Acknowledgements

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The development of this toolkit was guided by a national steering committee, chaired by Dr Tracey Tay (Specialist Anaesthetist and Director, Perioperative Service at John Hunter Hospital, Newcastle, NSW) and included the following specialists from around Australia: Dr Prani Shrivastava (Anaesthetist, WA); Dr Suzi Nou (Anaesthetist, VIC); Dr Jane McDonald (Anaesthetist, NSW); Dr Greg Downey (Anaesthetist, NSW); Dr Shirley Prager (Psychiatrist, VIC); and Dr Marion Andrew (Anaesthetist, WA). Other members of the Steering Committee include Jaelea Skehan (Director, *Everymind*) and Sally Fitzpatrick (Project Lead, Mental Health and Research, *Everymind*).

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**Disclaimer:** While reasonable efforts have been made to ensure the contents of this publication are factually correct, *Everymind* gives no warranty regarding the accuracy, completeness, currency or suitability of resources for use by other parties. This publication is provided on the basis that all persons accessing it undertake responsibility for assessing the relevance and accuracy of the content.
We are pleased to present this toolkit to support better mental health and wellbeing for anaesthetists and anaesthetic trainees.

Anaesthetists face a number of unique challenges as part of their work, which can result in poor mental health and poor general health. The stigma surrounding mental illness and suicide in the general public, combined with the value many doctors place on being the giver of care rather than the recipient, can also make it challenging for anaesthetists to seek help when they need it.

We know from research that well-coordinated programs and approaches implemented in workplace settings can improve mental health and wellbeing, reduce mental ill-health and reduce suicidal behaviour. For us, the need for a targeted approach that supports the mental health and wellbeing of anaesthetists and anaesthetic trainees was clear.

The Australian Society of Anaesthetists (ASA) recognises the importance of keeping anaesthetists well at work and for supporting those who need assistance. There has been demonstrated progress made in supporting the welfare of anaesthetists over the past 20 years. Awareness of workplace stressors and the types of challenges experienced by anaesthetists has grown since the establishment of the Welfare of Anaesthetists Special Interest Group, now the Welfare of Anaesthetists Special Interest Group.

The opportunity to improve the wellbeing of anaesthetists and trainees through targeted interventions is great. There is now also a growing case for, and a commitment to change.

The Long Lives, Healthy Workplaces toolkit is a resource to support anaesthetic departments and individual anaesthetists to operationalise a framework they can put into action. Through using the toolkit, a department or individual practitioner can identify strengths and gaps, and take a comprehensive approach to developing an action plan for change.

It is time not only to engage in a conversation around the wellbeing of anaesthetists, but to take action. As President of the ASA and Chair of the Welfare of Anaesthetists Special Interest Group, we recommend you make this toolkit a key resource for your department or your practice.

**Associate Professor David M Scott**
President
Australian Society of Anaesthetists

**Dr Marion Andrew**
Chair
ANZCA Welfare of Anaesthetists Special Interest Group
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What is the purpose of this toolkit?

Health professionals are very good at looking after the health of patients and other people around them. But their own physical and mental health can often be overlooked.

Every workplace has a responsibility to ensure that the mental health and wellbeing of their workers is enhanced and risks associated with mental ill-health are reduced. This responsibility is perhaps more important when thinking about doctors and the hospital environment given the pressures of the job, such as high work demands and the level of accountability required. The nature of medicine means that anaesthetists (and other health workers) are likely to be exposed to potentially traumatic events as well as other common workplace stressors, such as large workloads and long hours, inadequate support and bullying.

Hospitals and individual departments must be aware of the risks to mental ill-health in their working environment and have strategies in place that aim to improve overall wellbeing, reduce risks associated with mental ill-health and suicide, and better support those who need assistance.

Long Lives, Healthy Workplaces provides anaesthetic departments with an operational resource that will assist them to plan and deliver actions that better support the mental health and wellbeing of anaesthetists and anaesthetic trainees, reduce the risk of mental ill-health and suicide, and increase the capacity of leaders, peers and individuals to respond.

The long-term goal of this project is to support good mental health and to prevent mental ill-health and suicidal behaviour amongst anaesthetists and anaesthetic trainees. This is not only important for the individuals concerned, but also for the quality and safety of care provided for patients and families.
This toolkit brings together the best available evidence for what works to prevent and respond to mental ill-health and applies it to the anaesthetic department. It was informed by research, policy and consultation with anaesthetists.

The toolkit:

- Encourages a strategic and integrated approach to mental health and wellbeing.
- Offers an evidence-based framework and a toolkit of suggested actions that are relevant to anaesthetists and the environments in which they work.
- Builds the capacity of department leaders to create a mentally healthy environment for all staff.
- Offers guidance about preventive measures that can be implemented within a department and ways support can be provided to anaesthetists who develop a mental health problem.
- Provides practical suggestions on how to use this resource and tailor it for a specific department.

How was the toolkit developed?

The toolkit was developed by Everymind under the guidance of a national steering committee and draws on three main sources:

What did the research evidence say?
A review of the academic literature was conducted to understand what is currently known about the mental health and wellbeing of anaesthetists and the role of workplaces in the prevention of mental ill-health and the prevention of suicide.

What did anaesthetists say?
A series of in-depth interviews and focus groups were conducted to gain rich qualitative data from anaesthetists in their own words.

How does this toolkit connect to existing policies and programs?
Relevant policies, programs and initiatives targeted at doctors were reviewed to ensure a connection between this toolkit and other complementary work.

This approach allowed for a comprehensive understanding of the current issues affecting anaesthetists and anaesthetic trainees. Full details of the literature reviews and consultations used can be found in the appendices.

