

On the Same Wavelength

Episode 4: Doctors get unwell, too

Elise: Hello, and welcome to *On the Same Wavelength*, where we explore how we can make a better world for people living with complex mental health issues. I'm your host, Elise.

Everyone has to go to the doctor sometimes. It's a space that many of us know all too well. But doctors get unwell, too. As do other health professionals.

In fact, it's a pretty big problem. In 2020 there was a National Mental Health Survey of Doctors and Medical Students in Australia. This research found that doctors had substantially higher rates of psychological distress, and suicidal thoughts, than the general population. And burnout was a huge issue, including emotional exhaustion and cynicism.

Plus, we know that healthcare settings aren't always a helpful place for people with lived experience. The National Stigma Report Card study found that more than 80% of participants living with complex mental health issues experienced some level of stigma or discrimination when they accessed healthcare over the last 12 months in Australia.

So what's going on here? Is it an issue with individual clinics, or a bigger culture problem? What's happening in medical training? And how can we make things better?

In this episode, we'll be meeting Dr Dov Degan, who will be sharing his lived experience story. I also chat with Dr Tahnee Bridson from Hand-n-Hand Peer Support.

Just a quick note that this episode touches on topics including bipolar disorder, hospitalisation, suicide, eating disorders, and workplace bullying. And, like all of our episodes, we talk about stigma and discrimination. So please only listen today if it feels right for you.

Dov: My name's Dov. I'm a volunteer mental health advocate for SANE Australia and Beyond Blue. Professionally, I'm a medical doctor. I specialized in two areas, so I did general medicine, which is like diagnostic complex problem solving within the hospital. And I also studied nephrology. Which is a fancy term for kidneys.

Elise: Dov has worked in hospital settings, and in private practice. He's also an active volunteer and advocate. When he's not working, he enjoys music and playing piano, reading, and travel.

Dov: I was born and raised in Melbourne. I grew up in a Jewish area – I'm Jewish background – called Caulfield.

Elise: Dov first realised something wasn't right when he was 17, during his final year of high school.

Dov: It's probably towards the latter half of the year when I started experiencing symptoms, including speaking very fast, having lots of ideas, sleeping relatively little amounts during night-time, sometimes only two or three hours, and yet still being functional or somewhat functional the next day. Being quite grandiose in my personality, and not really focusing on my work, which is not like me. I'm usually very focused, very determined, very academically driven.

Elise: Things seemed great for a while – after all, who doesn't enjoy feeling intense feelings of happiness and energy? But after year 12 finished, things took a turn.

Dov: I recall we were all on Schoolies, which is notoriously a very fun time after you finish school, where you're just having a break from all the stress and pressure that everyone's gone through. And I found that I was experiencing a lot of sadness. I didn't want to be sociable, which was complete contrast to the extreme sort of socialism and connectedness I was experiencing prior in Year 12. I was crying a lot. I had somatic or bodily symptoms, like pains in my stomach, feeling unusually nervous.

And I remember coming back from Schoolies and saying to my parents, 'Something's wrong with me. I don't feel right.' And that's when I first sought medical attention. And that episode of what I later learned was depression ended up lasting for about 12 months.

Elise: Dov accessed a mental health program designed for young people. And he made a close friend, who was also experiencing trouble with his mental health at the time.

Dov: We became fairly close and unfortunately he decided to take his life towards Christmas time, which invoked a lot of guilt and stress because I was so close with him. And the stress of that episode made me feel elevated again, which was not dissimilar to how I had experienced my Year 12 period of

elevation. And at that stage I had was seeing a new psychiatrist and we put the pattern or tempo together of high in Year 12, followed by the low the following year. And then this high now again, and that's when I was formally diagnosed with bipolar disorder, which used to be called manic depression.

Elise: Bipolar disorder affects everyone differently – for Dov, it involves long episodes of feelings of elevation, called mania, and long episodes of depression. I asked Dov if bipolar disorder still affects him into adulthood.

Dov: I'm very lucky in that my condition is very well controlled. So I've had one major episode with a fairly clear trigger in the last 18 years. So more or less I've had almost two decades of excellent mental health.

