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

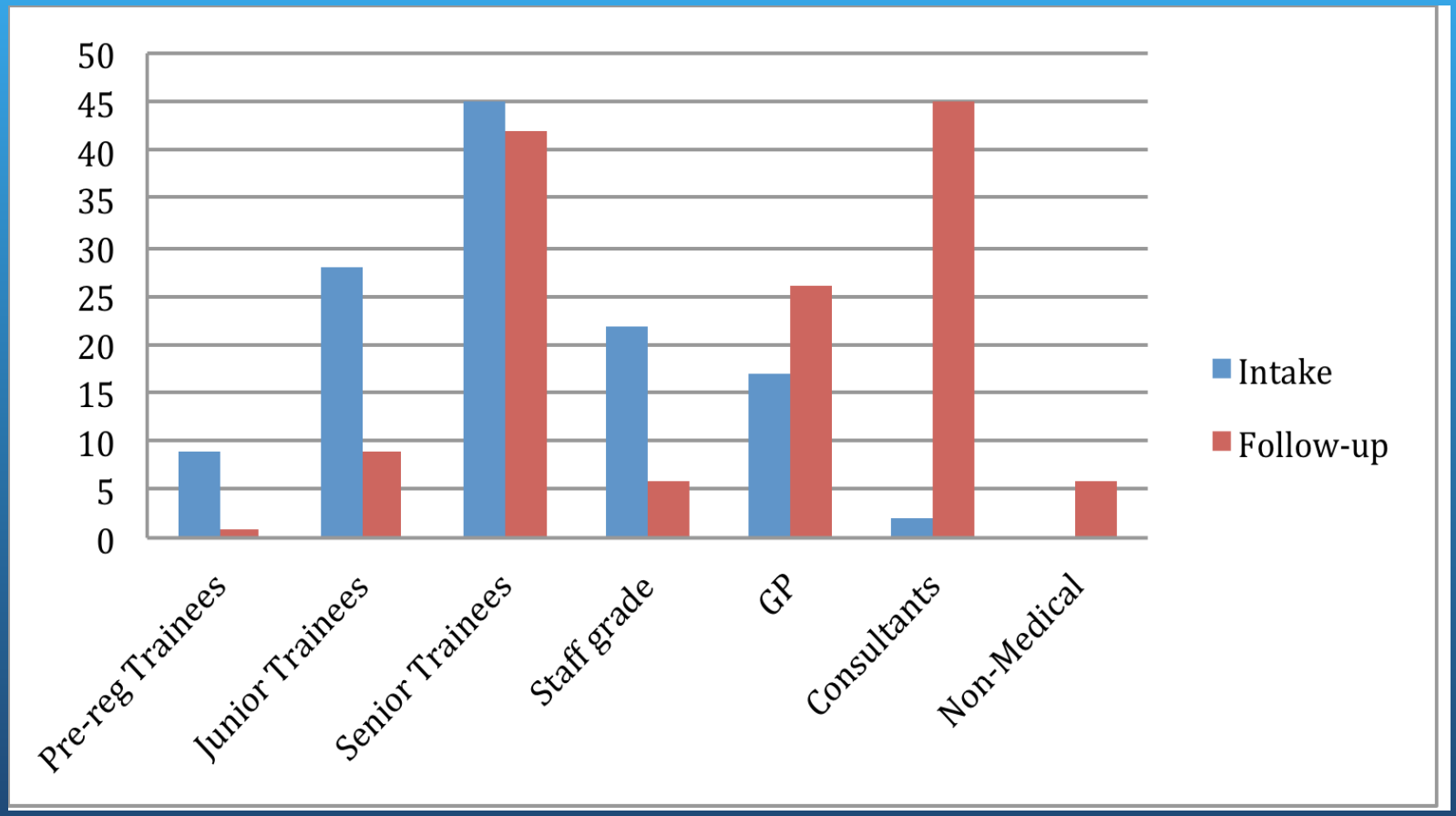
Questionnaire: current working life

engagement with services

reported distress on CORE scores

Mean age 35years 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

Days of Sick Leave	Intake	Follow-up
0 – 5	60%	83%
6 – 10	8%	7%
11 – 20	10%	2%
21 – 30	12%	8%
Above 30	10 %	0

