EVERYMIND

6 March, 2019

Tackling mental ill-health in doctors and medical students*

A NATIONAL FRAMEWORK FOR ACTION

PLEASE NOTE: **This is a draft working document and does not reflect the final name, product and framework.*

The draft framework is subject to further consultations, professional design, refinement, layout and formatting to ensure it is fit for purpose for external delivery and dissemination.

*The **Everymind** branding and structure reflected in this document has been designed to facilitate consultation, input and guidance from the Leadership Group for ease of review.*

Contents

1. Acknowledgements

We acknowledge all doctors, medical students, medical leaders and administrators who contributed to the development of this framework; either through the consultation process, development process or through their tireless advocacy and work over many years. We also acknowledge all those in the medical profession with personal experience of mental ill-health and suicide, especially those who shared their stories to inform this framework.

We acknowledge the traditional owners of the land that we live and work on in Australia, and pay our respects to elders past and present. We acknowledge the role of Indigenous doctors as critical to the health of all Australians.

This framework was developed by **Everymind** in partnership with the Australian Medical Association (AMA), the Australian Medical Students Association (AMSA), Doctors Health Service, Orygen, The National Centre of Excellence in Youth Mental Health, the Black Dog Institute, Standby Support After Suicide and a number of doctors and doctors-in-training. It was funded by the Australian Government as part of the Prevention Hub (co-led by the Black Dog Institute and **Everymind**) and specific project funding for Tackling Mental Ill-Health in Doctors and Medical Students.

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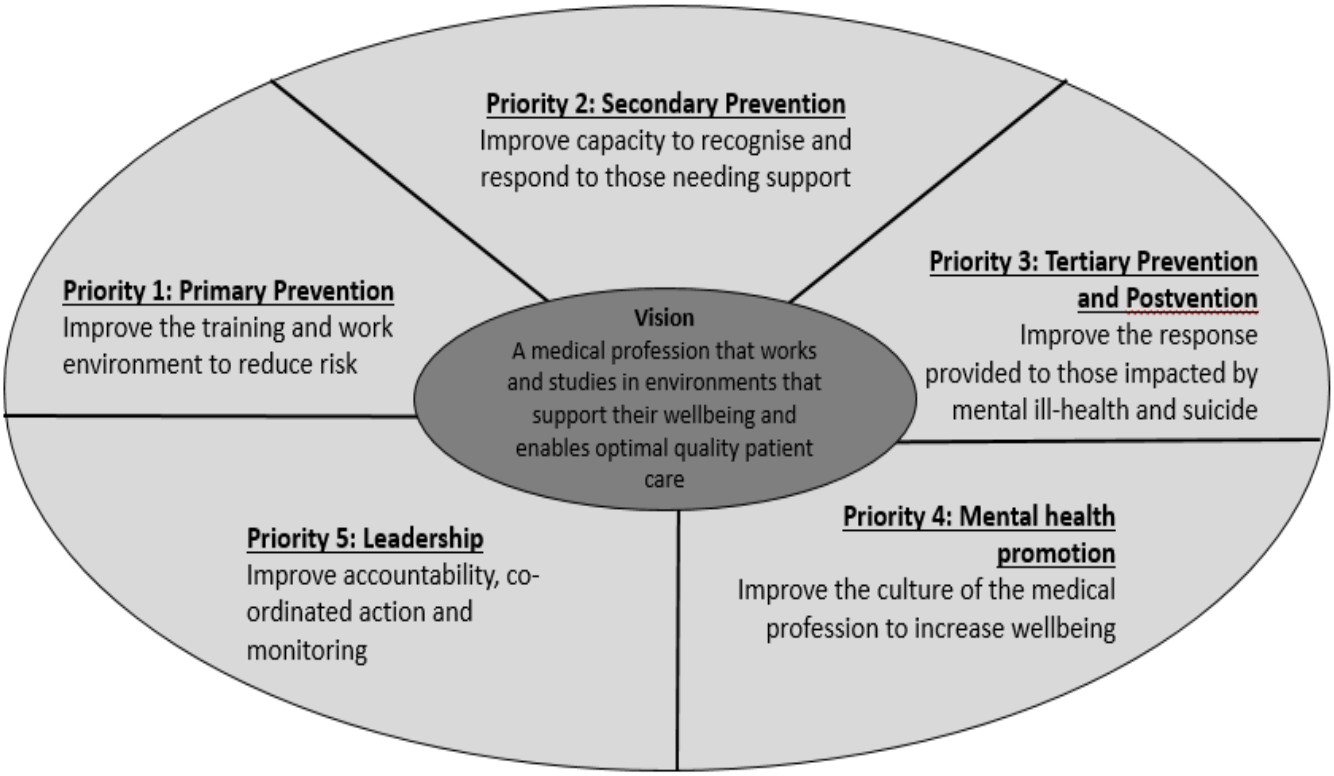
2. Glossary

Primary prevention
Refers to proactive interventions that aim to prevent mental ill-health by reducing individual and environmental (or workplace) risk factors and changing practices and behaviours that contribute to injury or illness.
Secondary prevention
Refers to interventions targeted at those who may have higher exposure to risks in the work or study environment, or individuals showing early signs of mental ill-health, including early identification of mental health problems and appropriate pathways to support.
Tertiary prevention
Refers to minimising the impact of mental ill-health (or psychological injury) through recovery and return to work practices, stigma reduction and post-vention responses to support those impacted by suicide.
Mental health promotion
Refers to interventions that focus on increasing healthy behaviours for individuals within the workplace.
Doctor
Refers to a person holding provisional or general registration with the Medical Board of Australia.
Doctor-in-training
Refers to a doctor working towards attainment of a specialist medical qualification. Includes job titles such as intern, resident, hospital medical officer (HMO), unaccredited registrar, unaccredited trainee, registrar, trainee and fellow.
Prevocational trainee
Refers to a doctor-in-training who intends to complete specialist medical training but is yet to apply for or yet to be accepted onto a training programme. Typically includes job titles such as intern, resident, hospital medical officer (HMO), unaccredited registrar and unaccredited trainee.
Vocational trainee
Refers to a doctor-in-training who is enrolled in specialist medical training with a specialist medical college.
Specialist
Refers to a doctor who has completed specialist medical training and holds fellowship of a specialist medical college. Includes general practitioners.