Long Lives, Healthy Workplaces is an initiative of the Welfare of Anaesthetists Special Interest Group and Everymind, with support from the Australian Society of Anaesthetists.
Why is mental health and wellbeing important?

Mental health is important to each and every one of us, and vital for those providing health services to others.

To progress collective action to prevent mental ill-health and promote mental health and wellbeing, we need to first have a shared understanding of what is meant by the concepts of mental health and mental ill-health.

**Mental health** is a positive concept related to the social and emotional wellbeing of individuals and communities. It can also be used to describe the overall wellbeing of a workplace. Having good mental health, or being mentally healthy, is more than just the absence of illness, rather it is a state of overall wellbeing. Having good mental health enables doctors to function well in life and at work, including the ability to cope with stress and sadness, being able to set and fulfil goals, and having the capability to build and maintain relationships with others.²

**Mental ill-health** is a broad term used to describe both mental illness and mental health problems. A mental illness is a disorder diagnosed by a medical professional that significantly interferes with an individual’s cognitive, emotional or social abilities. There are different types of mental illness, with the most common being anxiety and depression. A mental health problem can also interfere with a person’s cognitive, emotional or social abilities but may not meet the criteria for a diagnosed mental illness. Mental health problems usually occur as a result of life stressors. Mental ill-health is an issue that affects over four million Australians each year³ and can affect doctors of all ages and genders and across any stage of their career.¹

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¹ ‘Mental health’ is sometimes misunderstood and interpreted as referring to mental ill-health.

² This may be because historically ‘mental health services’ were mainly concerned with the treatment of illness. However, mental health is a desirable quality in its own right and is more than the absence of illness.
A mentally healthy workplace is where people of all levels have a shared vision of, and commitment to, mental health and wellbeing. It is where work demands are realistic in a way that balances the needs of the staff and the employer and do not pose an unreasonable risk to the mental health of individuals. Everyone in the workplace feels comfortable to speak openly about mental health and mental ill-health, without fear of stigma or discrimination. This creates a culture of respect and inclusivity.
Work and the mental health of anaesthetists

There is a strong reciprocal relationship between work and mental health. Research evidence supports the positive influence of work on a person’s health and wellbeing. Besides being the primary source of income to maintain material standards of living, it also has an important role in providing a sense of purpose and identity, facilitating social connections and participation. Accordingly, having and maintaining employment is generally considered a protective factor for mental health and wellbeing, with mental ill-health often being higher among those who are unemployed. However, the workplace can also have a negative impact on the physical and psychological health of workers and there is a growing body of evidence showing a link between workplace stress and both physical and mental health problems.

There is evidence to suggest that medical professionals, including anaesthetists, experience higher levels of psychological distress than the general community. In particular, there are a number of unique risk factors faced by anaesthetists, which can result in mental ill-health, poor general health and an increased risk of suicidal behaviours.

- Anaesthetists work in a highly stressful occupation and are exposed to trauma and death.
- Anaesthetists have high work demands and may or may not feel a sense of belonging to a particular team in the health service where they work.
- Anaesthetists often work long hours, experience fatigue, and are exposed to on-call stress, all of which can contribute to mental ill-health.
- Risk factors identified that can contribute to substance abuse issues include easy access and availability of opioids and other narcotics, stress, irregular work hours, and the need for vigilance during long hours of surgery.
- There is a high level stigma in the medical profession. This is compounded by the fear of being deemed unfit or unable to work due to being reported for mental illness or suicidal behaviour.

Mental health problems are common and have significant impacts on the individual, their families, their patients and on productivity. In any given year around three million people in Australia will experience anxiety or depression. Every day an average of eight people take their own lives.
What are the benefits of taking action?

Doctors are a critical part of any health service. Ensuring doctors and other health workers are healthy and well is therefore vital. All workplaces, including health services and hospitals, can either enhance or detract from an employee’s mental health and have been identified in national and state policies as an important setting for programs addressing mental health and suicide prevention.22, 23

According to the Australian Human Rights Commission (AHRC), creating a safe and healthy workplace makes good sense. Building and maintaining a mentally healthy workforce and creating a mentally healthy workplace maximises wellbeing and can increase productivity, and ultimately patient care.24

The benefits of effective mental health action can include:

- Reducing costs associated with worker absence and high worker turnover.
- Achieving greater staff loyalty and a higher return on training investment.
- Minimising stress levels and improving employee morale and wellbeing.
- Avoiding litigation and fines for breaches of health and safety laws.
- Avoiding the time and cost involved in discrimination claims.
- Avoiding industrial disputes.

There is potential to reduce the human and economic costs associated with mental ill-health by encouraging anaesthetists to access evidence-based prevention and treatment.

- Evidence suggests there is a return on investment for mental health interventions focussing on promoting mental health and wellbeing and preventing the onset, severity and duration of mental ill-health.5
- Undergoing treatment for mental ill-health can have a positive impact on the workplace, with successful treatment consistently associated with significant increases in employee overall health and wellbeing, work performance and productivity. Given the nature of anaesthetists’ work, there are significant public benefits if performance is increased and adverse outcomes reduced.
- Despite the availability of effective treatments for mental ill-health, evidence suggests that many people (and anaesthetists in particular) either do not seek treatment at all, or seek treatment following lengthy delays, during which health, social and work consequences can accumulate.9
A strategic and coordinated approach

Long Lives, Healthy Workplaces highlights the need for a strategic and coordinated approach to mental health and wellbeing, covering the prevention to recovery spectrum. A focus on a broad spectrum of interventions allows for activities targeted at groups of workers and individuals. It can help people to conceptualise different stages in the development of mental ill-health; from someone with no current difficulties, through to non-specific problems or signs, through to those being treated for or recovering from a diagnosable mental illness.