Elise: But things weren't always smooth sailing. When Dov was a second-year medical student, with only four weeks to go, he experienced a period of mania.

Dov: After being in hospital for more than a month, it was quite a difficult journey back to wellness. And I had to actually repeat the entire year just to finish those four weeks so that I could proceed. And that was my first time that I had actually been hospitalized in the entire course of my bipolar disorder.

Elise: And Dov was faced with a particularly confronting situation in his fourth year, when he was studying psychiatry.

Dov: And ironically enough, I did my psychiatry rounds in the same place where I was actually hospitalized two years earlier. So there was a real 360 degree circular experience in terms of both being the medical student, but also then remembering that I was a patient in the same environment.

Elise: And unfortunately the hospital, and his placement organisers, did not provide any real support.

Dov: It was sort of promised to me after I highlighted the fact that this was the place where I had been previously hospitalized, but actually the onus of reporting that was on me, no one identified that prior to me being allocated to the placement. And then once I was actually doing the placement, I did not have any supervision. And even years and years later when I had another manic episode, but this time as a qualified doctor, I didn't have much support from my governing bodies that were supposed to be looking after me as well.

And again, I don't think that there was malicious intent on either of those occasions, but I think it just highlights the lack of appropriate regulations in place, and also just programs to supervise people with mental illness.

Elise: And, there were other parts of his medical training which were not responsive to his needs at the time.

Dov: The following year, we always interview for different placements, every year as part of our training. And I was actually stationed to go to the country for a year. And I found that discriminatory because why would you send someone vulnerable, who's just been through a major psychiatric episode, including hospitalization to a rural environment, with no support, away from their family and friends?

And I then lapsed into a major depressive episode, which often follows my manic episodes, which I had to deal with in the middle of nowhere, without my partner, without my family and my usual supports. The college who is responsible for looking after our training, their response was for me to do an additional assessment, which I completed. And then that was the only follow up that occurred for me. So there was no direct supervision.

Elise: Dov feels that these challenges reflect not just issues in medical training programs, but bigger problems within the healthcare profession.

Dov: We all learn how to do cardiac resuscitation. We all learn basic first aid, but we don't spend a lot of time on mental health first aid, if at all, which looks like recognizing signs and symptoms of mental illness within ourselves or within our colleagues. And what to do if we identify that there's a problem.

So those sorts of things are often not educated as part of orientation and curriculum, despite the fact that we know that there's a higher mental prevalence or burden amongst medical students and doctors compared to those in the general society. So despite the fact that the statistics are higher, and we also unfortunately have an alarmingly high rate of suicides within our profession, we don't have the necessary orientation and skills to inform ourselves about this and what to do about it.

Elise: So understandably, stigma and discrimination has affected him in the workplace, too.

Dov: I think that some of the poorer treatment that I've received would have to be based on people's ignorance. For example, I was hospitalized as a doctor

later in my training to become a kidney doctor, and I distinctly recall returning to work and one of my bosses at the time did not treat me with the same equal respect as he did my colleagues. There were numerous examples of where I was left out and I was made to feel as though I was a liability.

I wasn't fulfilling the same duties as my colleagues. This person would often speak about me in front of me, even though I was sitting right there. But often I have found anecdotally that the support for people going through mental health experiences is not the same as if you're suffering from something physical or organic.

Elise: I was curious to hear about what initiatives are in place to better support healthcare professionals experiencing mental ill-health. I was particularly interested in culture change. And that starts with conversations with other people who 'get it'.

Tahnee: My name is Tahnee Bridson. I'm a doctor, a medical doctor, but I'm currently specializing in psychiatry. And I'm originally from far north Queensland.

Elise: Dr Tahnee Bridson was awarded Young Queenslander of the Year in 2021 for her work in supporting healthcare workers' mental health. She is one of the founders of Hand-n-Hand Peer Support, which launched in 2020 – a harrowing time for many essential workers.

