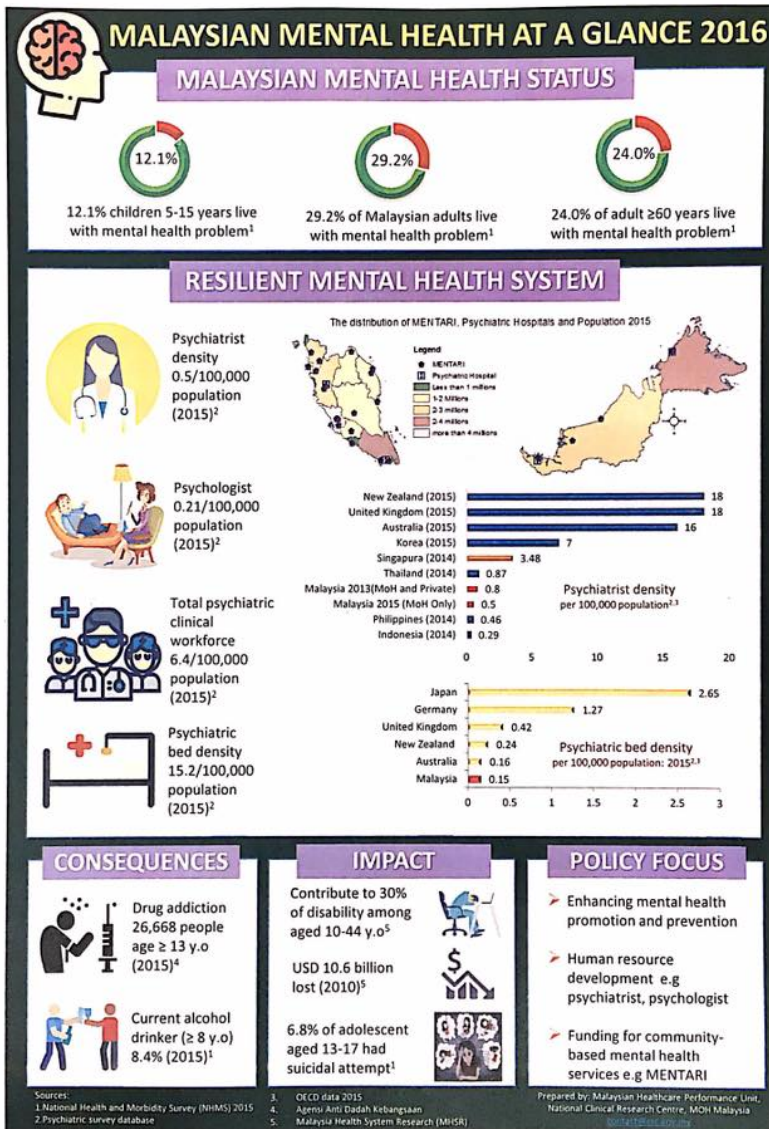


HEALTHCARE PROFESSIONALS WITH PSYCHOLOGICAL PROBLEMS AND DISORDERS

Dr Nik Nasyrah binti Nek Mohamed

Psychiatrist

Hospital Selayang



MALAYSIA 2016



Stress and Burnout

Signs of Stress (Physical)

- ▣ Headache
- ▣ Blurred vision
- ▣ Stuttering
- ▣ Dryness of mouth and throat
- ▣ Tightness of neck and jaw
- ▣ Shallow breathing
- ▣ Pounding heart
- ▣ Sweaty palm
- ▣ Nausea
- ▣ Low libido
- ▣ Urinary hesitancy

Signs of Stress (Cognition and Mood)

▣ Thinking processes

- ▣ Inattentive
- ▣ Forgetfulness
- ▣ Indecisiveness
- ▣ Confusion
- ▣ Disorientated

▣ Emotions

- ▣ Low mood
- ▣ Irritable
- ▣ Anger outbursts
- ▣ Unprovoked tearfulness
- ▣ Inability to cope
- ▣ Deterioration in appearance and general function

If at least 4 symptoms, time to get help

When passion leads to burnout

If you do what you love, you'll never work a day in your life



Mental Health in the Workplace

Key fact 1

Work is good for mental health but a negative working environment can lead to physical and mental health problems

