

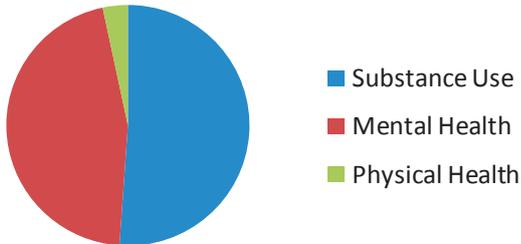
VDHP Over the Years

VDHP began its work in May 2001. Twelve years on, a look at statistics from the first three years of operation compared with the latest three years shows how the service has developed.

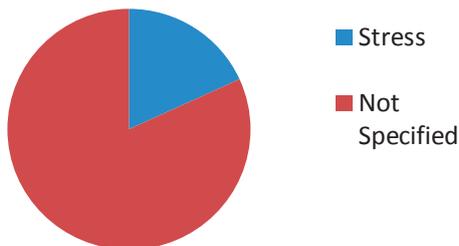
First three years: New participants 220 (73.3/year)

Last three years: New participants 334 (111/year)

Diagnoses



Stress

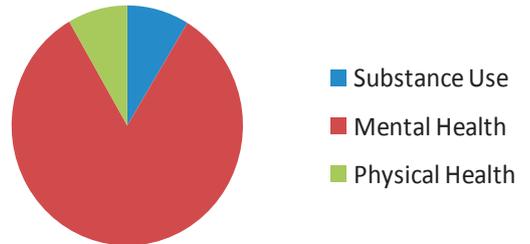


While we continue to see people for whom substance use is a major issue, others with mental health concerns are coming to VDHP in increasing numbers.

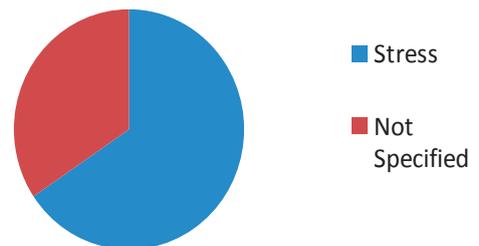
Stress is also being identified more, as a factor of concern.

Over the past three years, the majority of those coming to VDHP for assistance are medical students and doctors in training.

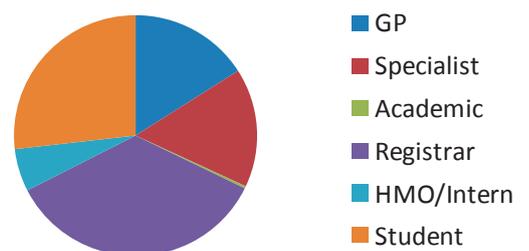
Diagnoses



Stress



Type of work (new pts)



Doctors' Health around Australia

The Victorian Doctors Health Program is a member of the Australasian Doctors Health Network (ADHN). This is an organisation that is made up of VDHP and representatives of the various Doctors' Health Advisory Services (DHASs) from around Australia and New Zealand. While services for doctors vary greatly across the country, the ADHN provides an opportunity for information exchange and mutual support between doctors' health services; an opportunity to advocate more effectively for services specific to doctors' health problems; a sharing of educational initiatives and the promotion of research. The ADHN is also able to liaise with other relevant national and local organisations such as the Medical Board of Australia, Colleges – RACGP, RANZCP, RACP, AMSA etc.

One of the key activities of the ADHN is a biennial physicians' health conference. The 2013 conference was held in Brisbane earlier this month and was organised admirably by Dr Margaret Kay from The DHAS Queensland. Though most of the attendees were medical professionals, this conference broadened the scope from doctors' health to the health of all "health professionals" – addressing not only issues specific to the medical profession but also issues such as burnout and workplace bullying, common to all those in other health professions.

International speakers from Ireland, Canada and the United Kingdom detailed aspects of their work. Additional Plenary sessions addressed mandatory reporting and beyondblue presented their research into the mental health of doctors and medical students. As with most conferences, however, one of the greatest benefits was joining likeminded people in an informal way to discuss and share common problems and learn from one another. The theme most often heard was that healthy doctors are more likely to have healthy patients.

We look forward to hearing of the location for the next doctors' health conference in 2015 soon. Meanwhile, heed this important advice from QANTAS:

"Make sure you are breathing normally yourself before attempting to help others".

Dr Kym Jenkins: Medical Director

Workplace Stress

It's well known that workplace stress is an issue in the lives of doctors. This has been highlighted by the recent release of the beyondblue study. Stress and distress can be both part of or lead to mental ill health.

Personality factors **and** workplace factors have been found to be associated with workplace stress. Targeting the sources of stress and encouraging effective stress management are important means of management of this debilitating condition. De-stigmatisation is also crucial in the process. Doctors often fail to recognise illness in themselves and their peers; even when aware effective intervention can be a struggle.

VDHP recommends that doctors recognise our collective vulnerability, and take responsibility for ensuring the mental health of all in our profession.

Think of the time, effort and money that has gone into the campaign to reduce morbidity and mortality associated with hospital acquired infection. All hospital doctors will be very familiar with the "Five Moments of Hand Hygiene". Another vital contributor to patient health is the mental health of the doctors that treat them; stress and mental ill health have been associated with mistakes and poor performance in the workplace.

