SHORT REPORT

Doctors, their mental health and capacity for work

Liz Miller

**Background** Information about doctors’ mental ill-health is limited. This study looks at doctors’ careers following mental illness and the strategies that helped them return to work.

**Aim** To examine the effect of mental ill-health on doctors’ careers.

**Methods** Questionnaire survey of members of the Doctors Support Network (DSN). The DSN is a peer support group for doctors who have experienced, or are experiencing, mental ill-health.

**Results** One hundred and sixteen doctors (35% response rate) returned completed questionnaires (n = 116, 63% female, 37% male). Prior to their ill-health, 80% worked full time, 15% part-time, 2% were not working and 3% were medical students. Following illness, 33% worked full time (P < 0.05), 36% part-time (P < 0.05) and 29% were not working (P < 0.01). Flexible working practices were the most helpful reported strategy for enabling a doctor to return to work.

**Conclusions** Following mental ill-health, a doctor’s capacity to work full time is reduced. Most doctors return to full-time or part-time work. With improved support, more doctors may be able to return to work.

**Key words** Capacity for work; impaired physician; mental illness.

**Introduction**

Studies have shown that doctors often have poor mental health, with psychiatric symptoms present in up to 28% of participants [1]. Compared to a population average of 4.12% [2], sickness absence among doctors remains low at 2.4%. However, doctors may conceal their problems and continue to work even when sick [3]. The lack of information about the effects of mental ill-health on doctors’ careers, their capacity for work and fitness to practice add to the concerns surrounding mental ill-health [4].

The Doctors Support Network (DSN) is a self-help organization, which offers peer support, but not therapy or advice, to doctors who are experiencing or have experienced mental ill-health. The majority of members of DSN have themselves experienced mental ill-health.

**Methods**

Three hundred and twenty-nine members of the DSN were sent an anonymous questionnaire. A focus group of 11 DSN members piloted the questionnaire, before its distribution for this study. The questionnaire asked qualitative and quantitative questions about the doctor’s personal experience of mental ill-health, its impact on their careers and the strategies that helped their recovery. Content analysis of quantitative data was used to identify common themes.

Formal ethical clearance was not obtained as this was a freely answered survey of members of a private charity. No medical information was sought beyond a lay diagnosis, and there were no medical consequences of this survey. Each participant completed a form that released the information they provided for use in the survey. All data were fully anonymized. The project was undertaken under the auspices of Birkbeck College, University of London as part of an MSc thesis.

**Results**

One hundred and sixteen questionnaires were completed and included in the study (35% response rate). Mean age of participants was 45 (range 26–68), of whom 73 (63%) were female and 43 (37%) male. Seventy-nine had a diagnosis of depression; 24 a diagnosis of bipolar affective disorder; 4 described themselves as suffering anxiety and burnout; 3 had a diagnosis of schizoaffective disorders and 5 had other diagnoses including eating disorders, obsessive compulsive disorder or addictions. There were no data for one participant. Sixty-two respondents had more than one diagnosis. Of the 61 respondents who were admitted, 17 had three or more admissions. Twenty-eight took medical retirement.

Before their illness, 93 (80%) worked full time, 17 (15%) worked part-time, 4 (3%) were medical students
and 2 (2%) were not working. Following illness, 38 (33%) worked full time ($P < 0.05$, chi-square), 42 (36%) part-time ($P < 0.05$) and 34 (29%) ($P < 0.01$) were not working. Before their ill-health, 38 (33%) participants were principals in general practice, a further 10 (9%) were non-principals. Following ill-health, 9 (8%) were principals in general practice and 27 (23%) were non-principals. No hospital consultants completed the survey (Table 1).

Most doctors reported that their experience of mental ill-health had had both positive and negative effects on themselves and their practice. They reported greater empathy with patients and better understanding of mental ill-health and greater job satisfaction. They described a better work–life balance; enjoying a more varied career; valuing health more; more practical goals; greater self-awareness, self-acceptance and self-respect and valuing their family more.