Mental Health in the Workplace

Key fact 2

Depression and anxiety have a significant economic impact (est cost to global economy is USD1 trillion per year in lost productivity)

Mental Health in the Workplace

Key fact 3

Harrassment and bullying at work are commonly reported problems, and can have a substantial adverse impact on mental health

Mental Health in the Workplace

Key fact 4

There are many effective actions that organisations can take to promote MH in the workplace; such actions may also benefit productivity

Mental Health in the Workplace

Key fact 5

For every USD1 put into scaled up treatment for common mental disorders, there is a return of USD4 in improved health and productivity

Burnout

- Herbert Freudenberger
 - Exhaustion resulting from “excessive demands on energy, strength or resources” in the workplace, characterising it by a set of symptoms including malaise, fatigue, frustration, cynicism and inefficacy
 - Often occurred in contexts requiring large amounts of personal involvement and empathy, primarily among “the dedicated and the committed”

3 dimensions of burnout syndrome

1. Emotional exhaustion (depleted, overextended, fatigued)
2. Depersonalization and cynicism (-ve and cynical attitudes toward one's consumers or work)
3. Decreased sense of personal accomplishment (inefficacy) (-ve self-evaluation of one's work or overall job effectiveness)

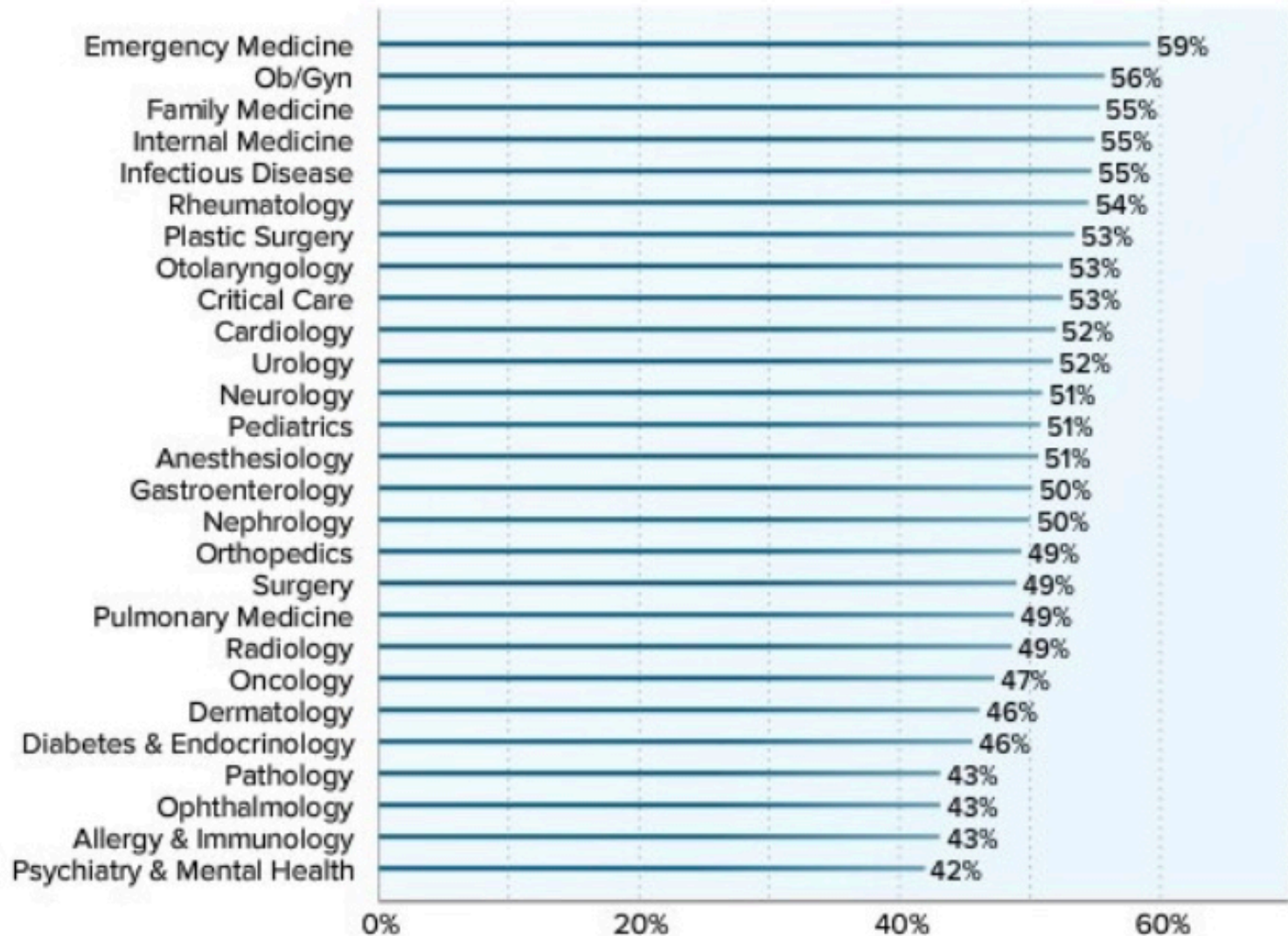
Continuum*

Burnout and mental health concerns

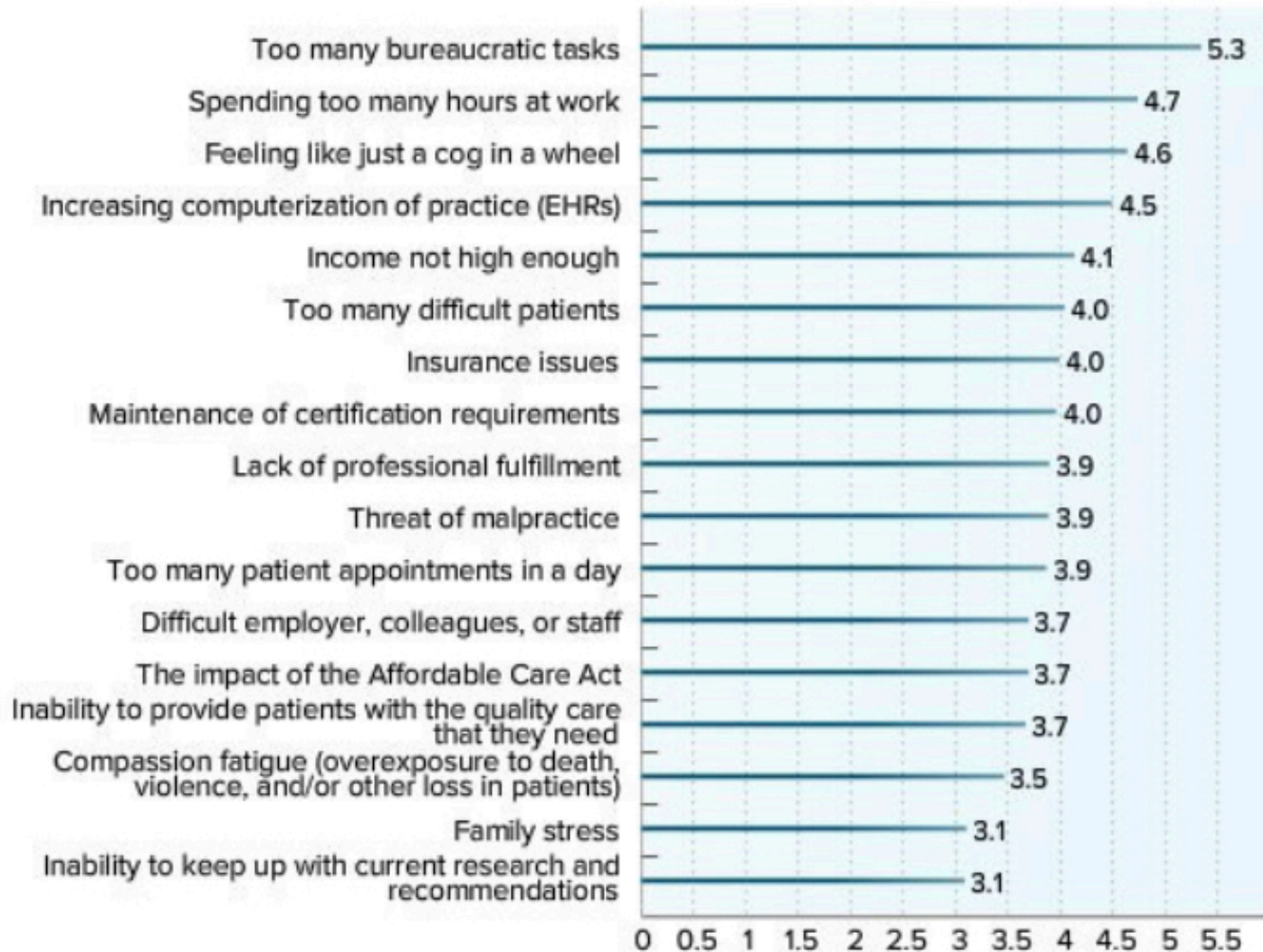
? Depression

