger doctors reported higher rates of burnout, as measured by the Maslach Burnout Inventory (MBI), across the three domains of emotional exhaustion (47.5% vs. 29.1%), low professional efficacy (17.6% vs. 12.8%) and high cynicism (45.8% vs. 33.8%).

The general work experience for Australian doctors is stressful and demanding.

The work experience of doctors was assessed with the use of the MBI. In addition, participants were asked about whether they experienced a number of work related stressors.

Reported levels of burnout were high across the three domains. Specific subgroups of the population, including young doctors (Figure 3) and female doctors, reported higher rates of burnout in comparison to others. Of interest, levels of cynicism were substantially higher in young doctors in comparison to both pre-clinical and clinical medical students (45.8% vs. 23.6% vs. 26.6%). This suggests that the transition from study to working may be a particularly difficult time for newly trained doctors and they may require additional support.

**Figure 3:** Burnout in the domains of emotional exhaustion, cynicism and professional efficacy, by age group



The most common source of work stress reported by doctors related to the need to balance work and personal responsibilities (26.8%). Other sources of work related stress include too much to do at work (25.0%), responsibility at work (20.8%), long work hours (19.5%) and fear of making mistakes (18.7%). There were some differences in work stressors within subgroups of the population. For example, overseas trained and Indigenous doctors were more likely to report being very stressed by racism and bullying. Females were more likely than male doctors to report being very stressed by life and work stressors.

Stigmatising attitudes regarding the performance of doctors with mental health conditions persist.

Stigmatising attitudes regarding the competence of doctors with mental health conditions, and their opportunities for career progression, persist in the medical community.

Approximately 40% of doctors felt that medical professionals with a history of mental health disorders were perceived as less competent than their peers, and 48% felt that these doctors were less likely to be appointed compared to doctors without a history of mental health problems. Approximately 59% of doctors felt that being a patient causes embarrassment for a doctor.

The prevalence of stigmatising attitudes differed by gender. For example, female doctors were more likely than male doctors to view doctors with a mental health history to be as reliable as the average doctor (69% and 55% respectively).

Doctors appear to have a greater degree of resilience to the negative impacts of poor mental health.

Impact was determined based on the reported impact of mental health symptoms in the areas of work and self, and the rates of treatment for specific mental health diagnoses. While rates of general and specific mental health problems were high, it appears that many doctors are able to limit the impact of these problems. However, barriers to seeking treatment and support for a mental health condition were identified, including a fear of a lack of confidentiality or privacy (52.5%), embarrassment (37.4%), impact on registration and right to practice (34.3%), preference to rely on self or not seek help (30.5%), lack of time (28.5%), and concerns about career development or progress (27.5%).

Few doctors reported being highly impacted by their mental health symptoms in the domain of work or self. Doctors reported high rates of treatment and medication use for both depression and anxiety in comparison to the general population. These findings suggest that despite having high levels of general and specific distress, doctors are more likely to seek treatment than the Australian population and are able to manage some of the negative effects of poor mental health. Jogging/exercise was the most commonly identified coping technique used by doctors (males 37.1%, females 35.9%).

## 2.2 Medical students

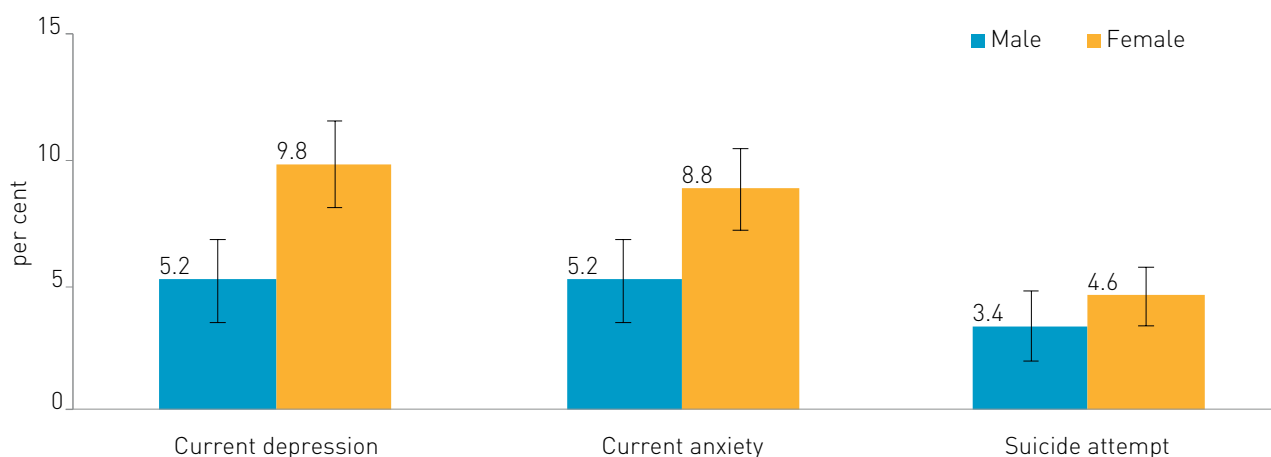
Medical students reported high rates of general and specific distress in comparison to the general population.

Medical students reported higher rates of general distress and specific mental health diagnoses in comparison to the Australian population. However, rates of depression and anxiety were similar to those reported for Australian university students. In addition, reported levels of harmful or hazardous alcohol use were substantially lower than those reported for Australian university students overall (Said, Kypri & Bowman, 2013).