Learning to manage my illness and my stresses makes me a better clinician;
I am a humbler person now; I like this version of me as a doctor.

Negative themes included losing their career and being less able to work; being ostracized by colleagues; being seen as weak, incapable or lazy or no longer being seen as a ‘proper doctor’. Doctors also reported financial hardship, the demoralizing impact of the physical effects of mental ill-health, the lack of energy and loss of confidence, as well as the anxiety, shame and despair of mental ill-health.

[My career was] smashed to pieces [aged] 49 years, no clinical references, unemployed, considered suicide. If I had a gun I would use it.

Thirty-seven (32%) doctors reported benefiting from flexible working practices, including a phased return, reduced hours and on call; 66 (57%) reported benefiting from adopting a healthier lifestyle and personal changes; 44 (38%) reported benefiting from psychotherapy, cognitive behaviour therapy and medical interventions and 35 (30%) from family and social support. Participants suggested interventions such as flexible working practices, planned career breaks and better access to occupational health (OH) may be helpful (Table 2).

**Table 2. Interventions to support return to work**

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Number of Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work strategies</td>
<td>37 (32%)</td>
</tr>
<tr>
<td>Personal strategies</td>
<td>66 (57%)</td>
</tr>
<tr>
<td>Therapies</td>
<td>44 (38%)</td>
</tr>
<tr>
<td>Social strategies</td>
<td>35 (30%)</td>
</tr>
<tr>
<td>Preventive strategies</td>
<td></td>
</tr>
</tbody>
</table>

**Table 1. Specialties and grades prior to and following ill-health**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Prior to ill-health</th>
<th>Following ill-health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal general practice</td>
<td>38 (33%)</td>
<td>9 (8%)</td>
</tr>
<tr>
<td>Non-principals</td>
<td>10 (9%)</td>
<td>27 (23%)</td>
</tr>
<tr>
<td>Non-consultant grade hospital doctors</td>
<td>35 (30%)</td>
<td>32 (27%)</td>
</tr>
<tr>
<td>psychiatrists</td>
<td>18 (16%)</td>
<td>13 (11%)</td>
</tr>
<tr>
<td>Other e.g. community based paediatrician</td>
<td>5 (4%)</td>
<td>7 (6%)</td>
</tr>
<tr>
<td>Medical students</td>
<td>4 (3%)</td>
<td>28 (25%)</td>
</tr>
<tr>
<td>No specialty described</td>
<td>6 (5%)</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion**

Before their illness, 80% of respondents worked full time, compared to 33% following their illness. For some, this was a positive choice to improve their work–life balance, while others did not feel able to work full time. Doctors reported that in some areas, their practice improved following their experience of mental illnesses. Thirty-two per cent of working doctors reported that flexible working practices had helped support their return to work.

The participants in this study were a selected group of individuals, who had not only joined the DSN but also replied to a survey. Thus the data set more closely resembles a large focus group than a controlled trial. The information depends on self-reported observations of participants rather than externally validated data. Nonetheless, information from doctors who have returned to work after mental ill-health remains rare. The proportion...
of members returning to work is similar to that described in a survey of members of the Manic Depression Fellowship [5]. The strategies used by participants are consistent with the biopsychosocial model [6] and with reports of good working practices described by, for example, the Institute of Work Studies [7].

Good working practices that promote flexible career choices help preserve diversity within the medical profession and enable doctors who have experienced mental ill-health to stay in the workforce. Few doctors reported benefiting from OH yet helping people return to work after illness is an OH priority [8]. Further research is needed to quantify and develop the concept of ‘capacity for work’ particularly following mental ill-health.

Key points
- After mental illness, a significant proportion of doctors work part-time.
- Doctors report that in some areas, their practice improved following their experience of mental illness.
- Flexible working practices help doctors return to work after mental illness.

Conflicts of interest
None declared.

References