



Mental Health and Female Doctors

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The unique challenges and pressures faced by doctors in their work may contribute to higher rates of poor mental health in the medical community. Female health professionals are at particular risk of developing mental health disorders due to higher rates of work-related stressors and stressful life events. This may in turn negatively impact upon their wellbeing, and the quality of care delivered to their patients. It is therefore essential that the burden of mental health problems in female doctors and medical students is recognised and addressed.

A 2013 national survey conducted by *beyondblue* found significantly higher rates of mental health problems in female health professionals compared to their male counterparts [1]. Female doctors reported higher rates of psychological distress (4.1% vs 2.8%), and current diagnoses of depression (8.1% vs 5.0%) and anxiety (5.1% vs 2.9%). Females were also more likely to experience work-related stress, burnout and emotional exhaustion. Similarly, female medical students experienced higher rates of depression, anxiety and stress compared to males, with 47.2% at high risk of developing a minor psychiatric disorder.

Rates of suicidal ideation were higher in female doctors compared to males, both in the previous 12 months (11.0% vs 10.0%) and the period prior (28.5% vs 22.3%) [1]. Furthermore, suicide rates in Australian female health professionals were 2.5 times higher than in women from other occupations [2].

A number of factors contribute to poor mental health in female doctors and medical students. The influence of sociocultural gender roles on mental health in female doctors cannot be discounted. Inequities in social status, employment rates and income continue to have a negative impact on the mental health of women globally [6]. These inequities continue to be pertinent to female doctors – who were on average paid 16.6% less than their male counterparts in 2016 [7].

Female doctors are exposed to greater levels of gender-based discrimination and bullying than their male peers. Overall, female doctors in Australia report greater levels of personal and family demands, such as those related to child-bearing [1]. These greater levels of domestic responsibility heighten the time and emotional pressure experienced by female doctors compared to their male colleagues [4].

Compared to females in other professions, doctors are more likely to be involved in training programs in their early 30s (a common age for embarking on parenthood), creating potential conflicts between career and personal responsibilities [3]. Data



suggests that female doctors are also more vulnerable to the effects of work related stressors such as long work hours, high levels of responsibility, bullying, and demands of study and examinations [1].

It remains unclear why females are more sensitive to stressful events than males, particularly in the medical profession. Personal vulnerability to stressors may be influenced by adverse experiences early in life, which contribute to poor self-esteem and feelings of helplessness in adulthood [4]. Some of the disparity to vulnerability of stressors may arise from differences in coping strategies employed by different genders. Females tend to respond to stressful events with highly gendered “feminine” methods, such as verbal and self-consolatory strategies [4,5]. Women are also more likely to dwell on possible triggers and implications of their depressive moods, resulting in long-term depression [5]. Moreover, depressive episodes early in life (which are more prevalent in females than males), are strong predictors of adult depression and anxiety [4].

What’s happened in this area lately?

To date, little work has specifically addressed the mental health needs of female doctors.

beyondblue is a non-profit organisation aimed at raising awareness of mental health issues in Australia. It established the Doctor’s Mental Health Program in 2009 to address the prevalence of depression and anxiety in Australian medical students and doctors. A 2013 survey conducted by *beyondblue* was a world-first of Australian doctors and medical students, showing a significantly higher burden of mental health problems in females compared to males. Other features of the program include Grand Rounds facilitated by *beyondblue* at several Australian hospitals, to encourage doctors to seek treatment for their mental health issues.

While doctors’ health services have existed in Australia since the 1980s, they have received varying levels of support and funding. In 2014, the Medical Board of Australia announced a significant increase in resources and funding to support doctors’ health. In 2015, the Australian Medical Association established Doctor’s Health Services Pty Ltd, the first national health program for Australian doctors and medical students. An expanded network of health services was introduced in May 2016. An increased focus on mental health in the medical community can also be seen in the position statements of organisations such as the Australian Medical Students Association (AMSA) and the Royal Australasian College of Physicians (RACP). For instance, the 2017 position statement of the RACP states “*we support raising awareness of mental health conditions, reducing stigma, supporting people*



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with mental health conditions at work and creating healthy and supportive workplace cultures.”

What still needs to change?

Mental health is inextricably related to the socio-cultural determinants of health. We know that social position is a powerful predictor of mental illnesses such as depression and anxiety. So long as women's subordinate social status is reinforced in the workplace, they are likely to continue to experience higher levels of mental distress. Striving for gender equity in our healthcare system is therefore imperative to improving the mental health of female doctors.

Importantly, stigmatising attitudes regarding mental health issues are still prevalent in the medical community. Up to 40% of doctors perceive medical professionals with mental health disorders as being less reliable than their peers [1]. Barriers such as embarrassment, concerns about career development, and lack of confidentiality also prevent doctors from seeking help and support. Meanwhile, a culture of workplace bullying and harassment further contributes to work-related stress in female doctors.

What should Level do?

To tackle this issue, it is important that Level continues to raise awareness of the issue of mental health in the medical community, and continues to advocate for gender equity within the medical profession.

Gathering more data on how the workplace contributes to poor mental health among female doctors might inform targeted treatments and support for women. This could include management of the many workplace stressors believed to be responsible for poor mental health. Restructuring of training programs, including more flexible options for women who plan to concurrently start a family, could help alleviate the burden of personal and professional responsibilities.

Other strategies might include organising talks from female doctors who have struggled with their mental health in the past, or workshops that develop more effective techniques to cope with conflict, stress and balance work/life responsibilities.

How can medical students advocate on this issue?

As the future workforce, medical students have an important role to play in shaping the culture of the medical community moving forward. Becoming educated about the



persistent inequities that face female doctors and being advocates for change are powerful actions available to students and junior medical staff.

Frank and open discussion of mental health issues is necessary in overcoming the stigma of mental illness in the medical community. Medical students can help create a supportive environment for their peers by being involved in mental health-related events, and promoting awareness of mental illness among their colleagues.

Individual students may also watch out for warning signs of mental illness in their peers, and offer support if appropriate. They should also be encouraged to seek professional help for mental health issues where necessary.

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