# Suicide and Mental Illness Amongst the Medical Profession

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Abstract
This paper highlights the critical issue of mental health and suicide risk among doctors amidst healthcare system challenges. Despite job security, doctors face a heightened risk of mental health problems and suicide, exacerbated by various factors including profession-related traits and burnout. Stigma and professional fears hinder support-seeking.

The paper emphasizes the need for systemic changes, early intervention, and robust support systems to address these challenges, underlining the importance of safeguarding healthcare professionals' mental well-being.

Key words – mental illness, suicide; healthcare professionals

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## Introduction

Amidst the ongoing challenges within the NHS, marked by pay disputes, unprecedented levels of burnout and the enduring impact of the global pandemic, the imperative to address the mental health and wellbeing of healthcare professionals has never been more pressing. It is well established that doctors have an increased risk of mental health problems and suicide. This is a global issue, affecting doctors of all ages, genders, and specialties[1].

The reasons for this elevated suicide risk are multifaceted. While mental health problems, including depression and anxiety, contribute significantly, there are factors which extend beyond these

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immediate concerns. The medical profession, characterised by personality traits such as perfectionism, competitiveness, and obsessiveness, often nurtures a culture where these attributes, though valuable, can turn into sources of guilt and low self-esteem. Furthermore, mental health stigma, blame culture, and fear of disciplinary action all contribute to a hostile work environment.

## Rates of suicide

Doctors are at an increased risk of mental health problems and suicide compared to the general population, and other professional groups, despite having attributes considered as protective, such as employment and financial security[1]. Furthermore, the suicide rate for doctors is estimated to be around two to five times the rate of the general population[2,3]. Other evidence suggest that female doctors have higher rates of suicide in comparison to their male colleagues, which may be up to 2.5-4 times higher by some estimates[4].

These feelings of hopelessness and suicidal thoughts amongst doctors are not new, though some evidence suggests that the prevalence is increasing in recent years. A survey of 7900 surgeons in 2008 found that 6% reported thoughts of suicidal ideation within the last year, which was between 1.5-3 times greater than compared with the general population[5]. Of these, 26% of surgeons had sought help, whereas 60% reported a reluctance to seek help. This highlights a widely recurring theme of doctors being unwilling to seek support for mental health problems.

## Reasons for increased risk of suicide

### *Mental health problems*

Mental health conditions such as depression and anxiety, along with issues related to drug and alcohol misuse, are significant risk factors for completed suicides across all populations. Doctors who take their own lives are not exempt from these struggles[4]. It is noteworthy that doctors, regardless of age, specialty, gender, or training level, experience higher rates of depression and anxiety compared to the general population and other professional groups[1].

Nonetheless, the risk factors for suicide among doctors extend beyond mental health concerns. Doctors, as a group, are uniquely susceptible to a complex array of additional risk factors, stemming from the nature of their profession. These encompass several factors, ranging from individual personality traits to systemic cultural biases.

### *Personality traits*

Certain traits that are common amongst doctors can be considered risk factors for mental health problems and risk of suicide. These include perfectionism, ambition, competitiveness, and obsessiveness, which are arguably valued and selected for during medical school applications[6]. However, these personality traits, when combined with working in the emotionally demanding field of medicine, can lead to guilt, low self-esteem, and a persistent sense of failure[6]. This milieu of negative emotions may contribute to an increased risk of mental health problems and suicide.

### *Job specific factors*

There is no doubt that being a doctor is physically, mentally and emotionally demanding. It involves long work hours, difficult conversations and life or death decision making. Doctors often encounter patients at their most vulnerable, yet the pervasive culture of emotional suppression and mental health stigma means that often doctors are unable to share this burden

with their colleagues. This is worsened by the systemic culture of working above and beyond expectations, thus eroding work-life balance and contributing to burnout.

Moreover, the prevalence of a blame-oriented culture and the threat of disciplinary action can foster a toxic work environment, which can significantly impact doctors' mental health and job performance. It is also important to consider that some doctors have access to and training in the use of potentially dangerous means of suicide, which may explain why anaesthetists have higher rates of suicide than other specialities[7].

*Burnout*

Each year, the number of doctors that leave formal medical training, leave medicine altogether or move to another country increases. This, in addition to the recent industrial action regarding pay restoration, highlights a systemic unhappiness with the current state of the NHS. The NHS is chronically underfunded, resulting in part due to years of austerity measures, as well the ongoing impact of the coronavirus pandemic. Not only is moral low amongst healthcare workers, but public belief in the NHS as an institution is at an all-time low[8]. A survey conducted by the British Medical Association (BMA) of over 7000 doctors in 2021 found that two thirds reported symptoms of depression, anxiety, stress, burnout related to or made worse by work. Of these, almost half said their condition was worse after the pandemic[9].