? Burnout

Which Physicians Are Most Burned Out?



What Are the Causes of Burnout?



Why should we care about burnout?

- ▣ Health
 - ▣ Physical, mental
 - ▣ Depression, anxiety, low self-esteem, guilt feelings, low levels of frustration
- ▣ Environment
 - ▣ Family problems
 - ▣ Work-home conflict
 - ▣ Reduction in QOL
- ▣ Work – related
 - ▣ Dissatisfaction with work
 - ▣ Reduction in quality of care
 - ▣ Errors leading to malpractise suits
 - ▣ Unjustified absenteeism
 - ▣ Intention of giving up










-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions^a
-  Cultivate community at work
-  Use rewards and incentives wisely
-  Align values and strengthen culture
-  Promote flexibility and work-life integration
-  Provide resources to promote resilience and self-care
-  Facilitate and fund organizational science

FIGURE 5. Organizational strategies to reduce burnout and promote physician engagement. ^aOften will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).

Stigma in Healthcare

Health conditions and stigma

- ▣ HIV
- ▣ TB
- ▣ Mental illness
- ▣ Substance abuse
- ▣ Diabetes
- ▣ Leprosy
- ▣ Cancer

Sources of stigma in healthcare

- ▣ Negative attitudes and behaviour
- ▣ Lack of awareness
- ▣ Therapeutic pessimism
- ▣ Lack of skills
- ▣ Stigma in workplace culture

Stigma in the Health Workforce

- Reluctance to access and engage in care
 - Reduced productivity
 - Affirmation of stereotypes
- Conceal health status
- Over reliance on self-treatment

Seeking help

When to seek help

1. Feeling “not yourself”