Long Lives, Healthy Workplaces specifies that for successful outcomes there is a need to utilise a comprehensive approach with a range of strategies across education, training, policy, health assessments, systemic reviews and partnerships. Furthermore, the toolkit is underpinned by recognition that working with the culture of a workplace and undertaking research and development in the field are foundational principles.

Effective workplace mental health strategies

There are a range of workplace programs that have been developed and/or evaluated in Australia. The types of interventions included in these programs commonly fall into one or more of the following four categories, with the most effective programs taking a comprehensive approach:

- Primary prevention - proactive programs that aim to prevent mental ill-health by reducing individual and workplace risk factors.
- Secondary prevention - programs that aim to identify risks and problems early and manage symptoms when they become evident in the workplace, including strategies on coping with stressors.
- Tertiary prevention – programs that minimise the impact of diagnosed mental illness on the individual and workplace.
- Mental health promotion - programs that focus on increasing healthy behaviours.
<table>
<thead>
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<th>Category</th>
<th>Focus</th>
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| **Primary prevention** | Reducing individual risk factors<sup>5, 25-27</sup>                  | - Reducing drug and alcohol misuse  
- Support healthy diet and physical fitness  
- Develop individual skills - financial management, stress management, communication skills  
- Management of physical injury and/or pain  
- Options to support workers managing ill-health in family  
- Provide support and flexibility for staff exposed to traumatic events at work or experiencing difficult life events.  

Reducing environmental risk factors<sup>26, 27</sup>  
• Reducing drug and alcohol misuse  
• Accidents and injury  
• Excessive stress  
• Bullying and harassment  
• Disharmony |
| **Secondary prevention** | Identify and respond to problems early<sup>5, 28-31</sup>           | - Promote awareness of mental illness, signs, symptoms etc.  
- Support early identification, including self-identification, peer-identification and support, and identification by supervisors or managers  
- Promote culture of acceptance of mental health problems  
- Promote culture that help-seeking is a positive thing  
- Promote a culture of offering support, expressing concern for work colleagues  
- Supervisor training to increase skills in raising difficult, personal issues with staff in a helpful, non-threatening way.  

Support mental health problems  
• Promote use of Employee Assistance Program (EAP) for early support  
• Provide immediate first aid for staff experiencing a mental health crisis at work  
• Reassurance of support for staff receiving treatment for mental illness  
• Partnerships and referral pathways to mental health providers  
• Provide or facilitate access to peer support models and/or online treatment modalities. |
| **Tertiary prevention** | Support recovery from illness and return to work<sup>32-35</sup>     | - Manage absences well  
- Identify and address any workplace contributing factors  
- Manage return to work well  
- Make reasonable adjustments to the work environment  
- Supervisor training to manage return to work  
- Facilitate access to support options for family and friends  
- Address stigma in the workplace. |
| **Mental health promotion** | Support good health<sup>5, 29</sup>                                  | - Ensuring a good fit between the job and the person doing the job  
- Preparing people well for the work they need to do  
- Creating a culture of high expectations along with support  
- Having a culture of fairness and equity  
- Promoting mental health literacy (how to stay mentally healthy)  
- Good communication between managers and staff  
- Increasing social connection and opportunities for peer-support. |
How does this toolkit link to other initiatives focussed on the mental health of doctors?

Progress has been made within the medical profession to increase awareness of risk factors and higher rates of psychological distress, burnout and suicidal behaviour among doctors and doctors in training, as well as highlight potential solutions. *Long Lives, Healthy Workplaces* links with other federally funded research being co-led by Everymind as part of the *Tackling the Mental Ill-Health of Medical Students and Doctors* initiative, with funds leveraged by the Australian Society of Anaesthetists to complete this project.

In addition to this, a range of mental health and suicide prevention initiatives, such as the 2017 NSW Junior Medical Officer Wellbeing and Support Plan,⁶ and facility-led initiatives, such as buddy programs and supervisor training to identify signs of mental health problems, are in place. Practice frameworks developed by beyondblue, such as the Good Practice Framework for Mental Health and Wellbeing in First Responders Organisations,³⁷ and Developing a Workplace Mental Health Strategy: A How-to Guide for Health Services,⁴ provide guidance for the development of a framework specific to doctors. This toolkit draws on each of these initiatives to provide a specific resource to reduce anxiety, depression and suicidal behaviour among anaesthetists and anaesthetic trainees at a local level.

The Australian Government Department of Health has recently funded The Prevention Hub, which is Australia’s first integrated research initiative into preventing anxiety and depression. Under this initiative, the Black Dog Institute and Everymind have partnered with the Australian Medical Association (AMA), Orygen - the National Centre for Excellence in Youth Mental Health, United Synergies and others to plan and deliver specific research trials and translational research to better understand how to prevent mental ill-health among the medical workforce, including a specific focus on junior doctors, medical students and specialists. One of the strategies under this initiative is the development of a national strategy to assist universities, colleges and hospitals design safe and supportive environments for medical professionals (including medical students). The strategies within this toolkit align with the work conducted on the national strategy to date.
Assessment Tool + Strategies

STRATEGY 1: Improve the training and work environment to reduce risk

STRATEGY 2: Improve the culture of medicine to increase wellbeing and reduce stigma

STRATEGY 3: Improve capacity to recognise and respond to those needing support

STRATEGY 4: Better support anaesthetists and trainees impacted by mental ill-health and suicide

STRATEGY 5: Improve leadership, co-ordination, data and information
STRATEGY 1: Improve the training and work environment to reduce risk

To achieve this, our anaesthetic department will:

- **Action 1**: Ensure job design, rosters and individual workloads are reviewed to reduce risks
- **Action 2**: Design and manage a work environment that minimises harm
- **Action 3**: Ensure adequate and structured access to training and professional development opportunities

Why have these actions been prioritised?