3. The framework at a glance

This is a high-level framework setting a reform agenda. The framework will position the wellbeing of the medical profession as a national priority that requires a collective and strategic approach. It is based on available evidence and advice from a national leadership group, and includes feedback from doctors, medical students and other key stakeholders. All jurisdiction, settings, services and stakeholders must be involved to ensure immediate, sustained and coordinated action.



4. Why a national framework?

Ensuring that the medical profession is healthy and well is vital. Doctors are a critical part of health services and are crucial to the health of our communities. Work and study environments can either enhance or detract from a person's mental health and have been identified in national and state policies as important settings for programs addressing mental health and suicide prevention (1,2). Evidence suggests that building and maintaining a mentally healthy workforce and creating a mentally healthy workplace maximises wellbeing and can increase productivity, and ultimately patient care (3). Until recently, the mental health of the medical profession, including building mentally healthy environments for doctors and medical students, has received little attention in policy and in research.

> *"Continued leadership, advocacy and support from within the profession is essential to develop policies and initiatives and a professional culture that empowers better mental health and wellbeing for doctors and medical students at an individual, organisational and institutional level."*
>
> **– Roundtable, summary and outcomes statement, 2014 (32)**

The nature and scope of the concern

Landmark research conducted by Beyond Blue in 2013 (6) provided the first national data on the mental health of doctors and medical students and highlighted significant issues related to the mental health of the medical profession.

Evidence in Australia indicates that doctors and medical students experience above average outcomes for physical health, but they are at higher risk for mental ill-health and suicide compared to the general population (4). There have been a range of different measures used to assess rates of mental ill-health in doctors and medical students, though the research consistently demonstrates that the medical profession has an increased risk of depression and anxiety compared to the general public (5,6,7,8,9).

Within this research, data indicates that there is variable risk for mental ill-health depending upon medical specialty, age, gender and cultural background (4,11,12,13,14,15). For example:

- Young doctors have been shown to exhibit higher rates of distress and burnout compared to older doctors with more experience (16);
- Indigenous doctors and medical students report higher levels of psychological distress than their non-Indigenous peers (16);
- Relative to their male counterparts, female doctors report higher rates of depression, anxiety and current psychological distress (16).

In regards to suicide there exists some discrepancy in the reported level of risk experienced by doctors and medical students. There is research to suggest that female doctors have a higher risk of suicide compared to females in the general population (4,11,13), and some findings indicate that medical professionals have an elevated risk more broadly (6). It is important to note however, that multiple studies recognise that there is inconsistency in reported

suicide rates for doctors and medical students throughout the literature and it is difficult to point to one representative figure for the entire medical profession (4,12). Despite this variance in prevalence rates, it is consistently reported that the use of drugs or poisoning is the most common method, which is likely attributable to access and knowledge of use (4, 12).

> *Job-related factors that may impact on the mental health and wellbeing of the medical profession include long work hours, a stressful and demanding work environment, compassion fatigue and access to means of suicide* **(6,16,17)**

Doctors in Australia report low levels of job satisfaction and high rates of burnout, both of which have been identified as contributing factors to mental ill-health within the profession (6,16,17). In several prospective cohort studies, these particular job related stressors have been linked with common mental disorders such as anxiety and depression (11). Additionally, the perception of stigma and concerns about confidentiality and potential impact on their careers act as significant barriers to doctors and medical students disclosing mental health conditions, seeking help and accessing available support (6,16,18).

5. Evidence informing the framework

Review of evidence related to workplace mental health

A review of evidence related to workplace mental health and evidence-based interventions was conducted by **Everymind**, and drew from recent reviews in the peer-reviewed and grey literature. This evidence suggests that the workplace can either enhance or detract from a person's health and wellbeing, with the workplace often identified in national and state policies as an important setting for programs aimed at improving mental health and wellbeing, and reducing mental ill-health and suicide (2,3).

In general, the evidence suggests that workplace mental health programs have been associated with a number of direct benefits, including decreases in absenteeism, increases in productivity, and greater overall employee health and wellbeing.

Internationally, there has been a shift away from targeting individual risk factors in the workplace to a broader approach which identifies the key characteristics of a 'mentally healthy workplace'. A mentally healthy workplace is one where psychosocial risks are recognised and evidence-based action is taken to minimise the impact of these risks, while also promoting protective factors that can enhance overall wellbeing.

A general review by the Black Dog Institute evaluated evidence-based strategies for creating a mentally healthy workplace (27). This review identified a number of protective factors that may contribute to improvements in mental health as well as risks for mental ill-health in the workplace. These include the design of the job, team factors, organisational factors, home conflict and individual biopsychosocial factors (27).

Review of evidence related to the mental health of the medical profession and effective interventions

A review of evidence related generally to mental ill-health within the medical profession was conducted by **Everymind**.

Further, multiple recent systematic reviews have explored the evidence around mental ill-health and suicide amongst doctors and medical students, including recent reviews undertaken by the Black Dog Institute and Orygen, The National Centre of Excellence in Youth Mental Health. Each of these reviews has identified a lack of empirically evaluated organisational level interventions and has called for further research to be conducted in this area (20,21,28,29).

Doctors and medical students experience a higher risk of mental ill-health and suicide compared to the general population, and this risk is even greater for young doctors, psychiatrists, anaesthetists and both female and Indigenous doctors and medical students ***(16).***

This risk is compounded by myriad interlinking factors, indicating the need for a comprehensive and multi-level approach to the promotion of positive mental health and the prevention of suicide, with a much greater focus on organisational level interventions.

There are currently a limited number of coordinated organisational-based interventions that address the way in which training and professional systems interact with the mental health and wellbeing of doctors and medical students (19,20,21). Instead, therapeutic-based programs are the most widely utilised intervention across health services in Australia, which principally focus on building the capacity of individual doctors and medical students to manage their own mental health and wellbeing.