Long Term Follow up Study of Service

CORE scores: reduced but psychological distress continued

CORE-OM Scales		Intake	Follow-up
Well-Being	% of Clinical Threshold	63%	63%
Problems	% of Clinical Threshold	59%	16%
Social Functioning	% of Clinical Threshold	96%	94%
Risk	% of Clinical Threshold	37%	14%
Global Distress	% of Clinical Threshold	76%	35%

The Clinical Outcomes in Routine Evaluation – outcome measure

Long Term Follow up Study of Service

58% remained services – mostly for psychological help

Type of Treatment	Percentage
Psychologist	12%
Psychiatrist	6%
GP	4%
Psychotherapist	10%
Other	1%
Multiple	25%
No Treatment	42%

Long Term Follow up Study of Service

Medication from treating somatic to mood complaints

Type of Medication	Intake	Follow-up
Drugs for Physical Problems	38%	4%
Drugs for Psychological Problems	15%	45%
Drugs for Both	2%	0%
No Drugs used	45%	51%

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

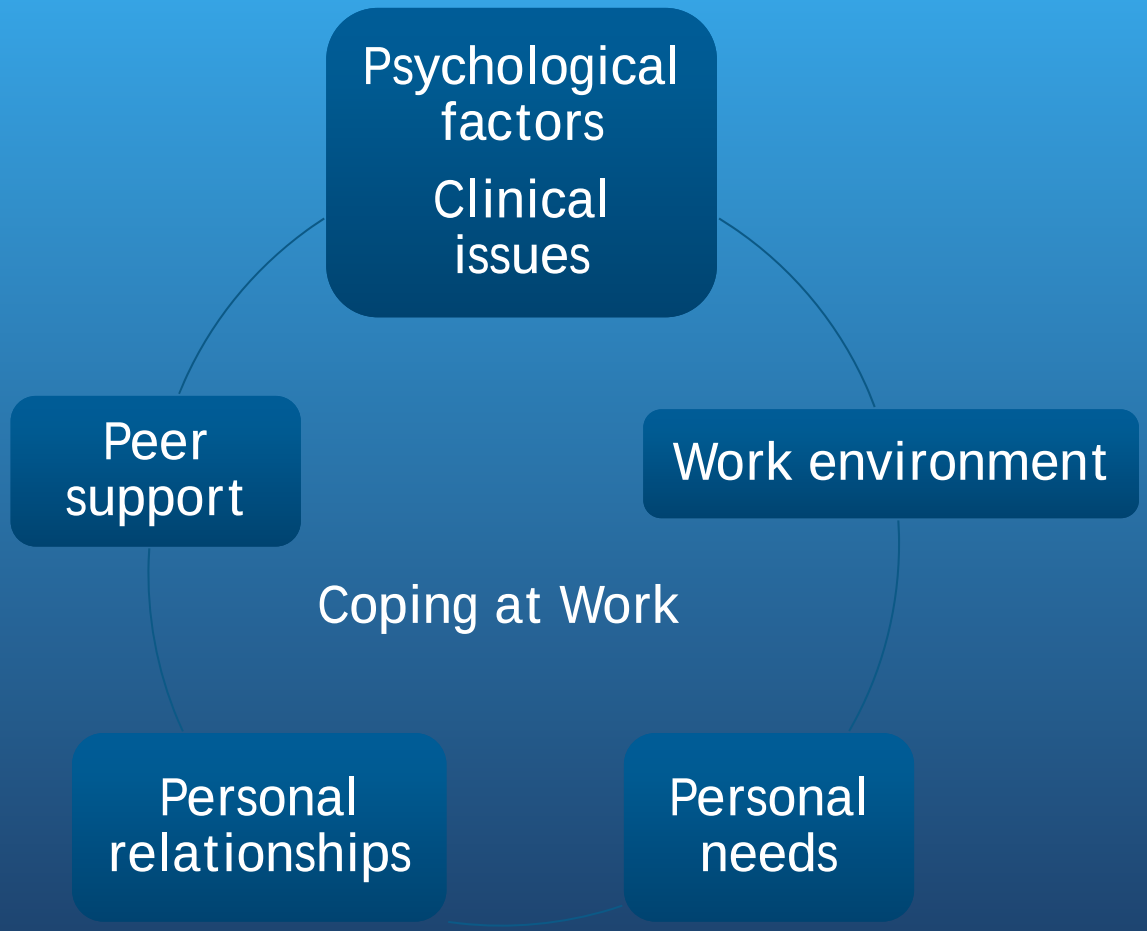
Able to recognize in a more straight forward way the emotional impact of their work, able to ask for help

