Mednet

Growth Through Adversity

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Mednet

It provides assessment and individually tailored follow up or onward referral for doctors with psychological distress.

Run by consultant psychotherapists who are also psychiatrists.

20 years of experience.

Holistic psychotherapeutic assessment - shared meaning of personal crisis.

Uses an applied psychoanalytic model.
Service Use Data - long term follow up

Long term follow up studies on doctors who have experienced psychological ill health at work are lacking.

This may increase stigma about what happens in the long run to doctors who become unwell.

This may have a further negative impact on doctors - who tend to be reluctant to ask for help coming forward.
Service Use Data

3-8 years after presentation- 1 follow up point 2010

409 Doctors. 203 contactable. 124 provided data

No significant difference between morbidity of groups

Questionnaire: current working life
engagement with services
reported distress on CORE scores

Mean age 35 years
Men 40% Women 60%
Long Term Follow up Study of Doctors

50% change grade
95.6% remain in work 60% full time
Long Term Follow up Study of Doctors

Sick leave is reduced - doctors took minimal sick leave

No doctors had taken long term sick leave

<table>
<thead>
<tr>
<th>Days of Sick Leave</th>
<th>Intake</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>60%</td>
<td>83%</td>
</tr>
<tr>
<td>6 - 10</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>11 - 20</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>21 - 30</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Above 30</td>
<td>10%</td>
<td>0</td>
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</table>
Long Term Follow up Study of Service

CORE scores: reduced but psychological distress continued

<table>
<thead>
<tr>
<th>CORE-OM Scales</th>
<th>Intake</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Being</td>
<td>% of Clinical</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>Threshold</td>
<td></td>
</tr>
<tr>
<td>Problems</td>
<td>% of Clinical</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Threshold</td>
<td></td>
</tr>
<tr>
<td>Social Functioning</td>
<td>% of Clinical</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>Threshold</td>
<td></td>
</tr>
<tr>
<td>Risk</td>
<td>% of Clinical</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Threshold</td>
<td></td>
</tr>
<tr>
<td>Global Distress</td>
<td>% of Clinical</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Threshold</td>
<td></td>
</tr>
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</table>

The Clinical Outcomes in Routine Evaluation - outcome measure
Long Term Follow up Study of Service

58% remained services - mostly for psychological help

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist</td>
<td>12%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>6%</td>
</tr>
<tr>
<td>GP</td>
<td>4%</td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Multiple</td>
<td>25%</td>
</tr>
<tr>
<td>No Treatment</td>
<td>42%</td>
</tr>
</tbody>
</table>
Long Term Follow up Study of Service

Medication from treating somatic to mood complaints

<table>
<thead>
<tr>
<th>Type of Medication</th>
<th>Intake</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs for Physical Problems</td>
<td>38%</td>
<td>4%</td>
</tr>
<tr>
<td>Drugs for Psychological Problems</td>
<td>15%</td>
<td>45%</td>
</tr>
<tr>
<td>Drugs for Both</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>No Drugs used</td>
<td>45%</td>
<td>51%</td>
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</table>
Shift in self-perception?

ON PRESENTATION:
isolated & self medicating for physical complaints

ON FOLLOW UP:
more psychological view of difficulties
accessing on going help, coping with stressful jobs

Able to recognize in a more straight forward way the emotional impact of their work, able to ask for help
Resilience: no simple dichotomies
Not a trait born with or acquired: a process that reflects a moment within a complex social system

Resilience is the Capacity to develop in difficult circumstances
Resilience: no simple dichotomies

Psychological factors
Clinical issues

Peer support

Work environment

Coping at Work

Personal relationships

Personal needs
The Difficulties of medical life

Illness and Death

- Dysfunction in the work place
- Decreased autonomy
- Increased responsibility
- Complex health care systems
- Less Cohesion
- Changing health care system - less prepared

Internal Factors?
Harsh Self Appraisal

Despite a variety of life and work events, range of specialties a typical self appraisal comes out in the assessment sooner or later