Female students had higher levels of psychological distress and reported more specific mental health diagnoses than male students.

Female students were more likely than male students to be classified as having a high likelihood of a minor psychiatric disorder (47.2% vs. 35.9%), and have very high levels of psychological distress (10.4% vs. 7.1%). As seen in Figure 4, female students were more likely to have a current diagnosis of depression (9.8% vs. 5.2%), a current diagnosis of anxiety (8.8% vs. 5.2%), and have attempted suicide (4.6% vs. 3.4%). In addition, females were more likely to have had suicidal thoughts in the previous 12 months (20.5% vs. 17.1%) and prior to the previous 12 months (34.3% vs. 27.3%). Female students reported higher levels of burnout across the three domains of emotional exhaustion, cynicism and low professional efficacy. Further, in those students who experienced poor mental health, females reported higher impact in the domains of work and self (23.2% and 15.1% respectively), compared with males (17.3% and 8.3% respectively).

Figure 4: Current diagnosis of depression, current diagnosis of anxiety and attempted suicide, by gender



### Medical students perceive that there are stigmatising attitudes regarding doctors with mental health conditions.

Students perceived that stigmatising attitudes regarding doctors with mental health conditions exist within the medical community. For example, 40% of students felt that doctors believe that a doctor with a mental health disorder is less competent, and 41.5% felt that doctors with a history of anxiety or depression are less likely to be appointed than other doctors.

There were some differences in stigmatising attitudes in those with a current diagnosis with a mental health condition compared to those who weren't currently diagnosed. More than half of students with a current diagnosis (52.4%) felt that doctors with a mental health history are less competent, whereas 38.2% of students who did not have a current diagnosis agreed with this. Further, 42% of students with a current diagnosis felt that doctors tend to advise colleagues not to divulge a history of depression or anxiety disorders, compared to 22.6% of students who were not currently diagnosed with depression or anxiety.

### Indigenous students appear to be particularly vulnerable to poor general and specific mental health.

The student sample included 22 Indigenous students. While the interpretation of results is limited by the small sample size, this subgroup appeared to have poor mental health in comparison to their peers. In addition, of those students who identified as having been diagnosed with a mental health condition, a large proportion reported that their symptoms highly impacted them personally, at work and university.

## 3. Final considerations and recommendations

The work experience of doctors and medical students appears to be stressful and demanding. Doctors and medical students face long working hours, a need to balance competing work and personal demands, and a stressful work environment. This may contribute to the high general and specific levels of distress, and high levels of burnout reported by both doctors and students in the survey. Initiatives which address the stressful working environment (e.g. increasing resources and the size of the workforce, and limiting excessive work hours) may reduce the burden on overworked doctors. Social marketing programs that promote the importance of mental wellbeing and early treatment for mental health symptoms, could address both long and short term fatigue and improve the ability of doctors to cope with workplace stress.

A number of subgroups within the doctor population could potentially benefit from additional support and education to improve their ability to cope with stress, to maintain positive psychological wellbeing and to seek treatment and support when required. For example, the transition from study to work appears to be a particularly stressful period with higher rates of distress and burnout in younger doctors in comparison to more experienced and older doctors. Female doctors and students reported poor mental health in comparison to male doctors and students. Indigenous doctors and students in particular appear to be vulnerable to poor mental health. Additional support for these groups, through specific mental health services, strengthened mentor/mentee relationships and training to maintain good mental wellbeing and stress management, could be of benefit.

Although levels of mental health distress were high in doctors and students, a higher proportion of doctors with mental health problems seek and receive treatment for their problems. For most doctors with mental health problems, the impact on work and life was relatively modest. This highlights doctors' abilities to minimise the impact of high levels of distress on their functioning and suggests that many doctors appear to be resilient to the negative impacts of mental health distress, perhaps due to the higher level of specialist knowledge and access to treatment services that would be expected in this group.

Stigmatising attitudes regarding the job performance and career progression of doctors with mental illness were evident in a proportion of both the doctor and student populations. These attitudes may not only impact the way doctors deal with any mental health issue they may have, but may also impact a doctor's ability to provide the best possible health care to their patients. As doctors also play a pivotal role in educating the community about important health issues, doctors' attitudes towards mental health problems play an important role in reducing the stigma of mental illness in the community at large. Addressing stigmatising attitudes, particularly in medical students early in their career, could not only remove a potential barrier to doctors seeking appropriate treatment for their own mental health issues, but also improve their ability to provide high standard care for patients with mental illness, and to influence attitudes towards mental illness in their patients and within the community.

## References

Australian Bureau of Statistics (2007). National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (4326.0) Canberra: Australian Bureau of Statistics.

Said D, Kypri K, Bowman J (2013). Risk factors for mental disorder among university students in Australia: findings from a web-based cross-sectional survey. *Social psychiatry and psychiatric epidemiology* 1–10.






## Where to find more information

### *beyondblue*

[www.beyondblue.org.au](http://www.beyondblue.org.au)

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

 1300 22 4636

 Email or  chat to us online at [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

### Head to Health

[headtohealth.gov.au](http://headtohealth.gov.au)

Head to Health can help you find free and low-cost, trusted online and phone mental health resources.



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