Resilience: no simple dichotomies

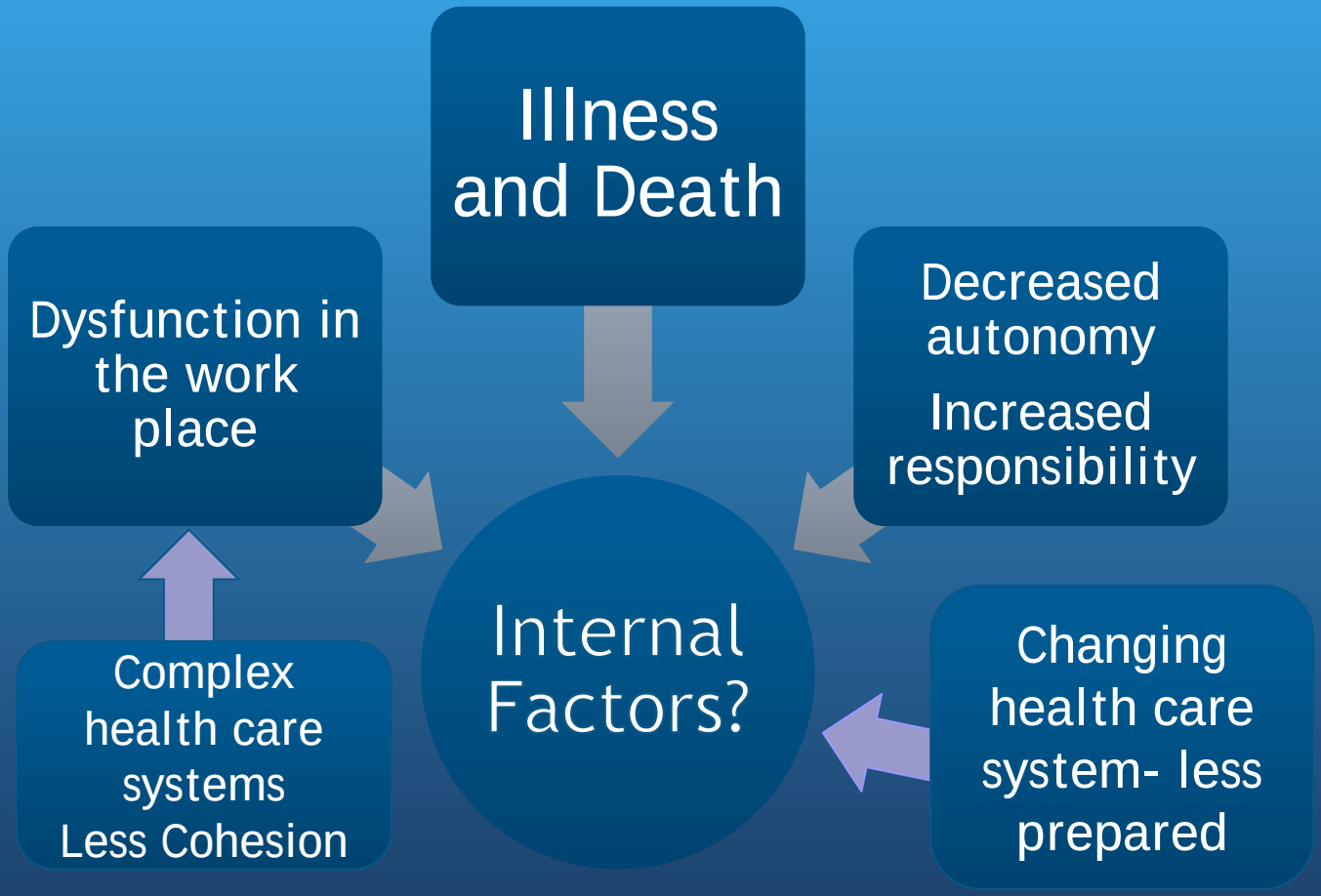
Not a trait born with or acquired: a process that reflects a moment within a complex social system

