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Doctors' mental health is more important now than it has ever been.

Doctors' mental health has saturated the attention of recent medical and general media. Several news outlets have reported on the suicides of many young physicians in the past five years, highlighting underlying concerns with how the medical field treats its own doctors with mental health issues. In Australia, a 2013 survey by Beyond Blue found that doctors reported substantially higher rates of psychological distress compared to the general population as measured by the Kessler 10 scale. In fact, the levels of very high psychological distress in physicians younger than 30 years old was over double that of the general public and nearly 12 times that of other professions (Beyond Blue, 2013). Furthermore, a systematic review in 2015 found that the prevalence of depression or depressive symptoms was 28.8% amongst resident physicians. Even more worryingly, the meta-analysis identified a trend of increasing depressive symptoms over time (Mata et al., 2015). So an argument can be made that that the mental health of physicians is declining, but does that make their mental health more important now than ever before?

Shifts in medical practice in recent years have included decreasing patient contact hours and increasing paperwork. This, compounded with the pressure to maintain a high quality of care, often in the face of litigation, has seen many physicians lose a sense of meaning in their work and experience depressive episodes, anxiety attacks and burnout (Bodenheimer and Sinsky, 2014). Furthermore, junior doctors often live in denial of their mental health issues for fear of being perceived as weak and incapable by senior clinicians who may determine entry into competitive specialty training programs. In light of this pressurised and competitive environment, it is unsurprising that studies of physician attitudes towards mental illness have found that doctors underestimate the incidence of mental illness in physicians, and that the most significant barrier to care for mentally ill doctors is fear of negative career implications (Hassan et al., 2016). If we accept this status quo for what it is; a medical culture that expects superhuman productivity, then it is inevitable that very human fallibilities will cause an increase in mental health issues.

In medicine, it seems we strive to achieve equitable treatment for all except doctors. A doctor's mental health should not be considered disparate from that of any other group, yet we treat doctors differently because their ability to provide quality medical care lies in their ability to make informed decisions with a clarity of mind that may be compromised by mental health issues. Thus,

the importance of a doctors' mental health lies not only in its impact on their own lives, but its potential to inflict collateral pernicious effects on that doctor's patients.

Thus, the philosophical conundrum arises as to when a physician treats a doctor with a mental health issue, are they treating a patient or are they treating a doctor? The answer to this question underlies the way our policy operates, especially in the case of incompetence. Here, we see the conflict of ethical principles of non-maleficence and justice. Whilst non-maleficence is embodied in protecting a physician with a mental illness from further psychological harm caused by the loss of their professional identity in the case of a suspension of their licence to practice medicine, the principle of justice dictates that the safety of patients must be placed above the needs of the doctor. The moral imperative to protect the majority, in this case the number of patients under the physician's care as opposed to the physician alone, underlies the intent of the guidelines for mandatory reporting of impaired physicians to the Australia Health Practitioner Regulation Agency (AHPRA). It is these guidelines for mandatory reporting that are at the heart of the current discourse surrounding whether doctors suffering from a mental illness are supported or persecuted by the legal system and the medical profession as a whole.

It is vital to recognise that not all doctors with mental health issues are incompetent. However, the mere potential for career damage due to mandatory reporting to AHPRA can deter doctors from seeking medical treatment for their mental health issues and thus endanger themselves and their patients. Though the threshold for mandatory reporting is considered high, the guidelines for mandatory reporting require that AHPRA be notified of conduct that "constitutes a significant departure from accepted professional standards" (Medical Board of Australia, 2017). Such conduct is difficult to self-assess if one is already suffering from a mental illness, and so some doctors may fear that they cannot adequately evaluate their own abilities. This fear surrounding the issue of mandatory reporting potentially serves as a barrier to accessing healthcare for physicians with mental health issues and consequently negatively impacts their ability to function as a physician. Thus, some proponents of physicians' mental health argue that mandatory reporting, a guideline intended to protect patients, may inadvertently be causing greater harm than good (Arlington, 2017).

Psychiatry has long recognised that an individual's perception of their mental health is as important as their diagnosis itself. Indeed, this idea is the founding principle of the highly efficacious Acceptance and Commitment Therapy treatment, which is a 3rd wave treatment for several conditions including anxiety and depression (Hayes, 2004). In this same way, how clinicians and medical students perceive their livelihoods may be affected by a diagnosis of a mental illness determines their health-seeking or health-avoidance behaviour to a greater extent

than the reality of the implications of such a diagnosis. Ultimately, the level of fear around mandatory reporting indicates that doctors do not feel supported once they assume the role of the patient. In the realm of business, Simon Sinek has described a similar issue where employees display decreased productivity and a lack of regard for customer satisfaction when efforts are not made to promote an environment of safety that allows employees to make mistakes and grow. Simon Sinek has named this principle the 'Circle of Safety' (Sinek, 2017). Unless doctors feel that their mental health is important and valued by the society they aim to serve, doctors will not feel safe to seek help and therefore will not act in accordance with their own and their patients' own interests.

This is the crux of why the discussion around the mental health of physicians is imperative. The fact that discussions on the importance of preserving our physicians' mental health has captured the zeitgeist of recent times means that there is a window of opportunity to not only raise awareness within the medical community but to orchestrate legal and organisational level change. We are finally at a tipping point, as demonstrated by Western Australia loosening its laws on mandatory reporting due to the current public discourse (Verghis, 2017).

However, it is important this change is not limited to mandatory reporting and the safe management of physicians after they have already succumbed to mental illness. A study on medical students at Monash University in Australia found that the implementation of a Mindfulness-Based Stress Reduction Program (MBSR) caused statistically significant improvements in measures of student wellbeing, depression and hostility. Importantly, this program also demonstrated improvements in the quality of life of students as determined through measures of mental health in a pre-examination period, indicating that this type of program has utility in high-stress as well as low-stress situations (Hassed et al., 2008). These initiatives, which not only treat but prevent the rise of mental health issues in doctors can only be expanded when the public joins the discourse and communities place pressure on health organisations to act. The opportunity to instigate change is currently upon us. A shift in the cultural framework of medicine is now enabling physicians to advocate for their own health as they have done countless times before for others.

So, is doctors' mental health more important now? It is easy to answer no. Of course not. The health of any individual, doctor or not, has been equally important throughout the course of history. However, if considered within the present cultural context, we are now in an epoch of change. The importance of protecting doctors' health for the sake of both the doctor and their patients is finally being accepted by enough policy makers that a critical mass has been reached and the process of a framework shift has begun. In this light, the mental health of doctors today

is important not only for now, but for all doctors to come. By placing importance on this issue now, we can facilitate the development of policies that will help protect all doctors of the future. So any individual doctors' mental health may not be more important now than it ever has been, but our ability to shine a light on the importance of this issue is certainly more vital than ever, if we wish to protect the doctors of today and tomorrow.

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