Mindfulness-based programs are the most common form of therapeutic intervention on offer (22,23), but the implementation of these is dependent upon the approach of the institution and evaluation approaches vary significantly across the range of programs currently operating within medical faculties and health agencies in Australia.

The lack of system-wide approaches, or approaches that target the working and training environments of medical professionals, is a limitation. This has been recognised by some health services and regulatory bodies who have developed structurally-focused interventions in an attempt to move the profession forward (24).

As an example, the AMA *National Code of Practice - Hours of Work, Shift Work and Rostering for Hospital Doctors* (33) was issued in 1999 in response to ongoing concerns about working hours and safe practice. It acknowledges the special characteristics of the hospital sector as well as the need to manage risks associated with shift work and extended hours for hospital doctors and doctors in training.

Although the code has been instrumental in shifting workplace practice and changing attitudes (25,26), extremes in hospital doctor working hours persist and many hospital doctors continue to work rosters that place them in higher risk categories. While there have been some other interventions across a range of medical settings, these tend to operate as silos in each specialty or institution, with limitations to their scope (24). Furthermore, there is a notable gap in the literature that assesses the efficacy of available programs, with variable degrees of evaluation and ongoing review (20). This needs to be addressed moving forward.

Consultations informing the framework

A series of in-depth interviews and focus groups was conducted to gain rich qualitative data from doctors, medical students and other key stakeholders. Interviews and focus groups were conducted with 98 doctors and representatives from hospitals, universities and colleges (60% female).

The data was analysed through systematic coding and analysis using the qualitative software program NVIVO. Many of the themes that emerged align with existing evidence and reinforce views from other national consultations and forums in Australia (10). A more detailed description of the themes can be found in the appendix of this document.

In summary, while there have been some policy changes and targeted programs in Australia that attempt to reduce mental ill-health and suicide in doctors and medical students, the evidence discussed above highlights that these have primarily been short-term and individually-focused interventions (6).

Despite an increase in focus on this issue, and an increase in action to address concerns, there has been no unifying national framework to structure the approach and support coordinated action. The time is right for coordinated and strategic action, backed by research.

6. About the framework

Purpose of the framework

The purpose of this framework is to progress strategic action in Australia that will support good mental health and prevent mental ill-health and suicidal behaviour amongst doctors and medical students. This is not only important for the medical profession but also for the quality and safety of care provided to patients and families.

This framework brings together the best available evidence for what works to prevent and respond to mental ill-health and suicide among doctors and medical students. It was informed by research, policy and consultation with doctors, doctors-in-training, medical students, health services, regulatory bodies, universities, colleges, specialist services supporting doctors and other key stakeholders.

The framework encourages a strategic and integrated approach to mental health and wellbeing that considers environmental risks, challenges to wellbeing, and current barriers to identifying and supporting doctors and medical students at risk of, or impacted by, mental ill-health and suicide. This evidence-informed framework for action, supported by a series of roadmaps, offers suggested actions relevant to a range of settings involved in the training, development and support of the medical profession in Australia.

The framework does not replace the range of existing initiatives, services and programs that are already available to support doctors and medical students. Instead, it outlines priorities for taking a collective and comprehensive approach to the issue and a structure for mapping existing programs of work to the national priorities.

Development of the framework

This framework brings together the best available evidence for what works to prevent and respond to mental ill-health and suicide and applies it to the medical profession. The framework:

- Encourages a strategic and integrated approach to improving mental health and wellbeing and reducing risks associated with mental ill-health and suicide;
- Offers an evidence-informed framework with priority actions that are relevant to the medical profession and the environments in which doctors and medical students work, study and train;

- Builds on the capacity of leaders in the medical profession to create environments and systems that support mental health and wellbeing.

The framework was developed under the guidance of a national working group and draws on a review of the evidence; consultations with doctors, doctors-in-training, medical students and other key stakeholders in the medical profession; and best practice in policy and programs nationally and internationally.

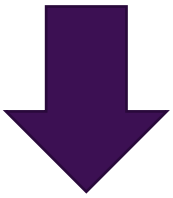
Structure of the framework

A range of workplace frameworks and strategies has been developed in Australia and internationally. Each of these take a different approach to presenting key priorities and actions, however most are directly or partially aligned with taking a comprehensive approach that seeks to (a) prevent harms, (b) intervene and provide support and (c) promote healthy behaviours. Consistent with this approach, this framework structures key priorities and associated actions across primary, secondary and tertiary interventions, mental health promotion and leadership.

This broad structure and framing is used throughout two key sections of the framework:

Section 1: Framework for action

This section outlines key priorities and actions for a reform agenda in Australia that positions the mental health and wellbeing of doctors and medical students as a national priority. It has been developed following a review of the evidence and consultations with doctors, medical students, universities, colleges, health services and other key stakeholders.



Section 2: Roadmaps for action

This section will consist of a series of roadmaps outlining specific actions that can be implemented across settings to progress national action on the framework. Individual roadmaps will be developed for each key stakeholder, including universities, colleges, health services and hospitals, government and regulatory agencies, and specialist services for medical professionals.

Key stakeholders

A range of stakeholders is key to the success of this framework and will ensure a comprehensive and coordinated approach. Stakeholders have an obligation to work together to support, implement and report on the priorities and actions within this framework in their respective areas of expertise and influence.

Stakeholders	Role
Doctors and medical students	Empowered to take responsibility for their own mental health and the mental health of colleagues.
Governments and health ministers (state and federal)	Endorse the priorities and actions contained in this framework and support relevant actions through national mechanisms like COAG Health Council, Australian Health Ministers' Advisory Council and the Mental Health Principal Committee overseeing the 5th National Mental Health and Suicide Prevention Plan. Provide national and state funding to support implementation and evaluation of this framework.
Medical colleges and training providers	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for fellows and trainees.
Health departments, community health services, hospitals (public and private) and primary care	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for employees.
Government regulatory agencies	Develop a plan to action and report on this framework to guide and support the medical profession to develop mentally healthy workplaces and training environments.
Universities	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for medical students.
Specialist services for medical professionals	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for doctors and medical students.
National mental health and suicide prevention agencies	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for doctors and medical students.
Professional associations	Lead the development of a plan to action and report on this framework to provide a safe work and training environment for doctors and medical students.