Resilience is the Capacity to develop in difficult circumstances

Resilience: no simple dichotomies



The Difficulties of medical life

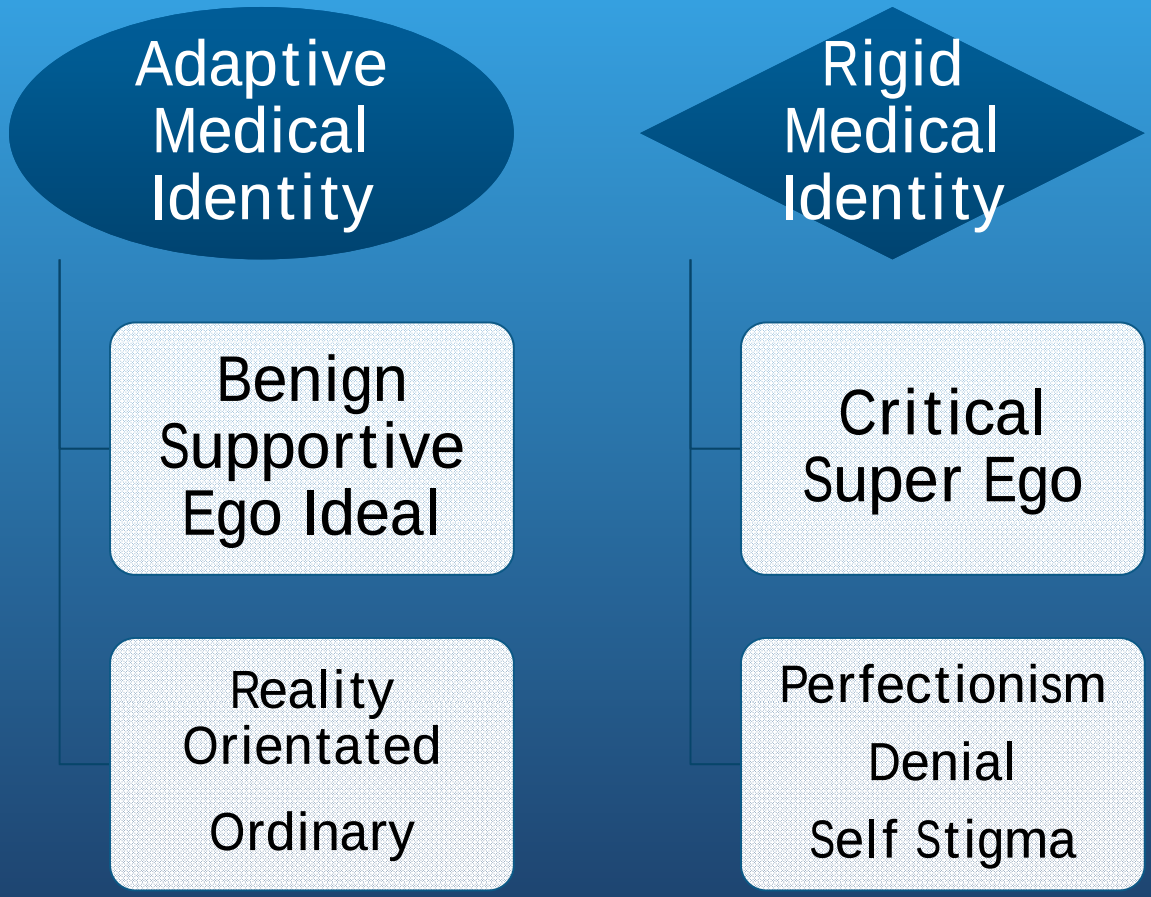


Harsh Self Appraisal

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



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

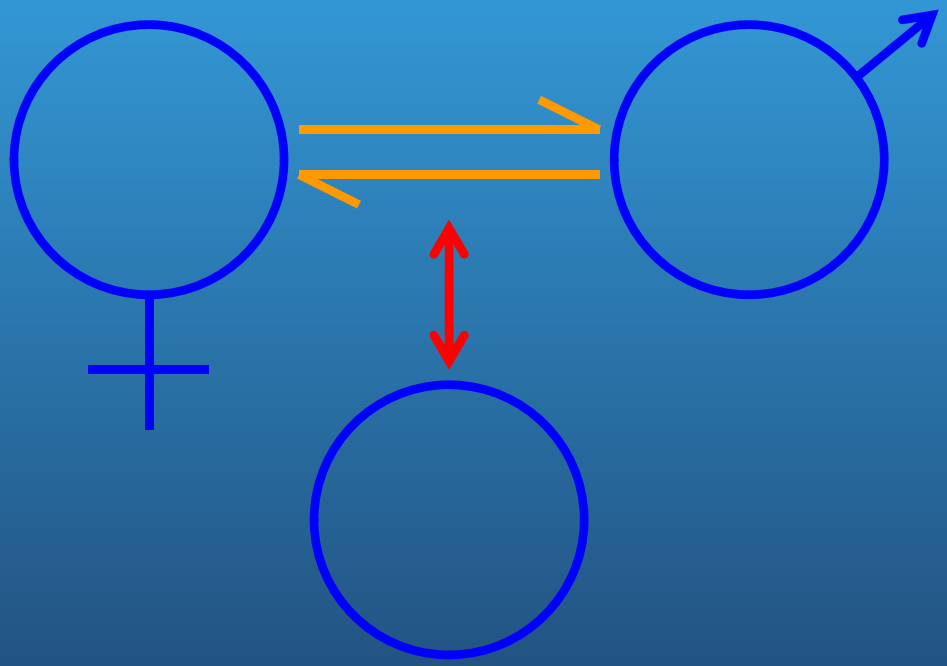
Self sufficiency = harsh view of reality: OMNIPOTENCE