2. Abusing drugs, food, alcohol or sex to cope
3. Loss
4. Experienced trauma
5. Loss of interest in things that you used to enjoy

NAVIGATING

a mental health

CRISIS



WARNING SIGNS of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ✓ **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (cutting)

- ✓ **Isolation** from school, work, family, friends
- ✓ **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ✓ **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification



WARNING SIGNS of Suicide

- ◆ **Giving away personal possessions**
- ◆ **Talking as if they're saying goodbye** or going away forever
- ◆ **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- ◆ **Making or changing a will**
- ◆ **Stockpiling pills or obtaining a weapon**
- ◆ **Preoccupation with death**
- ◆ **Sudden cheerfulness or calm** after a period of despondency

- ◆ **Dramatic changes** in personality, mood and/or behavior
- ◆ **Increased drug or alcohol use**
- ◆ **Saying things** like "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- ◆ **Withdrawal** from friends, family and normal activities
- ◆ **Failed romantic relationship**
- ◆ **Sense of utter hopelessness** and helplessness
- ◆ **History** of suicide attempts or other self-harming behaviors
- ◆ **History** of family/friend suicide or attempts

Why won't you see a psychiatrist?

■ Barriers

- If I have a mental health condition, it will damage my career prospects
- Staff will treat me differently if I have a mental health condition
- Seeking help is a sign of weakness