What does the evidence say?
There are a range of risk factors that can impact health professionals’ mental health and wellbeing at work, including factors such as heavy workload, long working hours, shift work, compassion fatigue and exposure to trauma.\(^1\) Anaesthetists often work long hours, experience fatigue, and are exposed to on-call stress\(^6,7\); all of which can contribute to mental ill-health. Other risk factors identified that can contribute to substance use issues include easy access and availability of certain medications, stress, irregular work hours, and need for vigilance during long hours of surgery.\(^6-19\) If a worker experiences high job demands with low job control, together these increase the risk of mental ill-health.\(^1-27\) However, when employees have control and choice over their work patterns and shift schedules, this has a positive effect on their mental health.\(^1,27,36\)

What did anaesthetists tell us?
An overwhelming concern raised by anaesthetists consulted before the development of this toolkit was the need to ensure good job design, including a review of rosters and individual workloads to reduce risks. Anaesthetists and trainees communicated that they did not have a sense of control over the work or their working conditions. They also shared concerns about a lack of flexibility with rosters, feeling unsupported when they need to take sick leave, and the lack of a physical space to take breaks. Issues around the fear of mandatory reporting for those seeking support and having access to drugs as part of the role were also raised during the consultation phase. In addition to this, issues including a perceived lack of support during examination periods and limited access to professional development revealed a need to ensure adequate and structured access to training, and a provision of professional development opportunities.
“The department is good about allowing me to have fixed non-clinical sessions, so I know that I’m going to be home on time those days, and I’ve got fixed sort of days off, as well. So that gives me some predictability, and that’s actually really helped; having a predictable working schedule is much easier.”

“There aren’t facilities for consultant anaesthetists to have a sleep. There is no bed that I can use in the hospital. Say I’ve been in, I’m on call all night, and it’s 4am and I’m really exhausted, and the patient’s off the table, but I don’t feel I can drive home, because I’m really tired, there’s nowhere for me to go and have a sleep.”

“We don’t really have meal breaks at all... We’re ending up eating our lunch in the anaesthetic bay. We don’t get out for morning tea... oftentimes you’re working in a situation where you can’t leave the theatre, because you’ve got an anaesthetised patient on the table, and sometimes one in the anaesthetic bay, as well.”
Suggested activities to improve the training and work environment to reduce risk

**Action 1:** Ensure job design, rosters and individual workloads are reviewed to reduce risks

1.1 Conduct a review of rostering practices to identify unsafe working hours and develop new evidence based safe working hour policies and practices.

**TIPS**

- Ensure staff have a sense of control over work by employing a collaborative approach to rostering and to the development of surgery lists.
- Allow staff flexibility, where possible, with their working hours.
- Provide staff with the option to leave early on non-clinical days.

The NSW Health JMO Wellbeing and Support Plan\(^36\) proposed:

- Maximum rostered hours - Employees must not be rostered for shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover).
- Break after rostered shift periods - Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours.\(^{36}\)

**RESOURCES**

**NSW Health JMO Wellbeing & Support Plan\(^{36}\)**
A plan that addresses major concerns raised by Junior Medical Officers (JMOs). The plan addresses safe working hours and fatigue; enabling JMOs to seek help and treatment when needed; providing information about where to seek help; improving culture in medicine; improving job security; and enhancing transparency in recruitment and employment. [Download PDF](#)

**Australian Medical Association (AMA)**
National Code of Practice: Hours of work, shift work and rostering for hospital doctors. [Resource Link](#)
Flexible work and training practices. A tool to assist employers, training providers, doctors and doctors in training to implement and access best practice flexible work and training arrangements. [Resource Link](#)

**Doctors in Training**
Junior Doctors Employment Guide. [Resource Link](#)
### 1.2 Support staff to take sick leave if unwell and minimise the impact on colleagues from the loss of staff member.

**TIPS**
- Minimise the impact of staff sick leave on other colleagues by ensuring there are appropriate staffing ‘replacements’ to draw from when needed.

**RESOURCES**

**NSW Health JMO Wellbeing & Support Plan**
A plan that addresses major concerns raised by Junior Medical Officers (JMOs). The plan addresses safe working hours and fatigue; enabling JMOs to seek help and treatment when needed; providing information about where to seek help; improving culture in medicine; improving job security; and enhancing transparency in recruitment and employment. [Download PDF](#)

### 1.3 Provide staff with a physical space for breaks.

**TIPS**
- Provide staff with a physical space for quiet time, other than cafeterias that are shared with the public. Space to eat, as well as a space to rest.

**Some considerations when choosing a space may be:**
- **Location** - the degree to which the space is accessible by all or a few.
- **Enclosure** - the degree to which the space is enclosed by walls, doors, or a ceiling.
- **Exposure** - the degree to which the space offers visual or acoustic privacy.
- **Technology** - the degree to which the space is outfitted with high-tech or low-tech tools.
- **Temporality** - the degree to which the space invites lingering.
- **Perspective** - the direction in which the space focuses the user’s attention.
- **Size** - the usable square footage of the space.

