James talks to Associate Professor Amanda Walker about self-care. Mental illness is very common, particularly in junior doctors. However, it tends to be surrounded by stigma. In this podcast, we'll discuss some tips and tricks for using self care as a way to caring for yourself as a junior doctor.

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About Amanda Walker

Amanda Walker is a Specialist in Palliative Medicine. She is also working as a Senior Clinical Advisor at the Australian Commission on Safety and Quality in Healthcare. Furthermore, Amanda has worked at the NSW Clinical Excellence Commission developing programs addressing diagnostic errors and end of life care. She has previously worked as a clinician, educator, and administrator in South Western Sydney.

Self-Care

With Associate Professor Amanda Walker, Specialist in Palliative Care, and Lecturer at Western Sydney University.

Introduction

Unfortunately, mental illness is surrounded by stigma, despite being very common, particularly in junior doctors. This podcast discusses some tips and tricks for caring for yourself as a junior doctor.

1. What is the prevalence of mental illness in medical students and junior doctors?

- Mental illness is common in junior doctors and medical students. It is more common than in the general population. This does not appear to improve as we become more senior doctors.
- Beyond Blue 2013 Survey - 20% of interns have been depressed (similar number for medical students), 6% were currently depressed, and 12% had suicidal thoughts in the preceding 12 months. In the same survey, 9% of interns had anxiety.
- This problem has always existed, but we are now generally more open to talking about it.
2. Why is mental illness in junior doctors so prevalent?
- There is a stigma about mental health issues generally.
- As doctors, we tend to believe we are not in need of fixing ourselves – there can be a sense that if we are good doctors, then we are able to cope.
- When we learn to be clinical and professional, one of the things we learn is how to separate our face from our feelings. This is a good skill professionally, but also means we can become good at hiding our feelings. This becomes a problem when our friends and family cannot tell when we’re not in a good place.

3. Is there anything intrinsic in the medical role that places us at a higher risk of mental illness?
- It is more that there is a greater risk of hiding mental illness, and greater risk of thinking that if we are good doctors we cannot show weakness.
- Everyone struggles as an intern – no-one talks about this however, and so it can feel like you’re the only person struggling. Some interns may suffer from the “imposter syndrome”.
- It is not good for our patients if we feel we are not coping.

4. Does medicine attract people with certain personality traits or those that have a tendency towards anxiety or other mental health issues?
- To be a good doctor, you need a streak of obsessive compulsive traits.
- These doctors also tend to struggle with uncertainty and shades of grey.

5. From your experience in medical education, what stories or insights would you like to share with our audience?
- Mental health problems are incredibly common.
- People who are objectively awesome can think that they are worthless, and think they are intrinsically not enough, and that they're the only one struggling.
- When they get past that space, they realise that suicide is a permanent solution to what was a temporary problem. Those feelings of worthlessness pass. The realisation that they nearly did something that would change everyone around them forever can be shocking.
When you're in a bad space, you cannot be objective about what your value is.

Yes, and this can be as simple as asking “are you ok?” The more matter of fact that question is, the more ok it feels to say you are not ok.

Mandatory reporting exists for when a student or doctor is seriously impaired. However, AHPRA is not there to take away your registration. They're there to help individuals to get the help they need. AHPRA has a responsibility to the community to make sure patients won’t be harmed However, it does this by helping individual students or doctors, rather than playing a punitive role.

We cannot be objective about ourselves.

Every major medical body advises having a regular GP. This enables us to be a “normal person” (a patient), rather than a doctor. The more senior we become in our careers, the less we may know about common general practice issues we may have.

Nutrition: it is possible to get healthy food in a time poor environment.

Exercise: get out and about

Avoidance of toxins: doctors are susceptible to depression, drink, and drugs.

Tranquility: practices such as meditation or mindfulness activities (e.g. colouring books) can be helpful. Practice these so that when you need them, you will be good at them already.
• Enjoyment: what are the things that make you, You? Often as we transition to work as junior doctors, we can lose the focus on the things that lift our spirits. Focus on those things, and recognise when you need them.

• Relationships: it can be easy to lose contact with friends from uni or school. Make an effort to keep in touch with the people who are dear to you – particularly those people who are good at recognising when you’re putting on a brave face. Our friends and family can remind us that we are people, and being a doctor is only part of who we are.

Take home messages

• Know how to take your own pulse, and recognise when you’re not ok. Have a sense of when you’re in the “yellow zone”, and when you’re in the “red zone”. Have a plan ready for what you need to do when you need to do it.

• Look out for your colleagues, and check they’re ok. Do they need a coffee or a shift cover? You may be surprised by how supportive and flexible hospital administration can be.

• It’s ok to ask for help.

References

• Beyond Blue, Doctors’ Mental Health Program
• Doctors’ Health Advisory Service
• JMO Health

Anyone needing support can call Lifeline on 13 11 14

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