

Policy Statement

Aboriginal and Torres Strait Islander doctor mental health and emotional wellbeing in the health care system

As the peak body for Aboriginal and Torres Strait Islander doctors, the Australian Indigenous Doctors' Association (AIDA) is concerned with the apparent prevalence of poor mental health in the Australian doctor workforce. In particular, we emphasise that Aboriginal and Torres Strait Islander doctors face a range of additional challenges and pressures that can affect mental health and emotional wellbeing. Recent work by AIDA¹ indicates that Aboriginal and Torres Strait Islander doctor wellbeing is under threat not only from general population issues, such as obtrusive work hours, excessive workloads and competing demands, but is also affected by racism and bullying.

AIDA is concerned about the effect of these issues in the context of doctor wellbeing. A survey of doctors by *beyondblue*² indicates that Aboriginal and Torres Strait Islander medical practitioners experience higher levels of reported mental health concerns. AIDA advocates for the development of doctor wellbeing support measures that are culturally safe for Aboriginal and Torres Strait Islander doctors. AIDA also welcomes the recent announcement by the Council of Australian Governments (COAG) Health Council that mandatory reporting laws will be reviewed³ to better support doctors experiencing mental distress.

The context of Aboriginal and Torres Strait Islander doctor mental health and emotional wellbeing

AIDA asserts that Aboriginal and Torres Strait Islander doctors experience additional pressures throughout their education and careers. These additional challenges must be overcome at all stages of their medical education and training, including throughout university and specialisation. These pressures occur within the broader contexts of colonisation, dispossession, intergenerational trauma and community involvement responsibilities. As students and as medical professionals, Aboriginal and Torres Strait Islander doctors experience both direct and institutional racism, which the broader workforce may not readily recognise.

There are often additional expectations placed on Aboriginal and Torres Strait Islander doctors when located in remote, regional or urban Aboriginal and Torres Strait Islander communities. These reflect expectations placed on mainstream doctors working in regional or remote locations and include increased workloads and expectations to perform community development and involvement obligations.⁴ Aboriginal and Torres Strait Islander doctors working in these areas are likely to carry additional community obligations, which are likely to be overlooked in the workplace and cause additional stress for doctors seeking to balance professional and community expectations. Aboriginal and Torres Strait Islander doctors make an invaluable contribution to building a culturally safe health care system. However, as members of a small workforce, Aboriginal and Torres Strait Islander doctors are often expected to act as a representative voice for all Indigenous issues in the workforce.

The impact of the workplace on Aboriginal and Torres Strait Islander doctor mental health and emotional wellbeing

In 2016 AIDA published a policy paper entitled *Racism in Australia's Health System*⁵ that discussed the impacts of bullying and racism, and its effect on the wellbeing of doctors. The paper renewed calls for robust measures in the workforce to address instances of racism and bullying, including lateral and hierarchical natured incidents. Respondents in the *beyondblue National Mental Health Survey of Doctors and Medical Students* indicated that Indigenous doctors experience increased stress from bullying (Indigenous: 24.1%, non-Indigenous: 4.4%) and racism (Indigenous: 15.9%, non-Indigenous: 1.6%).⁶

Furthermore, AIDA's recent *Bullying, racism and lateral violence in the workplace – Report on the findings of the 2016 AIDA member survey* described that Aboriginal and Torres Strait Islander doctors are subjected to incidences of systemic racism that remain unaddressed and eventually become condoned workplace behaviour. AIDA members reported being:⁷

- humiliated in front of colleagues and/or patients on the basis of their Aboriginality, and some reported intimidation resulting in resignation and even threats of physical violence
- subjected to lateral violence, which causes anxiety when dealing with colleagues and workplaces

In addition to first-hand experiences of racism in the workplace, the mental health and emotional wellbeing of Aboriginal and Torres Strait Islander doctors can be impacted by witnessing and experiencing racism directed at peers and patients. Similarly, witnessing the poorer health outcomes experienced by Aboriginal and Torres Strait Islander patients and communities can have negative impacts.

Doctor suicide in Australia

The Australian Medical Association (AMA) released a statement on doctor suicide in 2017, which notes:

*we know doctors are very likely to be perfectionists – this is very good when it comes to caring for patients and can be very difficult when it comes to caring for yourself. Most tragically, we know doctors have the means and skills to end their life.*⁸

Doctors have exposure to a number of stressors that affect mental wellbeing, such as long and unpaid hours, research burdens and high expectations from patients, colleagues and consultants.⁹ Doctors at the Junior Medical Officer (JMO) stage of their career experience long and unsociable hours, fatigue and difficulties accessing leave, fear, supervisory relationships, and the pressure of gaining acceptance into specialist training. In addition, factors such as confidentiality concerns, perceived impacts on career progression, mandatory reporting laws, and appropriate access to support can all act as barriers to medical practitioners seeking help.¹⁰

Current mandatory reporting requires health professionals to notify the registration body where a practitioner has 'placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment'¹¹. In most states and territories, this currently includes a requirement for notifications where the discovery has come through a therapeutic relationship, such as one doctor providing treatment to another.¹² As stated at the outset, AIDA welcomes the consideration of this at the COAG level and we support an approach that balances patient safety with doctor wellbeing and confidentiality.

While the threshold for notification under this legislation is intended to be high, perception of current legislation in its current wording can serve as a barrier to treatment irrespective of whether a notification is likely.¹³ This is demonstrated by the *beyondblue National Mental Health Survey of Doctors and Medical Students*¹⁴ in which 34.3% of respondents cited 'impact on registration and right to practice' as a barrier to seeking help for depression or anxiety.

