The Royal Australian and New Zealand College of Psychiatrists (RANZCP) values and supports the contributions that people with a personal experience of mental illness can make to improving quality of care. However, whilst the mental health of doctors, including psychiatrists and psychiatry trainees, is appropriately the focus of ongoing concern and action, the contribution to professional practice that can be made by psychiatrists who have personal experience of mental illness has thus far received little attention.

The RANZCP has developed this position statement to acknowledge the contribution that can be made by psychiatrists who have a personal experience of mental illness and to provide a basis for further examination and study. The RANZCP values those who may wish to disclose their personal experience and draw on this experience to inform professional practice and service delivery, whilst respecting that many will not wish to choose this path.

Background

Many people, including doctors and other health professionals, experience mental health problems at some point in their lives. Rightly, increasing attention is being given to the mental health problems experienced by doctors (AMA, 2011; beyondblue, 2013). The RANZCP now lists the promotion of physical health, mental health and welfare of psychiatrists and psychiatry trainees as a key strategic objective (RANZCP, 2015). Well-being surveys of doctors have found that they report higher rates of psychological distress and attempted suicide than the general population (beyondblue, 2013); however, many individual doctors, including psychiatrists, feel they are immune to mental illness or convince themselves that they do not require treatment. Psychiatrists in particular may be concerned about the potential ramifications of having a mental illness (Adame, 2011).

The ongoing improvement of mental health care in Australia and New Zealand and elsewhere has gained much by incorporating the lessons learnt from individuals with personal experience of mental illness. The issue of how a psychiatrist who has a personal experience of mental illness might contribute to the improvement of mental health care has however, been little considered (Corrigan et al., 2009; Verhaeghe and Bracke, 2012).

Stigmatising attitudes regarding the competence of doctors who have a mental health condition persist (beyondblue, 2013). These attitudes restrict the capacity of doctors, especially psychiatrists, who have a lived experience of mental illness to contribute on the basis of their lived experience. While the impact of stigma on people with mental illness and their families is well recognised, the impact of stigma¹ and self-stigma² on psychiatrists and other health workers

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¹Stigma is the perception that, as a consequence of mental illness, a person is personally flawed and socially unacceptable (Corrigan, 1998, 2004; Holmes and River, 1998).
²Self-stigma is the acceptance of prejudiced perceptions held by others and comprises three steps: awareness of the stereotype, agreement with it and applying it to oneself. In self-stigma the negative attitudes expressed by society toward people affected by mental illness may be internalised and lead people to perceive themselves as inferior, inadequate or weak (Corrigan and Watson, 2002; Nadler and Fisher, 1986). This could lead to a reduction to seek treatment, and social withdrawal, as well as abuse of alcohol and drugs (SANE Australia, 2013; Vogel et al., 2006).
is not. Psychiatrists and mental health workers receiving treatment for mental health conditions have reported discrimination by their employer, as well as by their colleagues (Lindow and Rooke-Matthews, 1998). The broader risks of self-disclosure in the workplace, and the real or feared impact of being considered an impaired practitioner are evident, with many concerned about the potential for discrimination, harassment and reduced career development opportunities.

Importantly this position statement differentiates between a practitioner’s personal experience of mental illness and impairment³. While mental illness may lead to impairment, and is a reason for early intervention and may necessitate medical board intervention, the majority of doctors and psychiatrists who experience mental illness are not impaired.

**Evidence**

Psychiatrists and other doctors who have experienced mental illness can help to challenge potentially stigmatising assumptions by sharing of their experience (Adame, 2011), noting that the decision to disclose is very much a personal one (Richards et al., 2016). Further, psychiatrists as well as other mental health workers who have a lived experience can be a key resource to improve the quality of mental health care, providing valuable insights to the profession which may assist both clinical practice and service development (Lindow and Rooke-Matthews, 1998). The most appropriate manner for psychiatrists to use lived experience to contribute to care has not yet been fully explored, but the ability to do so is encouraged by the successful experience of peer workers (Lindow and Rooke-Matthews, 1998).

A recent UK discussion paper reported how the development of guidelines assisted mental health professionals with lived experience of mental illness and recovery to share that experience in order to improve the experiences of people who access services and promote the well-being of all mental health staff (Morgan and Lawson, 2015). The project also highlighted that sharing lived experience is a complex process, that there is no ‘right’ way to do it, and that if, when and how people disclose or share their experience may vary depending on whether they are sharing their experiences with colleagues or with people who access services. The authors concluded that judicious sharing of staff lived experience could potentially have a significant impact on the culture of mental health services and improve the experience of both people who access services as well as those who work within them.

**Summary and recommendations**

Psychiatrists with personal experience of mental illness have the potential to add value to the knowledge of the profession and its practices. How the impact of lived experiences can benefit the practice of psychiatry, and the best way to go about this, requires further exploration and research.

The RANZCP:

- Recognises that medical practitioners, including psychiatrists and psychiatry trainees, as for any other member of the community, may experience mental illness and encourages reflection on personal experience to integrate this with professional practice and service development.
- Acknowledges that psychiatrists and psychiatry trainees as well as other doctors and mental health workers with experience of mental illness, can be a key resource.
- Values those who wish to contribute their experience to informing professional practice and service delivery, whilst respecting the privacy of those who wish not to do so.
- Supports further exploration and research into how psychiatrists’ and psychiatry trainees’ experience of mental illness can contribute to the practice of psychiatry.

³Impairment is defined under Australian law as being ‘physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to affect the practitioner’s capacity to practise the profession’ (MBA, 2012).
• Encourages action to:
  - remove discrimination against psychiatrists or trainees who disclose personal experiences of mental illness
  - counter cultures which promote fear of prejudice or exclusion
  - support a safe culture of disclosure.

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• *The lived experience and clinicians* (Presentation RANZCP Congress, 2011) – Graham Roper.

References


The contribution to practice made by psychiatrists who have a personal experience of mental illness


**Disclaimer**

This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

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