7. A framework for action

Vision	A medical profession that works and studies in environments that support their wellbeing and enable optimal quality patient care.
Goal	Collective action to prevent mental ill-health, prevent suicide and support good mental health for doctors and medical students.
Guiding principles	• The wellbeing of the medical profession is a national priority, requiring a coordinated and resourced approach. • Environments that value, develop and support the medical profession are conducive to good patient care. • Targeting the structural and environmental risk factors impacting on the medical profession is an immediate priority. • Medical professionals who experience mental ill-health and suicide can and do provide quality patient care. • Implementation and evaluation of evidence-based interventions across settings.

Overview of strategic priorities and targets

Strategic priorities	Targets
Priority 1: Primary Prevention Improve training and work environments to reduce risk	1.1 Systems change to prevent job strain, fatigue and burnout across the medical profession.
	1.2 Safe and inclusive training and work environments, where bullying and discrimination are not tolerated.
	1.3 Effective professional development opportunities provided across the medical profession.
Priority 2: Secondary Prevention Improve capacity to recognise and respond to those needing support	2.1 Mandatory reporting legislation is amended in all states to mirror the Western Australian model, which exempts treating doctors from reporting their doctor patients.
	2.2 The medical profession is empowered to better identify and respond to mental ill-health and suicidal behaviour.
	2.3 Doctors and medical students at increased risk of mental ill-health and suicide are supported across settings.
	2.4 Effective pathways to evidence-based care are available to the medical profession.
Priority 3: Tertiary Prevention Improve the response to doctors and medical students impacted by mental ill-health and suicide	3.1 Recovery at work practices are implemented across all settings where medical professionals work and train.
	3.2 An effective postvention response system is built to support doctors and medical students following the suicide death of a colleague.
Priority 4: Mental Health Promotion Improve the culture of the medical profession to enable wellbeing	4.1 Strategies to improve the health and wellbeing of the medical profession are implemented.
	4.2 Leaders and supervisors are developed to support the wellbeing of doctors and medical students.
Priority 5: Leadership Improve coordinated action and accountability	5.1 A national leadership group is resourced to oversee the implementation and monitoring of the framework.
	5.2 Mechanisms for effective communication about policy, practice and research are established.
	5.3 A research and evaluation strategy is developed and implemented.

Priority 1: Primary prevention

Priority 1: Primary prevention

Improve the training and work environment to reduce risk

Target 1.1	Systems change to prevent job strain, fatigue and burnout across the medical profession.
Target 1.2	Safe and inclusive training and work environments, where bullying and discrimination are not tolerated.
Target 1.3	Effective professional development opportunities provided across the medical profession.

*"*Particular *rotations are so excessively stressful and rather than adjusting the actual role and adjusting the job itself, instead they're just putting in people who aren't known to yet have a mental health issue and hoping they'll survive and power through…"*

Focus group participant

Why has this been prioritised?

- ✓ Doctors and medical students report an occupation that is stressful and demanding, with long working hours and sleep deprivation (1a).
- ✓ Evidence for building mentally healthy workplaces suggests that strategies to manage job strain, organisational culture and reduce environmental risks are important.
- ✓ High rates of psychological distress and burnout within the medical profession may also jeopardise patient care and safety (32).
- ✓ A major concern raised by doctors and medical students who participated in the consultations was the need to ensure good job design, including a review of rosters, individual workloads, and addressing unpaid, un-rostered overtime to reduce risks of fatigue and burnout.
- ✓ In addition to fatigue and burnout, doctors also reported experiencing bullying and harassment from early in their studies and often felt unable to report misconduct or bullying.

Taking Action on Priority 1

	Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 1.1: Systems change to prevent job strain, fatigue and burnout across the medical profession.									
IMMEDIATE PRIORITY Review rostering practices to identify unsafe working hours and develop evidence-based safe working hours' policies and practices for all doctors. This includes a review of minimum rostered hours, breaks during and after rostered shift periods and unclaimed unpaid overtime.	✓		✓	✓		✓	✓		
Review rostering practices and staffing levels and provide sufficient cover to ensure doctors can take the leave they are entitled to. This includes annual leave, sick leave, professional development and study leave entitlements.						✓	✓		
Review curricula design and assessment processes for doctors and medical students and implement policy and processes to support doctors and medical students to attain medical/specialist qualification. This includes timing of exams and clinical placements and opportunities for part-time or flexible study to inform future recommendations.		✓	✓						
Implement changes to work practices, rosters, training expectations and staff resourcing to support the implementation of these new policies.	✓		✓	✓		✓	✓		
Review workplace entitlements across all environments where the medical profession is trained and employed to incorporate best practice clauses including but not limited to: • Access to leave • Overtime (un-rostered) • Overpayment recovery • Protected teaching /training time • Professional development leave (exam and conference) • Roster design and management • Safe hours • Fatigue management • Family friendly arrangements	✓		✓	✓		✓	✓		

	Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Review accreditation standards for training placements to ensure that fatigue management policies and programs and safe hours' adherence are mandatory.						✓	✓		
Implement effective orientation before new placements or new roles – outlining leave entitlements, rostering options and any issue that may impact on fatigue and burnout.		✓	✓	✓		✓	✓		
Implement policy and practice to facilitate flexible and family-friendly work arrangements to allow those with family responsibilities, physical health conditions or mental health conditions to participate actively without placing their health at risk.		✓	✓			✓	✓		
Establish processes to regularly review workloads and consult with doctors and medical students through regular team meetings, surveys, formal consultative processes, and focus groups to identify and assess risk and develop solutions.		✓	✓			✓	✓		
Target 1.2: Safe and inclusive training and work environments, where bullying and discrimination are not tolerated.									
Review and implement policies and practices that stamp out bullying and discrimination in the medical profession, setting a zero-tolerance approach. This includes senior leadership support across all settings.		✓	✓	✓		✓	✓		
Educate all employees to create greater awareness of bullying and unacceptable behaviours and how to manage and report them to break the cultural expectations that bullying is commonplace and acceptable, especially in training situations.			✓	✓		✓	✓		
Develop and promote a clear, timely and confidential complaints management process, including for bullying and harassment, with regular monitoring and reporting in all settings where doctors and medical students work and train.		✓	✓			✓	✓		
Provide training to ensure managers and supervisors have appropriate skills to address workplace bullying, including modelling appropriate behaviour, identifying risks related to bullying in the workplace, performance management, feedback, conflict management techniques and unconscious bias.		✓	✓			✓	✓		
Develop strategies to ensure that recruitment is carried out in a fair and transparent manner and that discriminatory questions and practices are eradicated from recruitment processes.			✓		✓	✓	✓		