Tahnee: So Hand-n-Hand, which actually stands for Helping Australia and New Zealand nurses and doctors. I came up with that name one rainy Sunday afternoon. But actually, even though the name only says nurses and doctors, it's for all essential healthcare workers. So whether they're clinical or whether they're admin or you know, whatever sector they're working in within the healthcare setting, everyone can access it.

Basically the idea is kind of modelled off, if you think about, like, Alcoholics Anonymous, or mother and baby groups, you know, where it's peers supporting peers. One of the first things we lost with COVID was obviously like the tea rooms, and those sort of abilities to meet up together, and have conversations and debrief and do those sorts of things that we traditionally would've done and sort of help you get through the day. And the idea being that, I guess, we wanted to facilitate peers still getting to debrief and talk to one another and share experiences of, you know, challenges in the workplace or even just challenges in training or life challenges. And so we started Hand-n-Hand so that we could continue facilitating peer-to-peer interactions and peer support.

Elise: Tahnee is motivated, in part, by her own experiences.

Tahnee: I grew up in a really tiny town where everyone kind of knows each other and their general practitioners and the hospital staff, you know, they're kind of cradle-to-grave care, so they might have delivered you, but then they also look after your grandparents and your parents and your friends.

And I had a childhood GP, when I was at med school, actually ended their life by suicide, which rocked the whole town. And I think it was just something that was really unexpected, and people really didn't kind of understand why somebody that they thought was happy and, you know, doing well and had a good job and all this, would suicide.

Elise: Plus, in her final year of exams, Tahnee was having a tough time herself.

Tahnee: I'd had quite a challenging rotation and a really, you know, in medicine, I think if you think of Scrubs for instance, there's the kind of Dr. Cox or the, the House-type characters who are really quite harsh and, you know, treat their juniors quite badly.

There's so much bullying, I mean, between people of different ranks, between specialties, you know, even between different sort of professions between nursing staff and doctors and, you know, whatever the kind of dynamics are. There's so much bullying and harassment and discrimination within the profession.

And so I think when I was faced with supervisors who were quite harsh, I really tried my best to kind of do all that I could to, to prove that I, you know, deserve to be there. And I think by the end of med school, it just, it took its toll. And I had an episode at the, the hospital where I'd sort of passed out and was taken to the emergency department and admitted and basically told that they thought I had anorexia nervosa, which was not something like I'd ever even contemplated.

Elise: After Tahnee sought treatment, she faced stigma from colleagues – essentially being told that she wouldn't be able to finish med school.

Tahnee: And you know, coming at the other end, I realized that I wasn't alone. That there were a lot of people kind of suffering, but too scared to speak up because they thought it would impact their jobs, or that people wouldn't take them seriously, or that they wouldn't get onto a specialty program, or they wouldn't get into med school. That kind of stuff. And having my own experience and having such little support during that time made me realize how

important, or how useful it would've been to be able to talk to people who were going through similar things.

Elise: Organisations like Hand-n-Hand have an important role in bringing these issues to the light: challenging burnout culture, bullying, and talking openly about mental health with peers.

Tahnee: There's this kind of idea that maybe healthcare workers are sometimes seen as not human. Or we perceive that we have to be superhuman, you know? But it's probably both ways and that sometimes I think we feel like we're not allowed to be human, and we're not allowed to say that we need help because our job is to help others.

Elise: So I asked Dov what changes he'd like to see, at a systems level, to help people going through similar experiences.

Dov: I think we have to change the almost punitive measures that are in place at the moment. So our medical license board if, if someone, for example, has depression, they can still be reported to the medical license board. And if this doctor's found to have things that are perceived to be impacting on their ability to deliver clinical care, they could potentially get conditions placed on their medical registration. So I think something like that does invoke fear.

Elise: And then there's the need for a culture shift, at all stages of a career in medicine.

Dov: I think we need to start discussing this much earlier. I think that mental illness, looking after ourselves, has to come up as early as medical school so that students are already learning these issues. I think there needs to be clear systems in place of what to do if we're worried about our colleagues. I think we need to have training as clinicians and as supervising doctors of what to do if our junior staff were in trouble. I think a lot of us might identify there's a problem, but just have absolutely no idea what to do.