**RESOURCES**

**Harvard Business Review**
An article that discusses seven factors of office or space design. [Resource Link](#)
1.3 continued

RESOURCES

The Privacy Crisis: Taking a toll on employee engagement
New Steelcase research has revealed that, while togetherness at work is vital for value creation, in excess it can be taxing. Too much interaction and not enough privacy can take toll on workers’ creativity, productivity, engagement and wellbeing. [Resource Link]

Forbes
Agarwal P. How do we design workplaces that support mental health and well-being. Forbes 2018, June 24. [Resource Link]

Action 2: Design and manage a work environment that minimises harm

2.1 Reduce access to means of suicide by:
Educating anaesthetists and anaesthetic trainees of safe handling drug practices; and
Reviewing and tightening department policy in regard to access.

TIPS

- Ensure all staff are aware of, and understand safe handling drug practices in your department.
- Review department policy annually, and develop a checklist of strengths and weaknesses.
- Circulate department policy annually with notes of strengths and weaknesses.
- Provide opportunity for staff to contribute ongoing suggestions for improvement that work in your department.

RESOURCES

ANZCA
Guidelines for the Safe Management and Use of Medications in Anaesthesia. A guide to assist healthcare facilities to ensure safe handling, documentation, and appropriate access to medications used in anaesthesia. [Download PDF]
2.2 Educate and support staff on changes to mandatory reporting so they feel more able to seek help. Promote other services or advocates in the department that can assist those who have questions or concerns.

**TIPS**

- At a meeting on 13th April, 2013, the Council of Australian Governments (COAG) Health Council group unanimously agreed to take steps to protect patients and strengthen the law to remove barriers for registered health professionals to seek appropriate treatment for impairments including mental health. The full statement of the Council is listed as a resource.

**RESOURCES**

**COAG Health Council**
COAG Health Council Meeting Communique – 13 April 2018. Mandatory reporting requirements under the Health Practitioner Regulation National Law. p 2. [Download PDF]

**Mandatory Reporting**
Wellbeing of Anaesthetists Special Interest Group. A document that provides details on Mandatory Reporting requirements for New Zealand and Australia. [Download PDF] Mandatory reporting requirements are currently under review by federal, state and territory Health Ministers. More information [Download PDF]

**The role of the welfare advocate**
An article discussing the role of the welfare advocate regarding performance issues, psychiatric illness, critical incidents and communication, substance abuse and violations. [Download PDF]

**The Welfare Advocate**
A resource document outlining how to appoint a suitable person as a Welfare Advocate, duties, role, as well as resources. [Download PDF]

**Australia Health Practitioner Regulation Agency (AHPRA)**
The AHPRA website provides information about registration, boards, education, complaints or concerns, as well as publications and resources. [Resource Link]

**Medical Board of Australia**
Guidelines for mandatory notifications. [Resource Link]

**Research on support for doctors facing complaints**
Rimmer A. Colleagues are best source of support for doctors facing complaints, researchers find. BMJ 2017;359:j5420. [Resource Link]
Action 3: Ensure adequate and structured access to training and professional development opportunities

3.1 Develop a policy ensuring adequate provision of mental health support for anaesthetic trainees during examination periods.

**TIPS**

- Identify what exactly is needed by anaesthetic trainees during examination periods. What would best support their mental health during these times?
- Who will take lead responsibility? A working group, a sub-committee, staff members, a specific staff member such as the welfare advocate?
- Gather information. What have other departments done? Are there existing templates or examples?
- Draft a policy and implement a plan.
- Consult with anaesthetic trainees, department heads, and heads of school.
- Finalise and approve policy.
- Consider whether procedures are required. Is there a need for clear guidance regarding how the policy will be implemented and by whom? Who will be responsible for developing these procedures? When will this be done? What will be the process for consultation, approval and implementation?
- Implement. How will the policy be communicated and to whom? Will training be required to support implementation? Should the department or organisation produce a press release, or communicate through an internal newsletter?
- Monitor, review and revise. What monitoring and reporting system will be set up to ensure that the policy is implemented? How will usage be assessed? How can staff provide feedback? On what basis and when will the policy be reviewed and revised?

**RESOURCES**

**Developing a policy: checklist**

The Independent Commission Against Corruption NSW (ICAC) provides a generic guide that can be used to develop any organisation policy. It can also be used as a checklist. [Resource Link](#)
3.2 Provide structured access to professional development and training for all anaesthetists.

TIPS

- Identify what professional development opportunities staff in your department are interested in, and could benefit from most.
- Explore opportunities or events that will provide professional development to staff.
- Develop a professional strategy plan, scheduling regular events for staff to engage in.

RESOURCES

**Australian and New Zealand College of Anaesthetists**
Training and Accreditation. Provides regulation information and links for Training and Accreditation. [Resource Link](#)

**Continuing Professional Development**
Provides information for participants to record, monitor and provide evidence of the CPD activities under the categories of practice evaluation, knowledge and skills and emergency responses in an online CPD Portfolio. [Resource Link](#)
STRATEGY 2: Improve the culture of medicine to increase wellbeing and reduce stigma

To achieve this, our anaesthetic department will:

- **Action 4**: Implement strategies to improve health and wellbeing of all staff
- **Action 5**: Increase connectedness and peer support
- **Action 6**: Address stigma associated with mental ill-health and suicide directly
- **Action 7**: Create a workplace where bullying, harassment and discrimination is not tolerated

Why have these actions been prioritised?