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

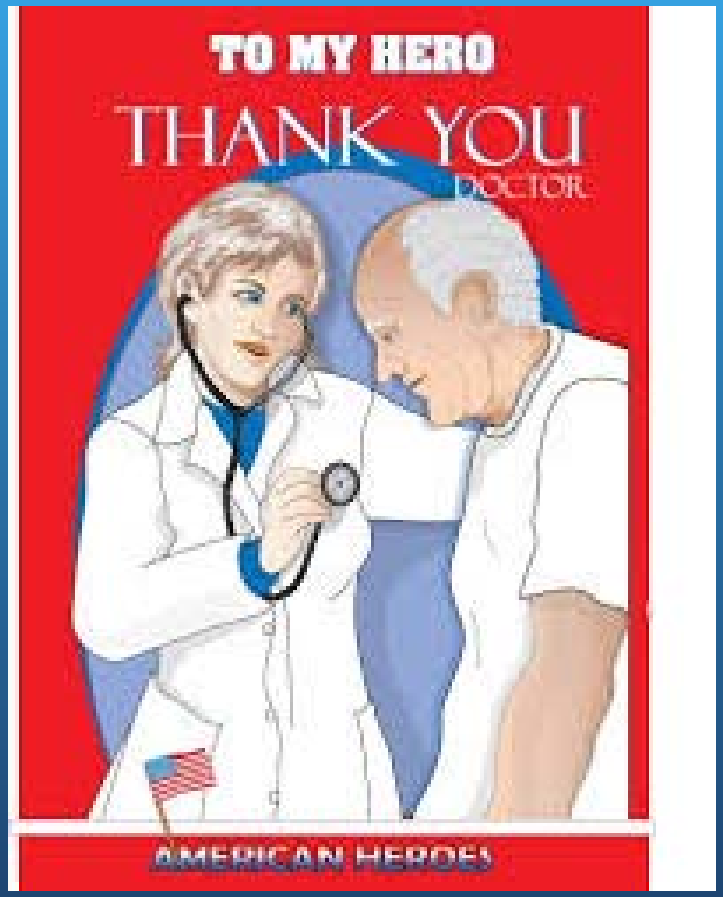
The effect of a harsh super ego

Some doctors can be driven to succeed – less by straight forward 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