Lack of realistic or benign self appraisal of difficulties

More rigid relationship with their professional identity (not depressed thinking, held for some time)
Medical Identity

Adaptive Medical Identity
- Benign Supportive Ego Ideal
- Reality Orientated Ordinary

Rigid Medical Identity
- Critical Super Ego
- Perfectionism Denial Self Stigma
Rigid Medical Identity

Must work to highest possible standards at all times: PERFECTIONISM

Should not have to consider emotional needs at work: DENIAL

If emotional needs/difficulties = not good enough: SELF-STIGMA
Rigid Medical Identity

SHAME AND SELF STIGMA - withdrawal from colleagues

DENIAL - leads to further deterioration as difficulties masked
Rigid Medical Identity

Traits - common to doctors become defensively organized.

Traits meant to manage anxiety become overly relied upon and increase anxiety.

Relationships become sources of persecution rather than support - anxiety increases as feel scrutinized.

Very problematic as may not be able to use peer support, mentoring.
Medical Identity forms early...

Intellect prioritized at expense of emotional development

WHY?

Intellect relied upon for source of self mastery

Frustrations of being small evaded by self sufficiency

BUT

Self sufficiency = harsh view of reality: OMNIPOTENCE

Development becomes skewed emotional life is cut off
The Internalized Critical Parents - Harsh super-ego
Earliest Identifications
Helpful Internalized Parental Couple
Ordinary Development-involves a degree of splitting

- Perception of Early Care Givers
  - Perceived Benign, tolerant Appraisal
  - Perceived Harsh criticism, high expectations

- Compliant Self
  - Omnipotent Beliefs
  - Helpful dependency & autonomy
The effect of a harsh super ego

Some doctors can be driven to succeed - less by straightforward choices and more by powerful emotionally charged beliefs that begin early and so go unquestioned

Beliefs are ego-syntonic at first and rewarded by parents and schools and later by medical school

Powerful wish for omnipotent doctor from patients
The Myth of the Heroic Doctor
Doctor as Deity
Unhelpful Medical Identity

The inevitable frustrations of working life are very different than pass-fail exam culture

Doctors who have internalized a too harsh super ego begin to feel less good about selves and more anxious

Mistake this as being incompetent

Withdraw from ‘scrutiny’ of others, may provoke others
Turn From External Relationships

Critical
Super-ego

Internal Beliefs
Omnipotent self

External Appearance
Compliant self

Patients have needs
denial

Needs = incompetency
Self stigma

PERFECTIONISM
Medical Model can be too Restrictive

From Charybdis of self-stigma to Scylla of failure of health: Risks leaving internal rigid structure intact
How Does Mednet Help?

“I pause to record that I feel in extraordinary form. Delirium perhaps.”

—SAMUEL BECKETT
Making use of an Opportunity

Doctor asking for help - sets up alternative model

Life crisis - creating space and time to reflect - with the possibility of development

Unstructured session allows this

Safe space to allow emotions without risk of damage

Use of a particular type of relationship to do this

Consistent feedback of relief about this kind of conversation that may not be possible elsewhere
A different type of Conversation
The Here and Now

- TRANSFERENCE
  - Stereotypical Relationship

- DOCTOR’S
  - UNWANTED EMOTIONS
  - UNQUESTIONED BELIEFS

- THERAPIST’S INTERPRETATION
  - LEARNING THROUGH RELATIONSHIP
Transference

Doctor recreates stereotypical relationship

presents as if in a viva

Therapist makes use of emotions...

provoked to feel something on behalf of patient

to understand something about emotional world

makes patient aware

= learning from experience within a relationship

emotions are not unwanted interference but valuable resource
Decreased unhelpful Splitting

Links between therapist and doctor

Links between emotional and intellectual world
Internal Helpful Couple

Benign and realistic appraisal

New skills: curiosity about emotions: emotions become a resource

EXPANDED CONCEPT OF SELF

& EXPANDED CONCEPT OF WORKING RELATIONSHIPS
Thank you.
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