Priority 2: Secondary prevention

Priority 2: Secondary prevention

Improve the capacity to recognise and respond to those needing support

Target 2.1	Mandatory reporting legislation is amended in all states to mirror the Western Australian model, which exempts treating doctors from reporting their doctor patients.
Target 2.2	The medical profession is empowered to better identify and respond to mental ill-health and suicidal behaviour.
Target 2.3	Doctors and medical students at increased risk of mental ill-health and suicide are supported across settings.
Target 2.4	Effective pathways to evidence-based care are available to the medical profession.

"I feel that a massive barrier for doctors speaking up and saying that they're struggling is the fact that this could implicate their future careers, ie. If they want to be a surgeon or a certain high demanding specialty training."

Focus group participant

Why has this been prioritised?

- ✓ Research suggests that doctors do not adequately diagnose depression in themselves or their colleagues and often miss the warning signs of suicidal ideation.
- ✓ When mental ill-health is recognised, doctors and medical students are reluctant to seek help as a result of strong social stigma, including fears of appearing unhealthy or weak, licensure restrictions and exposing themselves to litigation.
- ✓ Many of those consulted in the development of the framework have argued that a review of the mandatory reporting requirements is essential.
- ✓ Consultations with doctors and trainees revealed a need to improve access to information and training about mental ill-health, suicide and how to respond.
- ✓ The consultation process highlighted the need for confidential and effective pathways to care in order to overcome substantial barriers to seeking help across the profession.

Taking action on Priority 2

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 2.1: Mandatory reporting legislation is amended in all states (except WA) to remove a key structural barrier to support.									
IMMEDIATE PRIORITY Action amendments to the mandatory reporting legislation in all states (except WA) to remove structural barriers to doctors and medical students seeking support from other doctors, a major priority to ensure non-judgemental access to treatment and support.	✓								
Develop a comprehensive program to raise awareness of the proposed new mandatory reporting regime, educating doctors that it is okay to seek help.	✓			✓					
Target 2.2: The medical profession is empowered to better identify and respond to mental ill-health and suicidal behaviour.									
Educate doctors and medical students about signs, symptoms and appropriate responses to mental ill-health by integrating it into the medical curriculum, training program, professional development plans and orientations in all settings where doctors and medical students work and train, and evaluate outcomes.		✓	✓	✓		✓	✓		✓
Develop and implement evidence-based training in suicide prevention for all doctors and medical students, and evaluate outcomes. This training should form part of induction as well as regular refresher courses.		✓	✓			✓	✓		✓
Develop and promote specific resources for the medical profession to support increased literacy around mental ill-health and suicide and how to respond to a colleague in distress.								✓	✓
Implement specific training across all settings for supervisors, managers and mentors in suicide prevention and intervention so they can identify and respond to those who need additional support. This includes training in the organisations policies and protocols and organisational supports available.		✓	✓	✓		✓	✓		

	Health Ministers &	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Conduct a communications and education campaign to increase the awareness and utilisation of existing support services and programs	✓					✓	✓		
Review, develop and implement strategies to better support doctors and medical students who are experiencing periods of high stress. This includes ensuring doctors and medical students have access to a range of support options such as DHAS, peer support, chaplains or a mental health professional.		✓	✓		✓	✓	✓	✓	
Develop, implement and monitor proactive and trauma-informed strategies to support doctors and/ or medical students exposed to an adverse event. This may include providing formal/informal opportunities for clinical and incident debriefing.		✓	✓		✓	✓	✓	✓	
Review organisational crisis response and/or critical incident strategy to ensure it incorporates a focus on mental health.		✓	✓	✓	✓	✓	✓	✓	✓
Dedicate resources to implement strategies to better support doctors and medical students identified as having greater risk of mental ill-health and/or suicide, including doctors-in -training, young doctors, female doctors, Indigenous doctors and medical students, and geographically isolated doctors, anaesthetists and psychiatrists.		✓	✓	✓		✓	✓		
Reduce access to means of suicide, including access to drugs, by educating all doctors on safe handling of drugs and reviewing policies and practices in regard to access to minimise access.					✓	✓	✓		

	Health Ministers &	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Oganisations
Target 2.3: Doctors and medical students at increased risk of mental ill-health and suicide are supported across the settings.									
Provide sufficient funding to Doctors Health Advisory Services to allow them to play a leading role in the mental health and wellbeing of the medical profession, with expanded services and advice available to support those at increased risk of suicide.	✓							✓	
Explore and integrate evidence based confidential digital programs into the referral and treatment pathways for doctors and medical students – considering integration into existing sites and/or the development of a new site for doctors.		✓	✓	✓	✓	✓	✓		✓
Target 2.4: Effective pathways to evidence-based care are available to the medical profession.									
IMMEDIATE PRIORITY Review the use and effectiveness of funded and available services for doctors and medical students (e.g. support lines, helplines for colleges, EAP) and provide access to confidential, trusted services to meet the needs of doctors and medical students. Such services must provide qualified and experienced mental health professionals with specific medical professional expertise.	✓		✓		✓			✓	✓
Map and promote effective and evidence-based pathways to respond to the specific issues faces by doctors and medical students, with a preference for doctor-led approaches.		✓	✓	✓	✓	✓	✓		✓

Priority 3: Tertiary prevention

Priority 3: Tertiary prevention

Improve the support provided to doctors and medical students impacted by mental ill-health and suicidal behaviour

Target 3.1	Recovery-at-work practices are implemented across all settings where medical professionals work and train.
Target 3.2	An effective post-vention response system is built to support doctors and medical students following a suicide death.