AIDA supports changes to mandatory reporting legislation which in the past have discouraged doctors from seeking treatment, ultimately putting the health of doctors and patients at risk. AIDA acknowledges the recent losses to the profession as a result of suicide. We stand by our colleagues in organisations such as the AMA in addressing the severity of this issue and the shared responsibility we have to support each other to stay healthy.

Conclusion

Recognising and responding to the health concerns of the doctor population is vital to ensure a healthy workforce that can support its patients. In the *beyondblue* survey, when seeking help, Aboriginal and Torres Strait Islander doctors who experienced depression sought support from psychologists and counsellors, friends, family members and general practitioners; while no doctors made use of Indigenous support workers, workplace support, employee assistance providers, or doctors' health advisory services.¹⁵

Poor mental health and emotional wellbeing among medical professionals can have negative effects on the individual as well as the medical system more broadly, including patient care. Promotion of good mental health and wellbeing is particularly important for Aboriginal and Torres Strait Islander doctors, who form a smaller and more vulnerable cohort of medical practitioners. AIDA also recognises the critical role Aboriginal and Torres Strait Islander doctors play in closing the gap on the unacceptable health disparities between Indigenous and non-Indigenous Australians.

AIDA recognises the potential impacts of racism and bullying on doctor wellbeing, as evidenced by the recent publication of *Bullying, racism and lateral violence in the workplace – Report on the findings of the 2016 AIDA member survey*.¹⁶ In addition to this, AIDA asserts that Aboriginal and Torres Strait Islander doctors experience additional pressure in the profession through the broader contexts of colonisation, dispossession and intergenerational trauma and community expectations. Efforts to prevent Aboriginal and Torres Strait Islander doctor suicide could be further supported by cultural and structural changes to address systemic issues in the broader medical profession such as improved hours, reduction of workplace bullying including instances of negative teaching methods,¹⁷ mentorship and efforts to reduce stigma associated with mental health conditions in medical practitioners.

AIDA recommends that:

1. There is coordinated leadership across the health workforce to address the importance of doctor mental health and emotional wellbeing.
2. Employers prioritise mental health and emotional wellbeing for doctors through measures such as reasonable working hours, reducing stigma around mental health issues and providing resources and services for staff to access when they are unwell.
3. Aboriginal and Torres Strait Islander doctors are supported in workplaces that are free of racism, bullying and harassment. This includes respect for and acknowledgement of culture through measures such as cultural leave for community obligations (for example the need to attend funerals) and leadership on cultural safety.
4. Appropriate resourcing be provided to support the development of doctor-specific wellbeing programs.
5. The COAG Health Council seek input from key stakeholders, such as the Australian Medical Association, in the design of revised mandatory reporting laws which appropriately balance patient safety with the need to better support doctors experiencing mental distress.

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- ¹ Australian Indigenous Doctors' Association (AIDA) 2016, Racism in Australia's Health System, p.2.
- ² *beyondblue* 2013 National Mental Health Survey of Doctors and Medical Students.
- ³ RACGP applauds health ministers' common sense decision to end mandatory reporting of doctors 4 August 2017 <http://www.racgp.org.au/yourracgp/news/media-releases/racgp-applauds-health-ministers%E2%80%99-common-sense-decision-to-end-mandatory-reporting-of-doctors/>
- ⁴ The Royal Australasian College of Physicians 2013, *Health of Doctors*, Position statement, p. 12.
- ⁵ AIDA 2016, Racism in Australia's Health System, p.2.
- ⁶ *beyondblue* 2013 National Mental Health Survey of Doctors and Medical Students, p 107.
- ⁷ AIDA 2017 Bullying, racism and lateral violence in the workplace – Report on the findings of a 2016 AIDA member survey, p 2.
- ⁸ Australian Medical Association (AMA) 2017, Doctor Suicide – Resources and a need for action. Accessed from <https://www.amansw.com.au/doctor-suicide-resources-and-a-need-for-action/>
- ⁹ AMA 2011, Health and wellbeing of doctors and medical students, accessed <https://ama.com.au/position-statement/health-and-wellbeing-doctors-and-medical-students-2011>
- ¹⁰ Ibid.
- ¹¹ Australian Health Practitioner Regulation Agency (AHPRA) *Health Practitioner Regulation National Law Act 2009 (QLD)*
- ¹² Goiran, N, Kay, M, Nash, L & Haysom, G (2014) Mandatory reporting of health professionals: The case for a Western Australian style exemption for all practitioners, accessed <http://www.abc.net.au/cm/lb/6118382/data/journal-of-law-and-ethics-article-data.pdf>
- ¹³ Ibid.
- ¹⁴ *beyondblue* 2013, National Mental Health Survey of Doctors and Medical Students, p.666.
- ¹⁵ *beyondblue* 2013, National Mental Health Survey of Doctors and Medical Students, p107.
- ¹⁶ AIDA 2017 Bullying, racism and lateral violence in the workplace – Report on the findings of a 2016 AIDA member survey.
- ¹⁷ Scott, K, Cladwell, P, Barnes E & Barrett, J 2015, "Teaching by humiliation" and mistreatment of medical students in clinical rotations: a pilot study accessed <https://www.mja.com.au/journal/2015/203/4/teaching-humiliation-and-mistreatment-medical-students-clinical-rotations-pilot>