Based on the webinar *Healer, Heal Thyself*

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MENTAL HEALTH AND HEALTHCARE PROFESSIONALS

Introduction

Doctors are often referred to as healers of society and shoulder the responsibility of caring for the health of others. However, the demanding nature of their work can take a toll on their mental wellbeing. They tend to have an understanding of patients but overlook their own mental healthcare challenges as healthcare professionals and how they cope with that. The Covid-19 pandemic highlighted the challenges of coping and working in different settings whilst experiencing their own difficulties. Although the pandemic is not as urgent as it once was, there is somewhat of a hangover in significantly adjusting to mental health.

Healer, Heal Thyself

Healing ourselves does not mean treating ourselves but opening up and obtaining the necessary care and concern from others in the healthcare network. It is well known that healthcare workers tend to not seek assistance and healthcare services when they could and should, specifically within the mental healthcare context. Mental health, however, does not care about our profession or status, affecting everybody alike.

Stigma

Healthcare providers suffer the same stigma as those in communities but are said to suffer a second layer of stigma, especially as they are seen as superheroes. This was especially prevalent during Covid-19, with many media images circulating with healthcare professionals wearing superhero capes. Although healthcare professionals don't wear capes, many wear a mask to make themselves seem intact enough to continue with the demands of the job. The faces of medics in warzones echo this, with the desperate need and demand to carry on working in the face of exhaustion and trauma.

Dealing with stigma involves understanding it. Stigma is a negative perception of someone with a mental illness, defining the individual by the illness rather than by their personhood. It is socially constructed and reinforced through media, social media, and organisational structures. Sympathy for healthcare providers who struggle with their mental health is not easily found within these spaces. There are many misconceptions of healthcare workers and mental healthcare professionals as wearing a hero's cape, someone who could not possibly "succumb" to these stressors or illnesses. When acted upon, stigma leads to discrimination against others, or in self-destructive behaviours within the individual.

There are three basic forms of stigma:

1. Public stigma, which is negative or discriminatory attitudes that others have about mental illness and is often reflected in the language used by healthcare professionals, with 44% of patients being stigmatised by their treating doctors.
2. Self-stigma is the negative attitudes, including internalised shame that people with mental illnesses have about their own condition, including negative self-talk about being weak or incapable of performing their duties.
3. Institutional stigma involves the

policies of government and private organisations that intentionally, or unintentionally, limit opportunities for people with mental illness. These manifest in decisions of resource allocation, funding, and a prescient focus on "presenteeism" and the guilt that accompanies diminished performance or not showing up for patient care.

Barriers to treatment

One of the biggest concerns that inhibit treatment is vulnerability or exposure to peer criticism and mistrust of colleagues. This is reflected in healthcare professionals choosing to open up to strangers rather than their own colleagues. Another big barrier to treatment is the fear of professional censure, with up to 80% of healthcare professionals being afraid to report not coping. This lends itself to a pressure to cope and appear competent. Healthcare workers also find that their training "immunises" them, desensitising them to their own concerns after being exposed to a multitude of illnesses. Confidentiality, too, is a risk and barrier, as healthcare workers are worried about reputational damage and isolation. This isolation occurs more commonly within a private practice context, inducing a greater pressure. Personality factors such as inhibitions, introversion, and longstanding traumas also present a barrier to treatment, as do relationship factors such as strained relationships and a lack of the protective mechanism of supportive relationship structures.

Burnout

The invariable response to this barrier to treatment is burnout, which is defined by the ICD-11 as the result of chronic workplace stress that has not been successfully managed. Burnout is characterised by three dimensions:

1. Feelings of energy depletion or exhaustion.
2. Increased mental distance from one's job, negativity, or cynicism towards the job.
3. Reduced professional efficacy.

Meaning and fulfilment are lost in burnout, only to be replaced by a sense of futility and resentment. Energy that was there before turns into exhaustion, engagement becomes cynicism, and efficacy replaced by ineffectiveness.

Burnout rates are significantly increased across all medical specialities internationally, with South Africa not faring much better. In the USA, psychiatrists were third on the list of most burnt-out medical professionals, behind Emergency Medicine practitioners and Internal Medicine practitioners. Rates of burnout in South Africa are aligned with those internationally. In the South African context, 50% of nurses reported burnout soon after the start of the Covid-19 pandemic. 67% of doctors in both rural and suburban areas were also burnt out at this time. The dramatic increase in demand for services since 2020 has stretched all mental healthcare professionals. Psychologists, Social Workers, other Allied Healthcare Professionals and Nurses are at particular risk for burnout due to the length of therapy provided, the detailed nature of interventions required, exposure to the trauma of patients being treated, and the daily management of very ill patients. Caseloads, arduous work involving difficult conditions, and financial demands to keep working, coupled with poor peer-support and unhealthy coping mechanisms are all contributing factors in the continued growth of rates of burnout.

Depression and Suicide

South African psychiatrists are 2.5 times more likely to die by suicide than the regular population. Psychologists comprised 4,9% of all healthcare worker suicides in the USA up to 2019. 25% of South African healthcare and mental healthcare workers suffer from depression and anxiety. Mental healthcare practitioners suffer from depression, anxiety, and PTSD at rates higher than the general population. It was reported that 11% of American psychiatrist contemplated suicide in 2022.

Substance Abuse

Due to increased access and the increased vulnerability to the mental health issues described above, healthcare workers are particularly vulnerable to substance abuse. Chemical dependency has a lifetime prevalence approaching 10-15% within healthcare workers. Alcohol dependence alone varies from 8% to 15%. Abuse of opiates and benzodiazepines, on the other hand, are enabled by self-prescribing. These are often hidden due to a fear of being reported as impaired to governing bodies such as the HPCSA.

Improving Mental Health among Healthcare Workers

As stated before, healer heal thyself does not mean treating oneself. There are many other options available to improve mental health among healthcare professionals.

Protective factors include adequate access and use of professional counselling or therapeutic services, developing and utilising professional or collegial relationships, speaking to friends and family, diversity in life activities with spaces for decompression, exercise, hobbies and activities, and employer support and effective leadership to protect healthcare workers. Understanding the difference between self-care and self-soothing is important. Self-soothing provides immediate gratification with short-lasting effects, while self-care concerns changing structures longitudinally to provide long-term effects.

Coping with these challenges involves upping the standard to what healthcare professionals feel they need to give to each other, taking it out of the informal discussion and starting to put it in good quality care pathways acknowledging this mental health crisis in a way that is non-judgemental and not seen as being immediately leading to censure. Provoking a discussion as far as possible can challenge us to utilise resources available effectively.

One such resource is the Health Care Workers Care Network (HWCN) which provides a confidential safe space for healthcare workers to receive mental health assistance by counsellors and other mental healthcare professionals. The line is toll-free and available 24/7 at 0800 21 21 21.

Link to webinar: *https://www.healthcareworkerscarenetwork.org.za/support-tools-resources/webinars/159-webinar-mental-health-and-healthcare-professionals*

References available on request. MHM