"There's a lot of fear within the profession about being open with your mental health because of perceived impacts on registration and considerations of whether someone has the capacity to continue their job"

- **Focus group participant -**

Why has this been prioritised?

- ✓ The literature and those consulted support the important role that medical professionals with lived experience of mental ill-health or suicide can play in reducing stigma and assisting in recovery (3c). While advocates with lived experience, and campaigns like #CrazySocks4Docs have gained momentum in Australia, doctors and medical students report that mental ill-health and suicide continues to be stigmatised across the profession.
- ✓ Tailored stay-at-work and return-to-work plans, including reasonable adjustments, are required to ensure health and retention of doctors and medical students (3a). However many believe these are either lacking or not applied in an evidence-based way, with barriers across hospital settings and private practice (3b).
- ✓ While there are national resources and agencies available to respond to the impacts of a suicide death in the community and in schools, there is no coordinated response for supporting the medical profession, despite the reported rates of suicidal behaviour.
- ✓ Throughout the consultations, doctors and medical students spoke of the impacts that losing a colleague to suicide can have and noted the response is poorly handled in the medical profession. This has been backed by calls from AMSA and the Doctors Health Advisory Service to ensure a proactive and evidence-based response.

Taking Action on Priority 3

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 3.1: Recovery-at-work practices are implemented across all settings where medical professionals work and train.									
Implement a nationally consistent and clear framework to support doctors and medical students returning to work or training following an episode of mental ill-health.	✓					✓			
Investigate, report on and develop an action plan to address the insurance, regulatory and supervisory barriers to doctors returning to work in private and solo practice.			✓		✓	✓	✓		
Review and implement evidence-based recovery at work practices for doctors and medical students, including specialty-specific 'stay at work' and 'return to work' protocols. These should include options for alternative duties, reasonable adjustments in the study and work environment, access to leave to attend appointments and supervisor training to support return to work plans.					✓	✓	✓		
Update, implement and monitor protocols and policies for doctors and medical students recovering from mental ill-health or suicidal behaviour. These should include options for reasonable adjustments in the study and training environment, including training for supervisors and other key personnel and support for transitions.			✓	✓	✓	✓	✓		
Implement a nationally consistent and clear framework to support doctors and medical students returning to work or training following an episode of mental ill-health.	✓					✓			
Increase access to programs and digital platforms and programs that can be used to support wellbeing.		✓	✓	✓	✓	✓	✓		

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Develop strategies and a communication plan to address the stigma associated with mental illness across the medical profession. This may include: - Developing resources to support events, campaigns and work with the media. - Partnering with mental health and suicide prevention agencies to develop resources and structures to support doctors and medical students with lived experience to share their experiences to address stigma. - Support campaigns driven by lived experience such as #CrazySocks4Docs and campaigns for medical students led by AMSA.		✓	✓	✓	✓	✓	✓	✓	✓
Target 3.2: An effective post-vention response system is built to support doctors and medical students following a suicide death..									
IMMEDIATE PRIORITY Develop a national best-practice post-vention protocol and tool kit for the medical profession, with clear information about process, leadership, communication and support options across settings.		✓	✓	✓		✓	✓	✓	✓
Build and fund a nationally available post-vention response service to ensure that suicide counselling is available if a death in the workforce occurs and that doctor-led and evidence-based support is provided to all doctors and medical students impacted by the suicide death of a peer.	✓							✓	✓
Connect national (and local) surveillance data for suicide deaths to the post-vention response service for medical professionals, to ensure timely and accurate responses.	✓							✓	✓
Conduct research to build the evidence-base for effective post-vention responses for the medical profession.	✓								✓

Priority 4: Mental health promotion

Priority 4: Mental health promotion

Improve the culture of the medical profession to increase wellbeing.

Target 4.1	Strategies to improve the health and wellbeing of the medical profession are implemented.
Target 4.2	Leaders and supervisors are developed to support the wellbeing of doctors and medical students.

"[Doctors} are often quite busy but very isolated people who are away from their cultural supports, their religious supports, their family, their friends. They have a busy life, everyone's working different rosters and shifts trying to make a life for themselves… they may have played music, they may have played guitar or piano or done art or played in a sports team, so those things are gone."

-Focus group participant-

Why has this been prioritised?

- ✓ Doctors are a critical part of health services. Ensuring doctors and medical students are healthy and well is vital.
- ✓ Doctors and medical students reported a perceived lack of information about self-care and improving wellbeing across the training and work environment.
- ✓ One of the most prevalent themes that emerged from consultations with doctors and medical students was the experiences of isolation - this included geographic isolation, professional isolation from peers, and isolation from family and friends because of workloads and hours.
- ✓ Competition for training and employment opportunities between doctors and doctors in training was highlighted as a challenge, because it reduces the capacity for peer support and connection with others who are experiencing similar stressors and challenges

Taking Action on Priority 4

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 4.1: Strategies to improve the health and wellbeing of the medical profession are implemented.									
Promote work-life balance and encourage doctors and medical students to take annual and other leave when they are due.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Invite people (ideally doctors and medical students) with a personal experience of recovery and management of self-harm/suicide to share their stories in the workplace, ensuring appropriate supports for the speaker and audience in place.									
Encourage and promote doctors and medical students to have their own GP - starting at university and reinforced throughout a doctor's training and career.		✓						✓	
Develop strategies to promote awareness of GPs, psychiatrists and other medical practitioners who have been trained to work with doctors and medical students.									
Integrate evidence-based information targeted at healthy lifestyle and self-care into the medical curriculum and employer programs and evaluate for outcomes.		✓	✓	✓					
Implement and evaluate programs to improve physical health, fitness and wellbeing – including programs being specifically developed for the medical profession.		✓	✓			✓	✓		
Increase access to programs and digital platforms and programs that can be used to support wellbeing.		✓	✓	✓	✓	✓	✓		
Develop and promote a single online portal for doctor wellbeing resources and information.								✓	
Develop strategies that provide doctors and medical students with opportunities to connect socially within and outside of medicine.		✓	✓			✓	✓		
Provide additional support to medical professionals who operate in private practice and as small businesses to ensure they have access to appropriate support for business stress as well as stress associated with the practice of medicine			✓	✓					