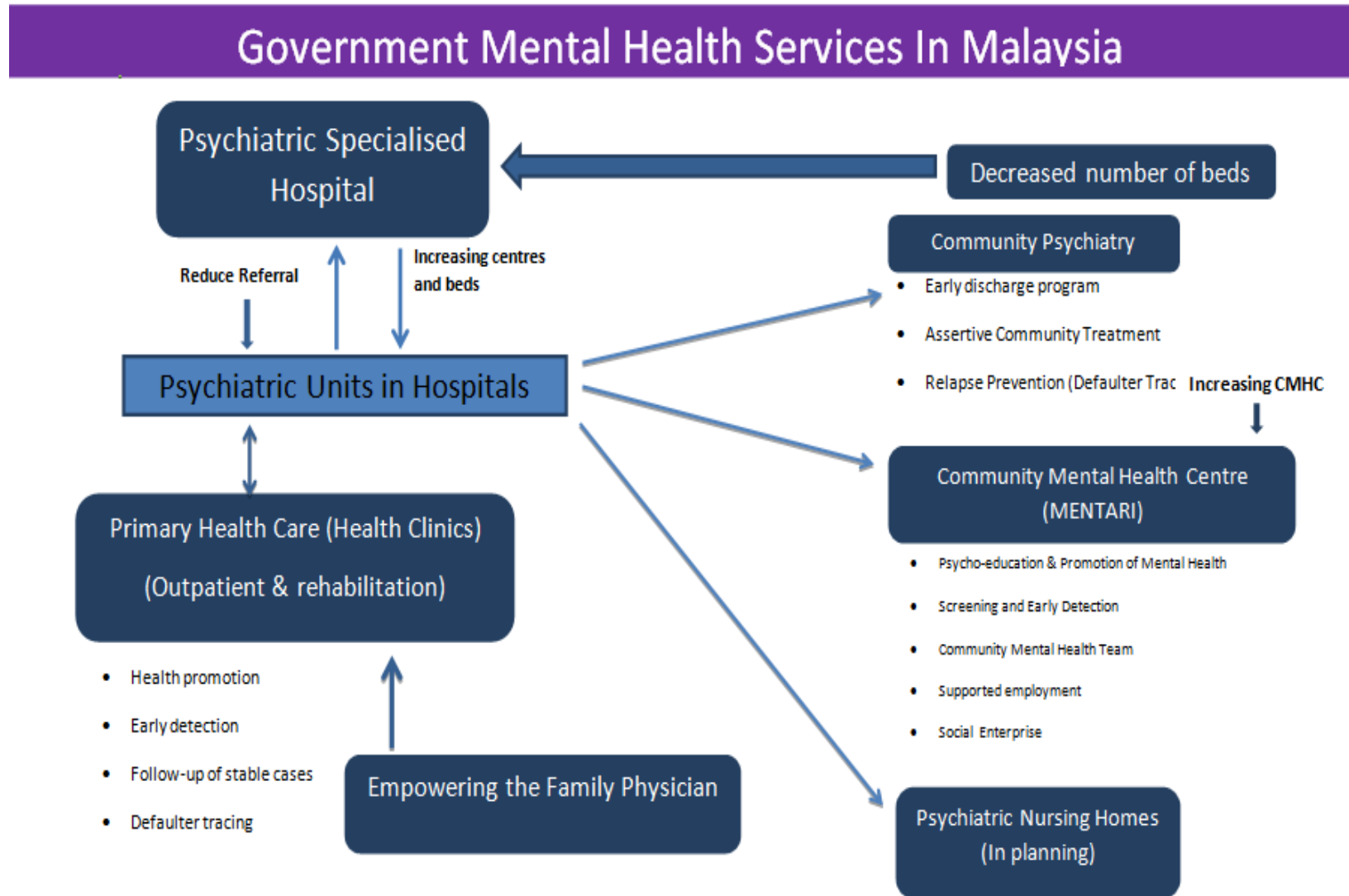
■ BEWARE : IMPACT OF DELAYED TREATMENT

- Decreases chances of a full recovery
- You might unintentionally harm a patient

Taking the first, scary step

- ▣ Figure out why are you reluctant
- ▣ Stop using pejorative language
- ▣ Talk to someone
- ▣ Ask for company
- ▣ Consider support groups
- ▣ Consider what to expect

Figure 1.1: Government mental health services in Malaysia





GUIDELINE FOR MANAGING DOCTORS WITH PSYCHOLOGICAL PROBLEMS AND DISORDERS IN THE MINISTRY OF HEALTH



MINISTRY OF HEALTH MALAYSIA

2017

PENGENDALIAN PEGAWAI PERUBATAN dgn MASALAH KESIHATAN

1. TEKNIKAL

- Ketua Jabatan / Pengarah Hospital
 - Kesesuaian Penempatan
 - MAC ; Privileging