What does the evidence say?
There are elements of culture that present a risk to mental health and wellbeing. Stigma associated with mental ill-health and suicide is prevalent amongst the population\(^37\) and evidence suggests that some doctors feel having anxiety or depression causes embarrassment for them.\(^7\) This community level stigma and the stigma within the medical profession mean many doctors are reluctant to seek help.\(^1, 38\) However, targeted education and anti-stigma programs can improve knowledge about mental health and mental illness and have a positive impact on supportive behaviours in the workplace and improve help-seeking as well as readiness to help.\(^37\)

A common risk factor that can also affect the mental health of workers in any workplace is bullying.\(^1, 36, 37\) Bullying behaviours may take the form of harassment including verbal or physical abuse, offensive behaviour, social exclusion, or unfair treatment of particular workers.\(^36, 37\) Bullying in the workplace has been associated with mental ill-health such as Post-Traumatic Stress Disorder, burn out, depression and anxiety. There is a need for integrated, multi-level and scalable interventions to be developed. Interventions that demonstrate the best efficacy encourage early help-seeking, as well as enhance individual resilience, wellbeing, and detection of bullying behaviours.\(^38\)
What did anaesthetists tell us?
Consultations with anaesthetists and trainees revealed the need to implement strategies to improve their overall health and wellbeing. Promotion of a healthy lifestyle, modelling of positive behaviours, and increased literacy about mental health and ways to improve mental health in the workplace, were all suggested areas for action. In addition to this, matters of concern raised by anaesthetists included the need for increased connectedness and peer support, and the need to address bullying and harassment. The development of mentoring, peer review groups, and networking between anaesthetists and anaesthetic trainees were among the suggestions raised in consultations. A number of anaesthetists and trainees also talked of the need to reduce the stigma associated with mental ill-health and suicide, as well as a need to normalise and promote acceptance and understanding of mental ill-health.

“I think a lot of trainees tend to maybe not feel comfortable asking for help because they might sort of think they’ll look weak if they need to ask, but that probably applies to consultants too. I think if we have a culture whereby it’s completely acceptable for people to talk about, you know, the fact that our job is difficult, and there are going to be times when it’s really difficult, and that there’s times when we don’t deal with it as well as we should.”
Suggested activities to improve the culture of medicine to increase wellbeing and reduce stigma

Action 4: Implement strategies to improve health and wellbeing of all staff

4.1 Implement prevention and health promotion programs to improve wellbeing.

TIPS

- Identify mental health workplace programs.
- Conduct a situational analysis, and select a workplace program that is fit for purpose, to implement.

RESOURCES

Online tools, programs and initiatives to implement in the workplace

Royal Australasian College of Physicians (RACP)
A range of resources on Doctors health and wellbeing. Resource Link

Heads Up
A list of training and resource materials. Resource Link

Head to Health
Find the right Australian publicly funded mental health resources that best suit your needs. Resource Link

SuperFriend
Ideas for creating wellbeing in the workplace. Resource Link

Smiling Mind
Tailored approaches to mindfulness in the workplace. Resource Link

MindFit
Provides a range of tools for workplace wellbeing programs such as: Mindfulness and Wellbeing Training, Workplace Meditation and Yoga Classes. Resource Link

Blue Knot Foundation
Provides training on burnout, compassion fatigue, and vicarious trauma. Also deliver workplace training. Resource Link
RESOURCES

Australian Medical Association (AWA) Queensland
Resilience on the run. A program to assist interns with developing techniques for resilience and mindfulness, better managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help. Resource Link

Resilience on the Run Program
Specific to junior doctors in Queensland, but an example of a program run by AMA Queensland’s Council of Doctors in Training to develop techniques for resilience and mindfulness, better managing interpersonal relationship, navigating difficult scenarios on the job and practical steps for asking for help. Resource Link

Information for medical staff

The Australian Medical Students’ Association (AMSA)
Information, resources, stories of struggle and success for medical student’s transitioning into work. Resource Link

AVANT Mutual
Resilience: Strategies for weathering the storm. Provides information, support and advice by doctors for doctors. Resource Link

CALM – Computer Assisted Learning for the Mind
Podcasts providing practical techniques in developing positive mind states, managing stress, maintaining healthy relationships, mindfulness. Resource Link

beyondblue
Developing a workplace mental health strategy. Resource Link

Monash Care
The Mental Health and Wellbeing Support Programs for Doctors. Resource Link
4.2 Provide information on digital platforms which improve individual wellbeing. Increasing access to smartphone applications or websites which provide support for mindfulness, meditation, sleep and coping strategies can be helpful. These are evidence-based, confidential and available at work and at home.

**TIPS**
- Develop a flyer listing information on digital platforms.
- Share information with staff through a newsletter, or display in common areas.
- Introduce information at training and orientation session for all staff.

**RESOURCES**

**Head to Health**
Find the right Australian publicly funded mental health resources that best suit your needs. [Resource Link](#)

**Smiling Mind**
Uses meditation and mindfulness activities to reduce anxiety and improve general wellbeing. [Resource Link](#)

**Meditation made simple**
Uses guided meditation activities to reduce anxiety and improve general wellbeing. [Resource Link](#)

**SHUTi**
An internet based self-help program for people with insomnia found to reduce depression and anxiety symptoms. [Resource Link](#)

**Breathe**
Helps reduce the physical symptoms of stress and anxiety by slowing down your breathing and heart rate. [Resource Link](#)

**Moodgym**
An interactive self-help resource to help you learn and practise skills to help prevent and manage symptoms of depression and anxiety. [Resource Link](#)

**The Centre for Clinical Interventions**
Online programs that help people better understand their personality style and how it may affect their working and personal lives. [Resource Link](#)
4.3 Promote a healthy lifestyle including diet, exercise, sleep and relaxation, quit-smoking assistance, responsible intake of alcohol, and substance control.