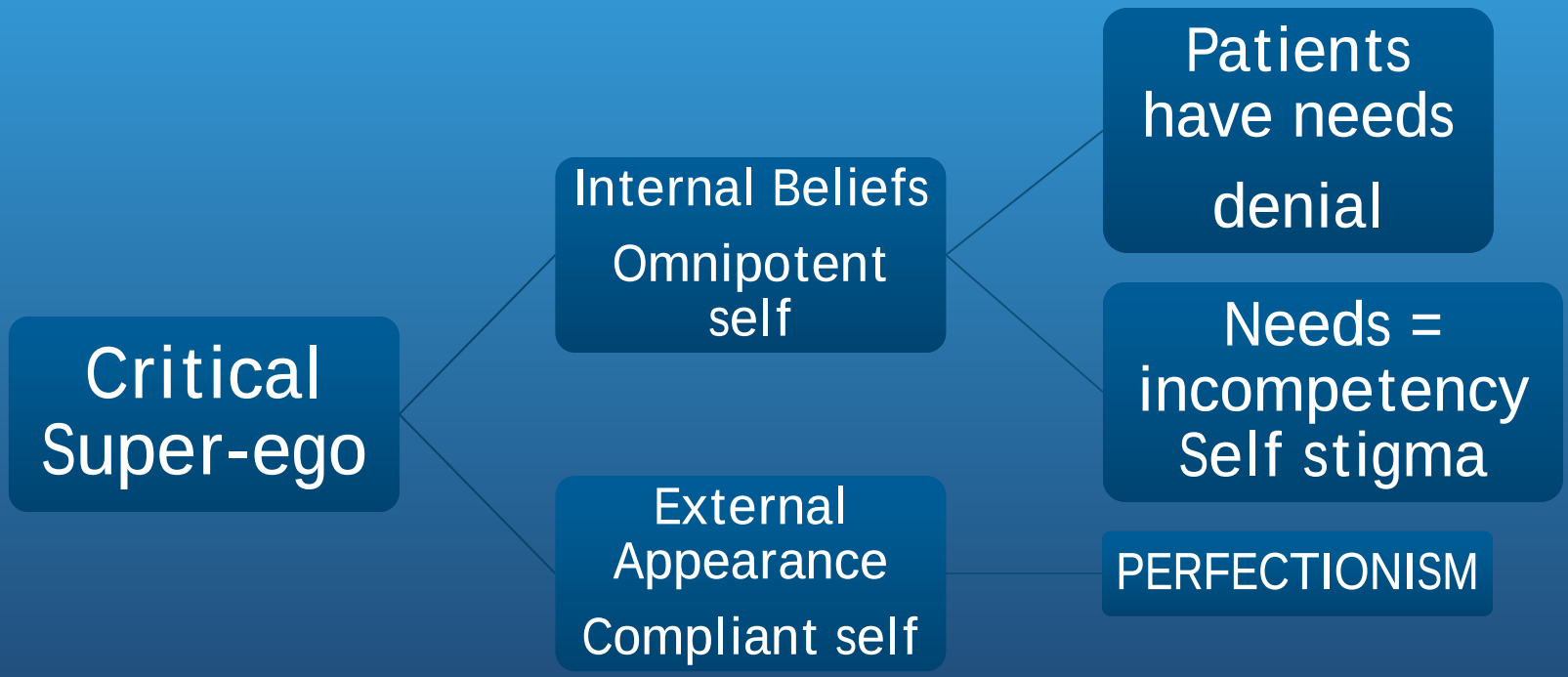
The inevitable frustrations of working life are very different than pass-fail exam culture