Burnout is an occupational phenomenon, defined in the 11th Revision of the International Classification of Diseases (ICD-11) as a syndrome resulting from chronic workplace stress. It is characterised by feelings of exhaustion, negativity and reduced professional efficacy. Within medicine, burnout may lead to poor quality of care and increased medical errors. For the doctor involved, burnout can lead to a sense of failure and poor self-esteem, in turn leading to symptoms of depression and anxiety. A survey conducted of x doctors in 2019 found that nearly 80% reported burnout, and these rates were higher in females, doctors in junior training roles and those working longer hours[10].

*Disciplinary processes*

Whilst complaints from colleagues and patients may be considered an inevitable part of a public facing job, it is of no surprise to realise that receiving complaints and being subject to disciplinary action can significantly impact doctors' mental health. A survey of 8000 doctors in the UK in 2017 found that doctors with current or recent complaints were twice as likely to report thoughts of self-harm or suicidal ideation[11]. As the severity of the complaint increased, so did the level of stress experienced, with highest levels reported after a referral to the GMC. Between 2005 and 2013, there were twenty-eight deaths by suicide of doctors under investigation by the GMC for fitness-to-practice issues[12]. Although correlation does not equal causation, an independent study examining the causes of these deaths commissioned found that investigation by a regulatory body was a contributing factor to the risk of suicide in these doctors, in addition to mental health problems, drug and alcohol abuse and financial hardships[6].

<u>Barriers to care</u>

In the survey conducted by the BMA where 80% of doctors reported burnout, of these, nearly 20% reported that they would not seek support from their employer[10]. Unfortunately, doctors face numerous

obstacles that impede their ability to seek care. Among these barriers, a prominent one is the stigma surrounding mental health. This stigma manifests on both personal and professional fronts. Even within the medical community, there exists the misconception that mental health challenges equate to personal weakness or professional failure. This is reflected by Henderson et al.'s study conducted in X, which showed that doctors unable to work due to mental illness often grapple with guilt, shame, and fear[13].

Factors contributing to this stigma include a lack of support from colleagues and a fear of negative reactions upon returning to work. A study of 2,000 doctors in the UK showed that 41% of those with mental health issues would refrain from disclosing this information to their peers[14]. In certain settings, access to mental health resources may be scarce or inadequately signposted, posing a further challenge for those considering reaching out. Additionally, the fear of potential professional repercussions and concerns about confidentiality breaches deter some doctors from seeking assistance, which further perpetuates this stigma.

What needs to be done?

Addressing and mitigating depression, burnout, and suicide among doctors is certainly challenging. Prevention of suicide hinges on early recognition and prompt intervention. Doctors should be given the tools to recognise the warning signs of burnout and depression and be empowered enough to access support resources. While these individual measures are crucial, systemic change is equally important. This calls for a profound shift in attitudes toward mental health and burnout, encompassing changes in both cultural outlooks and institutional policies. There needs to be robust support systems in place to allow healthcare professionals to feel valued and supported at work, allowing them access to targeted, high quality mental health services in a confidential manner.

Predicting who will complete suicide remains a challenge. The majority of those deemed as high risk for suicide will never compete suicide, and about half of all suicides will occur amongst those deemed as low risk[15]. Therefore, the primary focus should be on improving conditions for everyone, with the hope that this broader approach will ultimately reduce suicide rates.

While there is limited evidence regarding the impact of measures aimed at improving mental health and preventing suicide among medical professionals specifically, it is possible to draw insights from research conducted in other professional groups. Ey et al[16] examined treatment models employed to reduce suicide risk in military, university, and community settings and adapted these models for doctors. They found that a consistent provision of institutional support, encompassing individual counselling, psychiatric evaluation, and wellness workshops, yielded high levels of satisfaction among doctors.

Further research is needed to gain a deeper understanding of the barriers that prevent healthcare professionals from seeking care. This research should adopt an intersectional approach, exploring the influence of protected characteristics such as race, gender, and disability on mental illness and suicide rates. For instance, doctors from minority ethnic backgrounds are twice as likely to be referred to the GMC for investigation compared to their white colleagues, rendering them a

vulnerable group due to the heightened stress associated with disciplinary procedures[17].

Conclusion

Fortunately, suicide remains a rare occurrence within the field of medicine. Nonetheless, its impact on loved ones, friends, and public morale can be profound. It is crucial to acknowledge that doctors are, fundamentally, human beings. Increasingly, doctors are recognising that they no longer need to be entirely self-sacrificing, dedicating every moment of their lives to uphold the standards of their profession. Society is evolving to appreciate the significance of wellbeing and work-life balance, where doctors rightfully expect the same level of care and compassion from their employers as they provide to their patients.

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