**TIPS**

- Engage the Work Health and Safety team and/or remind staff about healthy behaviours through newsletters, screensavers, emails and posters displayed in common areas.
- Introduce information about health, wellbeing, and risks to health in the job as part of routine training and orientation sessions for all staff.
- Utilise and engage staff in initiatives that promote desirable activities in the workplace. (e.g. Harmony Day, World Sleep Day, World Mental Health Day, etc.).
- Provide healthy items such as fruit bowls in tea rooms, keeping canteen open after hours for staff to access food, or introduce walking meetings where appropriate.

**RESOURCES**

**Diet**

Display the Australian Dietary Guidelines poster with links to resource information and recipes in common eating areas. [Resource Link]

The CSIRO website provides information and cook books for establishing a Total Wellbeing Diet that is based on dietary research. The website also provides information on cooking for specific ailments, dietary preferences (i.e. vegetarian), and stages of life. [Resource Link]

**Exercise**

Many government health organisations provide plans for accessing exercise facilities at low cost. Display information in common gathering areas for staff. See your health intranet site for further details.

Additionally, many private health funds provide incentives for increasing participation in exercise and relaxation. Ensure staff with private health cover are aware of their health benefits concerning wellbeing incentives.

**Smoking Cessation**

Identify state health service information to provide quit support. For example, NSW Health organisations can provide staff with up to 4 weeks nicotine replacement therapy to assist with managing nicotine dependence. [Resource Link]

**Other services to help with smoking cessation:**

iCanQuit. [Resource Link]
4.3 continued

**RESOURCES**

**Drug and Alcohol services**
The National Health and Medical Research Council provide Guidelines to reduce health risks from drinking alcohol. Posters of Number Of Standard Drinks and information could be displayed in common eating areas. [Resource Link](#)

**SMART Recovery Australia**
SMART Recovery is a free group program to assist people with problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, internet and others. [Resource Link](#)

4.4 Leaders and managers promote self-care.

**TIPS**
- Actively demonstrate desired behaviours and actions.
- Promote and acknowledge desired behaviours and actions.
- Some examples might be to introduce and encourage activities that focus on mind, movement and nutrition, such as practicing mindfulness, holding walking or standing meetings, encouraging healthy food options in the workplace, etc.

**RESOURCES**

**Head to Health**
A website funded by the Department of Health to provide access and information on mental health services and resources. [Resource Link](#)

**Information about Self-Care for Health Professionals**

**Roadmap to Wellness**
A preventative healthcare guide written by some of Australia’s leading integrative doctors at the National Institute of Integrative Medicine. [Resource Link](#)

**5 Principles of self-care for health professionals** [Resource Link](#)

**Heads up Education and Training for the workplace**
Lists a range of training programs, face-to-face and online, that can assist leaders, managers and employees to enhance their understanding of mental health in the workplace. [Resource Link](#)
Action 5: Increase connectedness and peer support

5.1 Promote networking amongst anesthetists and anesthetic trainees – within the work environment and through other mechanisms.

**TIPS**
- Provide staff with time to attend peer review groups.
- Provide opportunity for staff to peer network and connect with colleagues.
- Provide opportunity for staff to network across sites (electronically).
- Identify social media networks that staff can connect with to build an increased sense of connectedness and peer support.
- Establish if there are ways to connect continual professional development (CPD) points to peer-networking activities.

**RESOURCES**

Australian Society of Anesthetists
The Australian Society of Anesthetists is a not-for-profit member funded organisation dedicated to supporting and connecting anesthetists with a primary focus on the economic, workforce and professional interests of their members. [Resource Link](#)

5.2 Prioritise time together as a team and set up a mechanism to organise social and other opportunities for peers to connect.

**TIPS**
- Keep it simple and realistic with a focus on social interaction.
- Hold social activities on a regular but achievable basis. For instance, monthly, quarterly, etc.
- Develop a social calendar and link activities to national health days.
- Be inclusive.
- Identify staff members who are interested in coordinating social activities and events to take the lead.

**RESOURCES**

Hubspot
18 fun corporate team-building activities and outing ideas everyone will enjoy. [Resource Link](#)
5.2 continued

**RESOURCES**

**Workplaces for Wellness**
An example of a 4 step Action Plan listing ideas for activities that focus on physical activity, healthy eating, social and emotion wellbeing, plus more. [Resource Link](#)

**SuperFriend**
Ideas for creating wellbeing in the workplace. [Resource Link](#)

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5.3 Establish peer review groups in your department to network with co-workers and review complex cases.

**TIPS**
- Identify staff members who are interested in being part of a peer review group.
- Develop a brief plan for discussion regarding peer review groups. Use a SWOT analysis to review case studies (Strengths, Weaknesses, Opportunities, and Threats). State the aims and purpose of peer review group meetings.
- Develop a schedule for peer review events, and circulate invitations to participate.

**RESOURCES**

**ANZCA Peer Groups**
For information on how to establish peer groups: [Download PDF](#)

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5.4 Develop a mentoring protocol in your department.

**TIPS**

**The following is to be considered:**
- All anaesthetic trainees have an established mentor.
- Staff are able to nominate an available consultant to act as their mentor.
- Support is provided to mentors.