3. PENTADBIRAN

- Terpakai untuk semua Penjawat Awam,
- Bidang kuasa Timbalan Pengarah (Pengurusan) & BSM, KKM
- Peraturan-Peraturan Pegawai Awam (Kelakuan dan Tatatertib) 1993
- Perintah Am
- Cuti
- Tatatertib
- Lembaga Perubatan
- Emolumen
- Sah perkhidmatan

2. PERUNDANGAN

- Di bawah bidang kuasa MPM
- Terpakai untuk semua Pegawai Perubatan
- Fitness to Practice
- MRP

Legal Issues - Medical Act



LAWS OF MALAYSIA

REPRINT

Act 50

MEDICAL ACT 1971

Incorporating all amendments up to 1 January 2006



LAWS OF MALAYSIA

Act A1443

MEDICAL (AMENDMENT) ACT 2012

Regulations and Ethical Codes

Legal Procedure

■ Medical Regulations 1974

■ Medical Regulations
2013 - in preparation

Ethics & Practice

■ Code of Professional
Conduct 1986

■ Code of Professional
Conduct 2013 - in
preparation

Fitness to practise

Under sections 19 and 24 of the Medical Act 1971, the Council has the right to deny or cease registration to any practitioners having mental or physical health problems.

Legal Issues

Section 19. Restriction on registration

- 1 (c) A doctor is not registered if a medical review panel (Fitness to Practice Committee) finds him unfit by reason of his mental or physical condition.

⇒ **Doctor's name is not entered into the Register**

Section 24. Cessation of registration

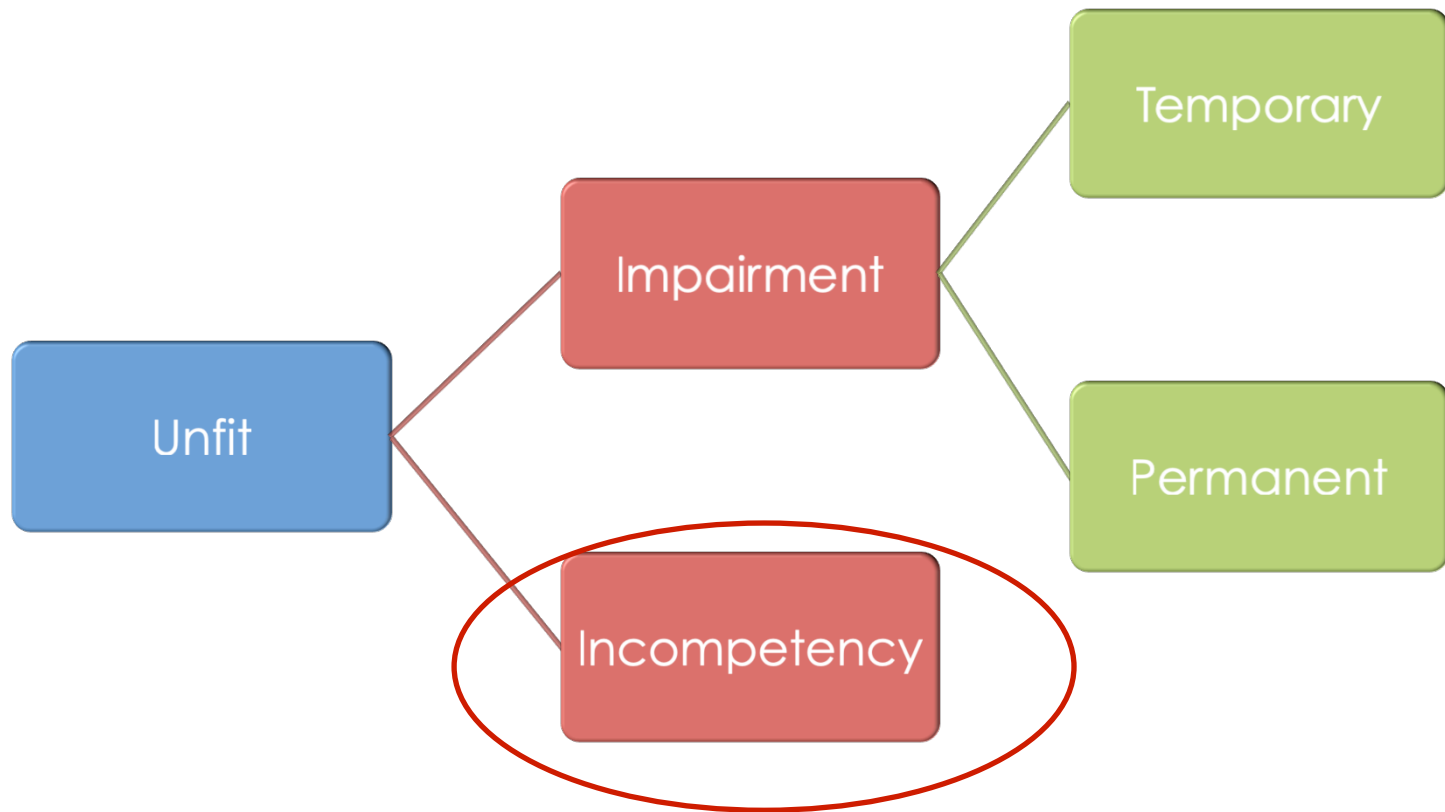
- 1 (a) If admitted / confined in a mental hospital.
- 1 (b) If certified by a medical review panel to be unfit by reason of his mental or physical condition.