	Health ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 4.2: Leaders and supervisors are developed to support the wellbeing of doctors and medical students.									
Positive mental health behaviours and respect for self and others are modelled in leaders and considered highly desirable professional attributes in the recruitment of supervisors and medical leaders.		✓	✓	✓	✓	✓	✓	✓	
Provide specific training and education for supervisors, managers and mentors on their roles and responsibilities, including roles in creating mentally healthy environments for other doctors and medical students. This should cover areas such as communication skills, giving constructive feedback, providing effective supervision, mentoring practices, conducting debriefing sessions, managing personal wellbeing, and how to identify and support someone experiencing or at risk of mental ill-health.			✓			✓	✓		
Develop a national network of leaders at all levels of the medical profession to act as 'champions' for mental health and wellbeing in the profession.			✓			✓	✓		

Priority 5: Leadership

Priority 5: Leadership

Improve accountability, coordinated action and monitoring to ensure success.

Target 5.1	A national leadership group is resourced to oversee the implementation and monitoring of the framework.
Target 5.2	Mechanisms for effective communication about policy, practice and research are established.
Target 5.3	A research and evaluation strategy is developed and implemented.

"There is no single factor that will address the complex and intertwining issues that affect our JMOs, and indeed, our whole medical workforce. What is needed is a multi-pronged approach, with initiatives that are evidence-based, and that address the most serious issues as quickly as possible."

(Minister for Health and Minister for Mental Health, NSW – JMO Wellbeing Plan, 2017

Why has this been prioritised?

- ✓ National leadership from within the profession and a sector-wide response is essential for any change to succeed in the medical workplace (16,33).
- ✓ Consultations with doctors and medical students identified the need for change across the profession and across the settings in which doctors work and train.
- ✓ Limited research has been conducted in Australia on the mental health and wellbeing of doctors and medical students, particularly those who are at risk of suicide or have taken their own lives (16,21).
- ✓ Further research is needed, including data on the incidence of suicide in the medical profession, regular monitoring of the mental health and wellbeing of doctors and medical students, and the evaluation of mental health related policies, promotion activities and services (16,21,33).

Taking Action on Priority 5

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 5.1: A national leadership group is resourced to oversee the implementation and monitoring of the framework.									
IMMEDIATE PRIORITY Identify, establish and fund a national leadership group within the medical profession to oversee the implementation and evaluation of the framework, including the identification of barriers and ongoing priorities for action.	✓		✓						
Allocate funding to implement the framework across jurisdictions nationally, with identified targets and roles.	✓	✓	✓			✓	✓		
All stakeholders involved in the employment, training, accreditation or support of the medical profession should: - Sign up to the framework and the principles underpinning the framework; - Develop a local action plan to implement the framework - - Report yearly on progress, outlining actions that are progressed, planned or inactive.	✓	✓	✓	✓	✓	✓	✓	✓	✓
All universities develop a plan to implement the framework and report yearly against the roadmap for universities in a transparent way.		✓							
All health services, hospitals and practices employing doctors develop a plan to implement the framework and report yearly against each item in the Roadmap for health services and hospitals in a transparent way.	✓					✓	✓		
Primary Health Networks and the RACGP work together to develop a plan to implement framework recommendations with GPs, considering the specific nature of stressors for isolated practices operating as small businesses.			✓						
Colleges and regulatory bodies are to develop a plan to implement the framework and report yearly against the roadmap for colleges and accreditation organisations in a transparent way.			✓	✓					
Specialist services for doctors, and mental health organisations funded to work with medical students and doctors, are to develop a plan, outlining their contribution to the framework, and report yearly in a transparent way.					✓				✓

	Health Ministers & Governments	Universities	Medical Colleges	Accreditation Organisations	Specialist Services	Health Services	Hospitals	Doctors Health	Mental Health Organisations
Target 5.2: Mechanisms for effective communication about policy, practice and research are established.									
Provide funding to establish a central online hub (or an enhanced website) to track and report on actions under the framework and on yearly monitoring of progress.	✓								
Conduct a mapping exercise to identify programs and research in progress that delivery positive outcomes in respect of doctors' mental health, conducted and connected to the online hub to support communication and collaboration across settings.	✓								✓
Communicate progress on the framework at state and national forums.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Target 5.3: A research and evaluation strategy is developed and implemented.									
Develop and fund an evaluation and monitoring plan to support implementation of the framework.	✓			✓				✓	
Develop a research leadership group, including researchers in the medical profession and leading mental health and suicide prevention researchers, to develop an aligned research agenda focussed on the wellbeing of the medical profession. This should include identification of current research, gaps and funding opportunities to progress the research plan.	✓	✓							✓
Implement ongoing research to better understand the extent of mental ill-health and suicide risk among the medical profession and factors associated across settings. This may include a second national survey of doctors and medical students (or similar).	✓	✓							✓
Pilot prevention, intervention and post-vention initiatives among the medical workforce, and evaluate potential for roll out more widely in the longer term.	✓					✓	✓		
Fund the establishment of a research, epidemiological database of doctors and medical students at risk of suicide and completed suicide, including systematic research on coronial and other reports of completed suicides of doctors and medical students to ensure system failures are identified and rectified.	✓								✓

8. Implementation of the framework

As part of the commitment to improve the mental health of doctors and medical students, each identified stakeholder is asked to:

- Sign up to the framework and the principles underpinning the framework;
- Develop a road map to improve the mental health and wellbeing of the medical profession;
- Report yearly on progress, using a traffic light report outlining actions that are progressed, planned or inactive.

It is recommended that all identified stakeholders:

- Set up a leadership team that is accountable for the development and reporting on the plan;
- Involve the medical profession in the process;
- Map current activity and gaps and use data to inform an action plan based on the roadmap – building on strengths and working to address gaps;
- Develop an action plan using the targets and suggested actions in the roadmap, with resources allocated;
- Set up mechanisms to monitor and review the plan.