Elise: Still, Dov feels that things are trending in the right direction.

Dov: I think the next generation of doctors and medical students is generally more open, a little bit more open to discussing things. There's less of that old school culture of 'I'm the doctor. You are the patient or the student. This is the hierarchy.'

And I really think COVID, as well, helped to push this along because we all suffered during the extended lockdowns and particularly in pressurized hospital system. We've all faced this together. Our colleagues are all understanding exhaustion and burnout, even if we don't have labels of mental illness. So I think we're recognizing the importance of looking after ourselves and each other, which is lessening the taboo about these topics.

Elise: Dov emphasised to me that he didn't feel that there was ill-intent that caused these issues. That it was more about a lack of process, and not knowing what to do.

Dov: But I'm not bitter about it or negative about it. I just want to use those experiences to try and ensure they don't happen to other people and that we have more fair and equitable processes if other people go through things like what I went through, and also just ways to support people who were struggling.

Not that I believe that you should have to become a high functioning person to say, 'it's okay to have a mental illness,' but I'm sort of direct proof that you can still have a really great job and still be highly functional despite living with mental illness. And I think there's a lot of people out there that might benefit from receiving that message.

Elise: He had one great example of a positive change he'd witnessed, with someone he had known years before.

Dov: I was interviewing for my final position as a specialist doctor, and I actually interviewed with this same person, and this person turned around to me, looked at my CV and said, 'wow, you've done a lot of things.' And I smiled and said, 'yes, I have.' And this person said to me, 'could we have done anything differently?'

And even though it was years later, that was a really big turning point, because obviously what I'd gone through had left an impact and there was reflection on behalf this person anyway, that maybe things could be done differently.

Elise: Dov first started sharing his story of living with bipolar disorder in 2015, as part of a video campaign. And the response from his colleagues in the medical profession was really positive.

Dov: I found that open disclosure led to other people to share their stories. And there is a common thread that I've observed with vulnerability, where when we

share intimate parts of ourselves, it allows other people to sort of take off their social mask and share their stories as well.

And I quickly came to realize that a lot of us um, both within the medical profession and in wider society, all have different issues with regards to mental health, whether or not we have labels or diagnoses, everyone's gone through things. Everyone's suffering, because we're human. And by me telling my story, it allowed other people to share as well. So it created a sense of unity and connectedness and just open disclosure amongst my colleagues.

Elise: And Dov wants others to remember that they're not alone.

Dov: I like to share my story because it helps me to reframe the negative experiences I've been through. And by doing that, and helping someone else, then it puts my negative past experiences into a more positive light and can help hopefully to alleviate other people's suffering or even avoid altogether some of the things that I've gone through.

So I would want listeners to feel encouraged and empowered that if they're going through something they're not alone, and that there are options available to help them.

And if I could go back to my medical student self, who was suffering in hospital and experiencing stigma and all of those things and say, you know, 'in 15 years time, you're gonna be a very successful consultant, in a major public hospital with private practice and doing all the things that you love.' I probably wouldn't have believed the future version of myself.

But it actually is what's happened and it is possible. And it's not to say that I don't have ongoing challenges and I don't have difficult days. But life can change.

Elise: On the Same Wavelength is a collaboration between the University of Melbourne School of Psychological Sciences, and SANE, Australia's leading national mental health organisation for people with complex mental health needs, with the support of the Paul Ramsay Foundation. It is hosted by me, Elise Carrotte, and edited by Chris Hatzis. Special thanks to SANE Peer Ambassador Dov, and Tahnee from Hand-n-Hand Peer Support for their contributions to this episode. If you're interested in learning more about these organisations, and online resources for healthcare professionals around their mental health, I've included links in the show notes.

This podcast was recorded on the unceded lands of the Wurundjeri Woi Wurrung people of the Kulin nation, and we wish to pay respects to elders past and present, and extend our respects to any Aboriginal or Torres Strait Islander listeners.

If this podcast has brought up any challenging feelings for you, please consider reaching out to SANE's free counselling support via 1800 187 263, or Lifeline via 13 11 14.