⇒ **Doctor's name is taken off the Register**

Functions of MRP / FPC

1. Certify practitioner unfit
 - Not to include in Register
 - To remove from Register
2. Certify practitioner has recovered
3. To recommend restrictions and conditions

Unfit to perform duties



Definition

■ Impairment

- An impaired registered medical practitioner is one who is unable to fulfil professional or personal responsibilities and consequently is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive substance use or abuse.

Malaysian Medical Council Guideline 001/2010

Definition

▣ Incompetency

- ▣ the incompetent practitioner is ignorant or lacks appropriate skills but is not ill, while the unethical practitioner, knowingly and willingly violates fundamental norms of conduct towards others, especially his/her patients. Although these are distinct concepts they do overlap occasionally.

Concept of Impairment and Disability

Pathology

The underlying disease or diagnosis



Impairment

The immediate physiological consequences, symptoms and sign



Disability

The functional consequences, ability lost



Handicap

The social and societal consequences, freedoms lost

Criteria of Impairment

- One or more of the following conditions may give rise to impairment in practitioners:
 - **Mental illness;**
 - **Neurological illness (CVA, dementia);**
 - **Substance abuse and dependence;**
 - Physical disabilities (or handicap); and
 - Medical conditions, including those related to ageing and chronic infections.
 - Any other condition which in the opinion of the Malaysian Medical Council may give rise to impairment in a practitioner.
- The clues to impending or established impairment may not always be clear cut.

CODE OF PROFESSIONAL CONDUCT (CPC) OF THE MALAYSIAN MEDICAL COUNCIL (1986)

Section 3.3 : Incompetence to practice

“Where a practitioner becomes aware of a colleague’s incompetence to practice, whether by reason of taking drugs or by physical or mental incapacity, then it is the ethical responsibility of the practitioner to draw this to the attention of a senior colleague who is in a position to act appropriately”

Reporting organisations or persons:

- The organisation or persons who would normally be expected to report or notify on impaired registered medical practitioners would include:
 - State health directors who may have access to the outcomes of inquiries or judicial hearings into incidents involving problematic doctors either in the government or private sectors;
 - Persons in Charge of private healthcare facilities and services;
 - Malaysian Medical Association, Academy of Medicine Malaysia, Academy of Family Physicians, Federation of Private Medical Practitioners' Association and Association of Private Hospitals Malaysia, and other medical professional bodies;

Reporting organisations or persons:

- The organisation or persons who would normally be expected to report or notify on impaired registered medical practitioners would include:
 - Psychiatrists or physicians treating registered medical practitioners if they are of the opinion that their patients' condition will impair his ability to practice;
 - Individual registered medical practitioners ("whistle-blowers").