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

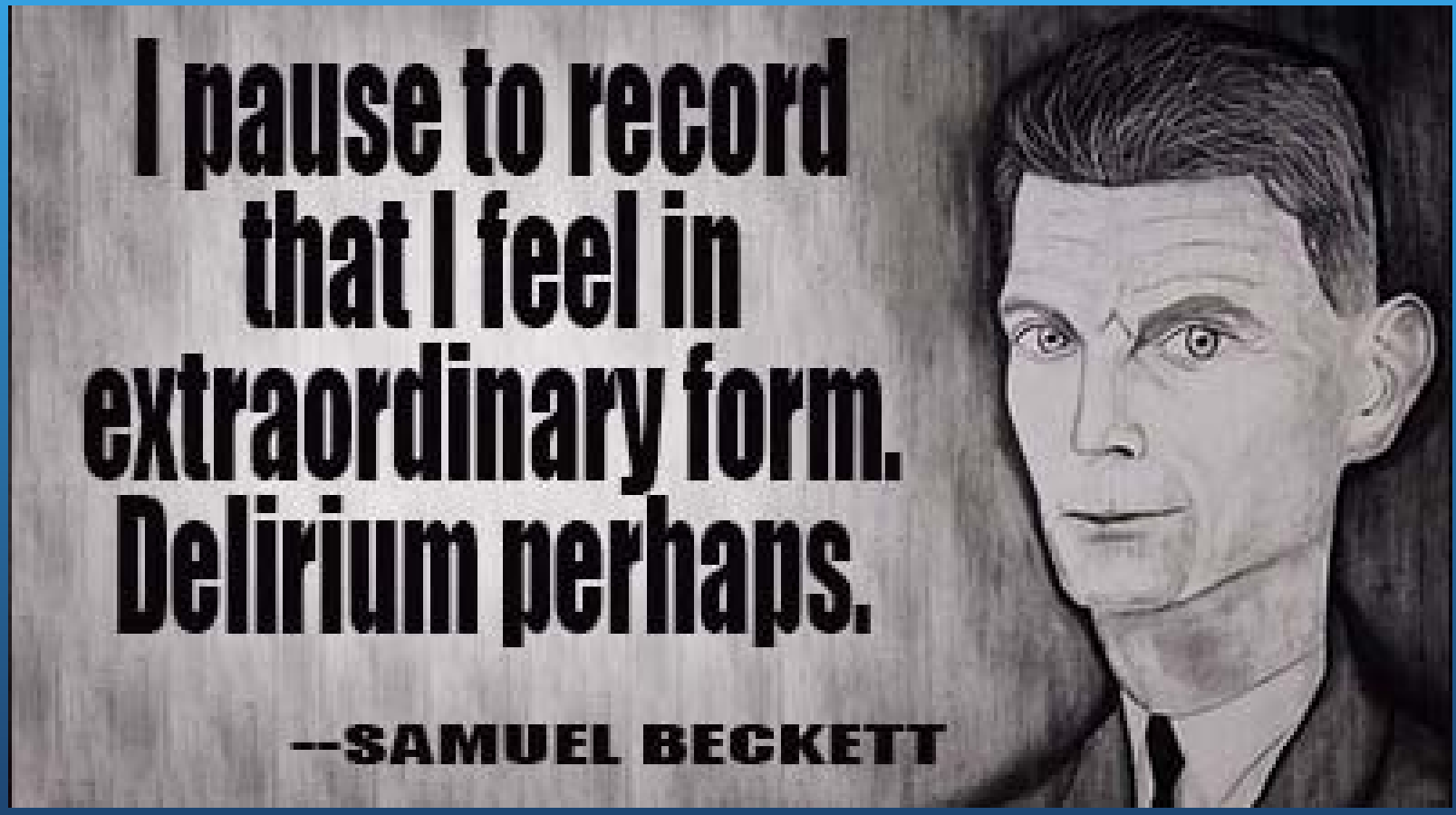
Turn From External Relationships



Medical Model can be too Restrictive

From Charybidis of self-stigma to Scylla of failure of health:
Risks leaving internal rigid structure intact

How Does Mednet Help?



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

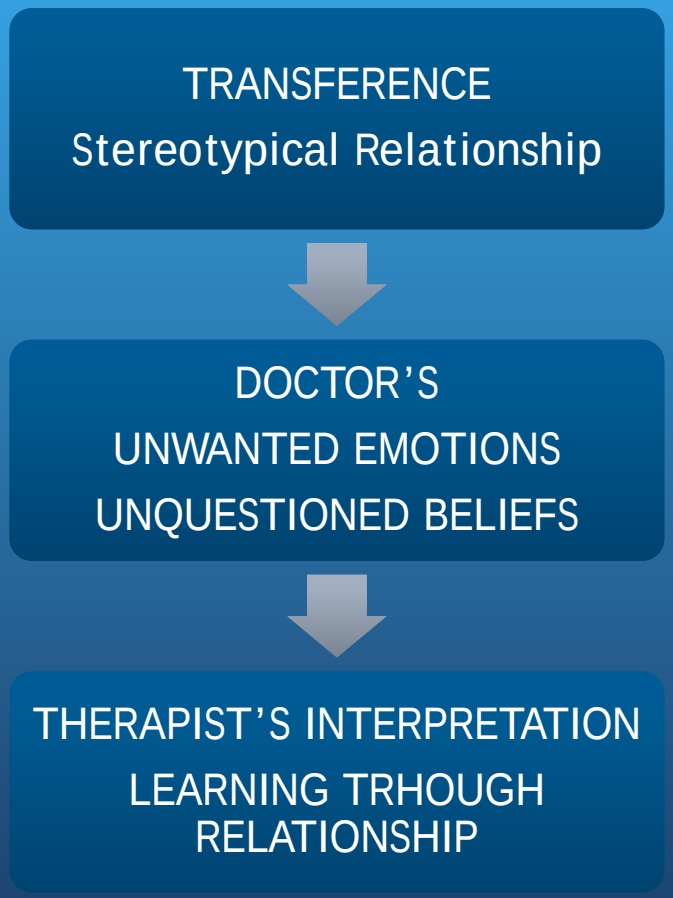
Unstructured session allows this

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

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

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Thank you.

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