VDHP suggests an additional approach to the 'five moments of hand hygiene for doctors'; utilisation of these programmed reminders to check on ourselves and our peers. The premise is simple:

Cont...

Workplace Stress continued

- ◆ When you wash your hands, check in the mirror, and on the next doctor.
- ◆ Make it routine and the necessary de-stigmatisation will follow. In looking after the person next to us, we accept that we could be there too
- ◆ Take responsibility.
- ◆ Get involved.
- ◆ Follow up, seek advice, and refer. Help is available.

Dr Antoinette Brennan: Assistant Clinician

Returning to Clinical Training after Maternity Leave

Returning to Clinical Training After Maternity Leave was written by Alexandra Brightwell, Susie Minson, Allison Ward and Caroline Fertleman and was published in the British Medical Journal in October 2013. The authors aim to highlight the difficulties faced by doctors who take maternity leave during training, through the participation of doctors in focus groups. Although the article focuses on English doctors, no doubt the experiences shared by these professionals mirror those of doctors in Australia.



The article discusses specific interventions encouraged by the UK, where the purpose is to assist women in returning to work post-maternity leave. One such intervention is the “keeping-in-touch days”. Although these are paid days, they are not mandatory.

The authors targeted the experiences of postgraduate trainees who had recent maternity leave to explore their concerns and anxieties about returning to work. Of the participants involved, most expressed concerns about returning to work and resuming clinical work at the same level pre-maternity leave. The authors touch on the issue of diminishing skills and the lack of evidence on how and when skills are diminished.

Issues of working out of hours without direct supervision and participating in a full duty roster on the first day back were raised. Many participants had logistical issues with childcare, breast feeding, rosters and not knowing the location of their rotation. Although the participants expressed anxiety about returning to work, some of them identified some positive aspects of returning to work.

The Victorian Doctors Health Program offers support to those in the medical field planning to return to work. At VDHP we are aware of the anxieties that can manifest after a long absence from the work place, not only due to maternity leave but for a range of other reasons. For further information on how VDHP can help you return to work, please call 9495 6011.

For the full article on returning to clinical training after maternity leave go to www.careers.bmj.com/careers/advice/view-article.html?id=20014963

Ms Carole Payton: Case Manager

VDHP Welcomes Ms Carole Payton

We would like to introduce Carole Payton, who is our new Case Manager.

Carole is a social worker with experience primarily in mental health. She came to VDHP after a long history with Monash and the Eastern Health Child & Adolescent Mental Health Services. Her past roles have included Intensive Care Management; Psychiatry Consultation Liaison; Youth Focused Senior Clinician and Intake Assessment Consultation Treatment clinician. She has also worked in culturally and linguistically diverse communities, group settings and psychiatric inpatient settings.

Carole hopes to use her skills to support the participants of VDHP and along the way, acquire some new skills. She states that she is looking forward to working in such a privileged position as Case Manager alongside other professionals who work in collaboration with VDHP.

Doctors Using Substances...

Over the years at VDHP, many doctors have sought help for a variety of substance uses. While the substance of choice varies, a common element for all of the doctors was fear of what would happen to them, particularly in relation to their career.

The VDHP views substance abuse /dependence as a health issue, so when we receive a call from a doctor with this problem we urge them to come in and have a talk with us. We can then proceed to develop a comprehensive treatment and recovery program during which we support the doctor.



The program implemented varies depending on the presenting problem and may entail referral to a GP, addiction medicine specialist, psychologist or psychiatrist (if needed), and the commencement of chemical monitoring. The VDHP also has a weekly support group for doctors with substance use problems; a group that the participants say is invaluable as far as recovery, 'connectedness' and fellowship goes. Sometimes the doctor is recommended to take a period of sick leave to consolidate their recovery program and if in-patient treatment is required, VDHP can organise referral to an appropriate service.

For rural doctors who have substance use issues, we are able to formulate a treatment program that works for them. The VDHP is very mindful of the issues faced by rural practitioners such as the time involved in travelling to Melbourne, often not being able to get away from work due to patient loads, and not wanting to see near-by specialists who are referral sources.

Often returning to work is an important part of a doctor's recovery and motivation to stay well. Sometimes the doctor requests that the VDHP speak to their workplace and we are happy to facilitate return-to-work programs.

Substance dependence is not a condition that goes away on its own; commitment to a recovery program and on-going support are essential.

If you are a doctor experiencing problems or you know a medical practitioner who may have a substance use problem, then please contact us. You can phone us on 9495 6011 or e-mail us at vdhp@vdhp.org.au. Anonymous enquiries are welcome.

Ms Cheryl Wile: Case Manager & Dr Kym Jenkins: Medical Director

VDHP farewells Ms Sharon Summers

Earlier this year Sharon Summers, one of our Case Managers, decided to leave VDHP and move back to her native New Zealand.

During her two years at VDHP the participants who were case managed by Sharon benefitted from her very thoughtful and thorough approach. As a team we benefitted from Sharon's training in psychotherapy and the extra perspective she was able to bring to understanding the problems and lives of medical professionals.

We wish her all the best for the future.