Who cares for the clinicians? The mental health crisis in the general practitioner workforce

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The fact that a significant proportion of the UK's general practitioners (GPs) are living with mental health problems has been known for some time. Studies have shown that many GPs are depressed, anxious, stressed or 'burnt out' as a result of practice pressures such as organisational changes and increased workload, the negative media climate and a sense of isolation (1).

There is evidence that GPs have difficulty accessing appropriate mental health or support services (2), for reasons around availability or concerns about confidentiality. Doctors are more likely than the general population to die by suicide, with female doctors, anaesthetists, GPs and psychiatrists being the most vulnerable (3). Some clinicians experience alcohol addiction as a result of the pressures of practice (4).

Just as they would for any other member of the population, mental health difficulties take their toll on all aspects of GPs' lives, including self-esteem, personal relationships, finance, work/life balance and work performance. However, despite the clear and critical effect on GPs themselves, it is striking how frequently the existing narrative suggests that physician health matters principally because of its potential negative impact on patients. While doctors are encouraged to see their patients holistically, they are often not afforded the same treatment themselves (5). That doctors themselves can become patients is often overlooked (6), and there are many internal and external barriers to doctors adopting the patient role. The drive to support patients may limit awareness of self-care strategies; this may detract from GPs' ability to recognise and live with mental illness in themselves, and their ability to seek help.

Similarly, the language around physician self-care often places responsibility for good mental health with doctors themselves, rather than those who decide on their workload; a workload which has increased by 16% over the past seven years (7) while GP recruitment has dwindled. Many proposed interventions emphasise GP time management and the development of 'resilience', and encourage solutions such as mindfulness. In contrast, there is little work on how organisations can better support their workforce and how the systemic factors contributing to mental ill health can be addressed.

There is a culture of invulnerability amongst doctors, which starts during training, and which needs to be questioned and better understood. Creating a belief that doctors are impervious to illness is

not always helpful. It is important for GPs to recognise the power of the emotional and physical challenges they face during their practice. Whilst other emotionally demanding professions, such as psychotherapy, offer regular supportive supervision, GPs are often left to manage their emotional responses to their patients alone.

The concept of 'presenteeism' is frequently mentioned within the literature as both a contributor to stress and a barrier to help-seeking (8). However, there is a tendency to simplify the issue, characterising this construct as simply a refusal on the part of GPs to admit that they are ill. The reasons for presenteeism may be complex, and more than simply a reflection of GPs' unwillingness to acknowledge they are unwell or require sick leave. GPs may continue working because they do not wish to let their colleagues down. Some may feel they have no choice. Faced with workforce shortages and difficulty finding locums, GPs are at times forced to work when they are unwell. All these factors can contribute to an unhealthy tendency to ignore illness and continue to work.

We are a team that includes researchers, GPs, medical students and patient/public contributors. We have been funded by the NIHR School for Primary Care Research to conduct a qualitative study of the experiences of GPs living with mental health problems. We aim to identify what helps and hinders GPs when they seek treatment, so that in future their access to appropriate care and support will be greatly improved. We have recruited for our study using social media, particularly Twitter, and have been overwhelmed by the high level of interest from GPs. Our Twitter account (@GPWellbeing) has been a great way to generate enthusiasm about the project, and to talk to others concerned with similar issues. Twitter seems especially relevant for recruitment to this particular study. Given the fact that our potential participants are overworked, a short tweet is a more effective way to let people know about the research than the more 'traditional' lengthy invitation letter and information sheet.

This critical situation in which GPs in particular, and doctors as a whole, find themselves is highlighted by the emergence of Facebook groups such as Resilient GP, GP Survival and Tea & Empathy, which indicate a grass roots response to the issues. The situation is also being addressed by campaigns such as the Royal Medical Benevolent Fund's (RMBF, chaired by BJGP's editor Professor Roger Jones) 'What's Up Doc', which has provided a guide called 'Vital Signs,' designed to help doctors recognise and cope with symptoms of stress and burnout. The Practitioner Health Programme already runs an excellent local specialist service helping doctors and dentists living in London with mental health concerns; services outside London are limited. Additionally, the

Department of Health is investing in an occupational health service for doctors living with mental health problems (9), and the recent GP Forward View document from NHS England promises to provide support for GPs with stress and burnout. However, some local services such as the GP and NHS Dentist Physician Health (GPDPH) in Cornwall, which helped around 1,000 GPs and dentists over 20 years, have been threatened with closure due to reduced funding. Further action is needed to respond to the size of the crisis.

We echo Patterson's (10) call for action, and applaud NHS England's commitment to the provision of a specialist mental health service for GPs. Whilst we welcome this current direction of travel, the government should also focus its efforts and finances on the *causes* of mental health problems in healthcare professionals (such as increasing workloads compounded by workforce shortages) in order to prevent GPs from becoming unwell in the first instance. The collegiate culture of general practice (and medicine in general) should arguably balance cure with *care*; with appropriate support and nurture, colleagues may find it easier to talk about their vulnerabilities and the possibility of being unwell, and receive the timely support and treatment which they need.

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