To be effective, mechanisms must be in place to monitor the implementation of the framework.

The establishment and funding of a national leadership group within the medical profession is the first step towards overseeing the implementation and evaluation of the framework, including the identification of barriers and ongoing priorities for action.

What will successful implementation look like?

For the medical profession

- ✓ Reduction in risks associated with stress, burnout and mental ill-health.
- ✓ Improved access to treatment and supports, free from judgement.
- ✓ Reduced stigma and better supports for those who experience mental ill-health.
- ✓ Immediate and ongoing support provided to those impacted by suicide.
- ✓ Improved health and wellbeing, now and into the future.

For the health system

- ✓ Improved morale and retention of medical professionals.
- ✓ A supported and high functioning workforce.
- ✓ A compassionate workforce who care for colleagues as well as patients.
- ✓ Improved culture
- ✓ A reduction in bullying and harassment claims.
- ✓ Increase in productivity and efficiency.
- ✓ Earlier help-seeking for challenges.

For patients and carers

- ✓ Improved quality and safety of care
- ✓ Improved experience of care.

9. Appendix

Consultation

Themes related to Primary Prevention

Fatigue as a key concern.	A major concern raised by doctors and medical students who participated in the consultation was the fatigue they experienced, regardless of where they were in their careers. The need to ensure good job design for the medical profession was a key theme, including a review of rosters and individual workloads and access to leave in order to reduce risks.
A lack of control over work and study conditions.	Doctors, especially doctors-in-training, reported that they did not have a sense of control over the work or their working conditions and often felt pressured to ignore the conditions laid out in enterprise agreements. They also shared concerns about a lack of flexibility with rosters, feeling unsupported when they need to take sick leave, and many reported that they feel like they cannot take annual leave or use study leave entitlements as there is insufficient flexibility in the roster.
A "get on with it" culture where the duty of care is to the patients only.	Consultations revealed a range of structural and cultural issues within medicine that impact on wellbeing, including a collective "get on with it" attitude among doctors and medical students who often perceive their duty of care is only to the *patients*, and not to their colleagues or themselves.
Hierarchical culture where people don't feel they can 'speak up'.	Participants also spoke of a hierarchical culture where doctors, especially doctors-in-training, feel they cannot speak up without fear of punishment. Instead, they are taught early in their career to just "power through" their problems and "put in" the hours required. Doctors also reported experiencing bullying and harassment from early on in their studies and generally reported a lack of adequate supervision, or safe mechanisms to report concerns.

"Plenty of other jobs, you know, as soon as you get past 13 hours or whatever, or 12 hours, you start getting overtime, no questions asked. Whereas in medicine, there's like this weird culture that sort of prevents us from being like other industries, and this weird hierarchy that prevents the industry from changing as well".

- **(Focus Group – Female) - Participant**

Themes related to Secondary Prevention

There are substantial barriers to medical professionals seeking help.	There was a strong focus placed on the need for confidential and effective pathways to care to overcome the substantial barriers to seeking help across the profession. Those interviewed indicated that doctors and medical students would be reluctant to ask for support in the current environment, partly due to mandatory reporting concerns and partly because doctors are fiercely competitive, which means asking for help could be detrimental to their career prospects.
There is a need for tailored support that is suitable for doctors.	In their interviews doctors and medical students emphasised the need for tailored support for medical professionals. Doctors reported that they were unlikely to access the health service or hospital Employment Assistance Programme (EAP) as they believed it to be too generalist for doctors and as it was attached to the hospital, it was not seen as confidential. When discussing the type of assistance they would prefer, participants expressed the view that they would prefer face-to-face consultations over online options.
Information and training on how to support colleagues would be valued.	Doctors and medical students also revealed a desire for improved access to information and training about mental ill-health, suicide and how to respond to a colleague. The medical profession is still uncomfortable talking about mental ill-health and suicide with each other.

> *"I think a lot of doctors get into trouble because they feel trapped. Hopelessness is a huge risk for suicide… you've invested everything you've got into medicine, and you don't feel like you have an option of taking a break or failing."*
>
> **- (MW01)- .**

Themes related to Tertiary Prevention or Post-vention

Mental ill-health and suicidal behaviour is stigmatised in the medical profession.	Doctors and medical students indicated that mental ill-health and suicidal behaviour was still stigmatised in the medical profession, which impacted on doctors from the start of their university degree through to specialist positions. They reported that it was not uncommon to be exposed to inappropriate comments or 'jokes' about patients or colleagues, and more commonly, a general disinterest in talking openly about the issues. While advocates within the medical profession have talked about their own experiences, it is more common for people to stay quiet for fear that disclosing challenges will have a negative impact on their job and career prospects.
There is a need for effective responses following a suicide.	Doctors and medical students spoke of the impacts that losing a colleague to suicide can have, but remarked that this was very poorly handled in the medical profession. Doctors are often expected to "just get on with it" following the death of a colleague. Often the 'duty of care' to the *patients* is prioritised over their own self-care and care for their peers. Many talked about needing effective communication and support following a suicide.

Themes related to Mental Health Promotion

Many doctors and medical students experience isolation.	One of the most prevalent themes that emerged from consultations with doctors and medical students was the multiple experiences of isolation – this included geographic isolation, professional isolation from peers, and isolation from family and friends because of workloads and hours. It was noted that many doctors in training move away for work, which often means they remove themselves from their cultural, religious and familial supports. Disengaging from these supports and social activities can create a combination of different types of isolation: social, intellectual and geographic.
Competition and private practice reduces opportunities for peer support.	The sense of competition between doctors and doctors in training was highlighted as a challenge, because it reduces the capacity for peer support and connection with others who are experiencing similar stressors and challenges. This started early in university and is carried through a doctor's career. Many doctors working as specialists, especially GPs, can also be very disconnected from professional supports.

"I would say resilience is important but it's not the most important factor… it's very easy to talk about positive work like work on resilience and so it gets a lot of attention, especially when you've got hospitals or area health networks promoting programmes that they've got focussed on resilience. But the problem is much, much bigger than this and if we're talking about a national framework resilience is a very small part of it."

- **Focus Group – Male Participant -**

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