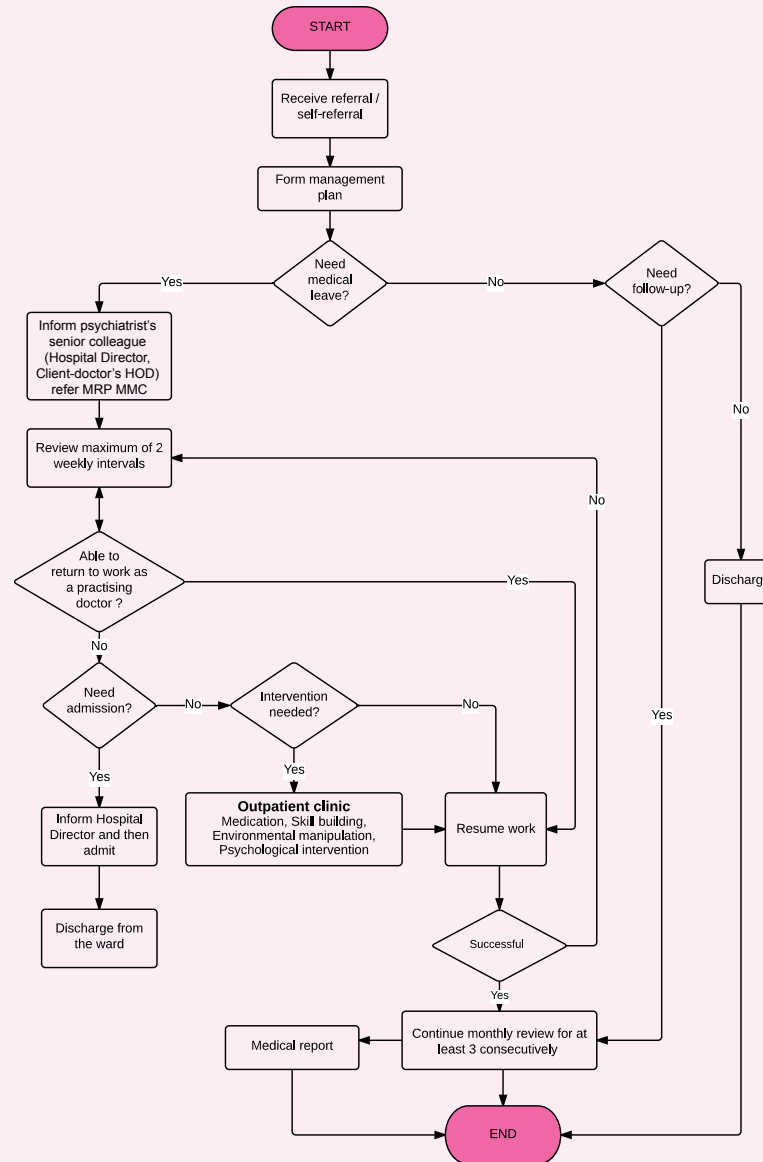


Figure 1: Flowchart for management of doctors with psychological problems and disorders

Kintsukuroi

- Japanese art which means "to repair with gold".
- When a ceramic pot or bowl breaks, the artisan would put the pieces together again using gold or silver lacquer to create something stronger and more beautiful than it was before
- A way of living that embraces every flaw and imperfection. Every crack is part of the history of the object and it becomes more beautiful, precisely because it had been broken.



People are the same way.
The kintsukuroi philosophy tells us that there is more
value in mending what is broken rather than in
ignoring or replacing it.

Keeping yourself well

- ▣ Wellness strategies
 - ▣ Exercise
 - ▣ Sleep – establish regular waking and sleeping routines
 - ▣ Diet
 - ▣ Relaxation : mindfulness, contemplative prayers
 - ▣ Social connectedness
 - ▣ Charity
 - ▣ Spirituality

“ I have no idea what the long-term effects of discussing such issues so openly will be on my personal and professional life, but, whatever the consequences, they are bound to be better than continuing to be silent”

Kay Redfield Jamison, John Hopkins psychologist

A photograph of a modern hospital corridor. In the foreground, a woman in blue scrubs sits at a curved reception desk. Another person in blue scrubs stands nearby. In the background, several people are walking down the hallway, including a man in a white lab coat and a woman in a white lab coat. The corridor has wooden walls, a polished floor, and modern lighting fixtures.

THANK YOU

niknasy@selayanghospital.gov.my