**RESOURCES**

**Mentoring and Peer Support Programs**
Wellbeing of Anaesthetists SIG resource document for Mentoring and Peer Support Programs. [Download PDF](#)
Action 6: Address stigma associated with mental ill-health and suicide directly

6.1 Encourage senior leaders and managers to speak openly about mental health and illness in the workplace by actively endorsing and participating in activities and events aimed at reducing stigma.23

TIPS

- Managers and Leads to identify activities aimed at reducing stigma regarding mental ill-health.
- Assess the current situation - what is the level of understanding, what are the issues of discrimination and diversity.
- Create a plan of action - establish champions, estimate staff resources, include timeline and budget, identify key issues, set goals, develop key messages, draw on other’s experience.
- Information is not enough - identify contact-based educational sessions where staff hear person stories from and interact with individuals with lived experience.
- Leads to actively endorse activities through participating.
- Engage employees and communicate often.
- Recognise achievements and progress.
- Evaluate - review accomplishments, address challenges and celebrate achievements, reassess, modify.

RESOURCES

beyondblue
beyondblue has recently developed a lived experience series which includes videos of two female doctors speaking about their experience of mental ill-health with reference to their profession. In addition, beyondblue also has a speaker’s bureau where people with lived experience are supported to share their personal stories of anxiety, depression and recovery to increase awareness, reduce stigma, and encourage people to talk about how they’re feeling and to take action to get help. Speakers can be accessed through beyondblue to talk at events. Resource Link

Black Dog Institute Resource Link

Workplace strategies for mental health
Framework to help eliminate stigma in the workplace. Resource Link

Anti-stigma initiatives in mental health
From discrimination to social inclusion: A review of the literature on anti-stigma initiatives in mental health. Download PDF
6.1 continued

RESOURCES

Crazy Socks 4 Docs
A day about raising awareness of the mental health of all doctors and health practitioners around the world. Resource Link

6.2 Promote zero-tolerance for discrimination against staff who experience mental ill-health.

TIPS
- Management and leads to model behaviour that reflects a zero-tolerance for discrimination against staff who experience mental ill-health.
- Ensure all managers and staff are aware of their legal responsibilities.
- Check your Health Service intranet Human Resources and advice section.

RESOURCES

Fairwork
Provides free information and online courses for employees, employers, and managers about strategies to help at work. Resource Link

Australian Human Rights Commission
2010 Workers with Mental Illness: A Practical Guide for Managers. Resource Link

Action 7: Create a workplace where bullying, harassment and discrimination is not tolerated

7.1 Create greater awareness of bullying and unacceptable behaviours to break the cultural expectations that bullying – especially by senior staff in training situations – is commonplace and acceptable.25

TIPS
- Provide information on what bullying looks like in the workplace, how to get help, and how to be a supportive bystander.
- Ensure all staff have read and understood the workplace bullying/respectful workplaces policy and complaints procedure.

RESOURCES

Safework Australia
For information about workplace bullying. Resource Link

Australian Human Rights Commission
Lodge a formal complaint with the Australian Human Rights Commission on 1300 656 419. Resource Link
7.1 continued

RESOURCES

Workplace bullying: Violence, Harassment and Bullying fact sheet. Resource Link

Royal Australasian College of Surgeons
Respect program provides resources, training and support to address bullying in the workplace. Resource Link

7.2 Create or improve policies and protocols around workplace bullying, setting a zero-tolerance approach.25

TIPS

• Identify your workplace department and state policy and protocol on bullying.
• Ensure managers and leads understand the policy and protocol to follow.

RESOURCES

HNE Health policy compliance.

NSW Health Policy Directive:
Bullying – Prevention and Management of Workplace Bullying in NSW Health. Resource Link

7.3 Implement confidential reporting and response procedures for when bullying occurs, treating all matters seriously. Ensure policies and procedures protect anyone who reports or witnesses workplace bullying from victimisation.25

TIPS

• Check your Health Service intranet for bullying and harassment support lines.
• Confidential reporting could be encouraged by having a secure suggestions/complaints box in a discreet area where anonymous feedback could be lodged.

RESOURCES

NSW JMO Support Line
Support and advice service provided by NSW Health for junior medical staff. 1300 566 321. Resource Link

NSW Health Anti-bullying advice line 1300 416 088.

Australian Human Rights Commission
Lodge a formal complaint with the Australian Human Rights Commission on 1300 656 419. Resource Link

Workplace bullying: Violence, Harassment and Bullying fact sheet as well as how to be a supportive bystander. Resource Link
STRATEGY 3: Improve capacity to recognise and respond to those needing support

To achieve this, our anaesthetic department will:

- **Action 8**: Improve the capacity of staff to recognise and respond to mental ill-health and suicide
- **Action 9**: Improve pathways to care for those who need support

Why have these actions been prioritised?

**What does the evidence say?**
A mentally healthy workplace develops strategies to reduce the risk of mental ill-health and promote mental resilience among staff.\(^4\)\(^\text{—}\)\(^3\)\(^\text{8}\) Education and training in a workplace context has shown to increase knowledge, skills and capacity to respond.\(^4\)\(^\text{—}\)\(^3\)\(^\text{8}\) Research evidence has demonstrated that training targeted specifically at supervisors and managers improves mental health literacy and increases confidence in supporting workers experience of mental ill-health.\(^3\)\(^8\) \(\text{(p17)}\) Mental health education that focuses on stigmatising attitudes and discriminatory behaviours has been shown to have a significant positive effect on workers’ supportive behaviour, confidence in engaging with someone experiencing mental ill-health, readiness to help and encouragement of help-seeking in others.\(^3\)\(^8\) \(\text{(p17)}\)

**What did anaesthetists tell us?**
Consultations with anaesthetists and trainees revealed a need to improve access to information and training about mental ill-health, suicide and how to respond. The need for education and training was emphasised in order to improve the capacity of staff to recognise and respond to mental ill-health and suicide, in addition to the need for clear pathways to care so staff are aware of avenues for help-seeking and treatment. The importance of having a general practitioner was highlighted and provision of mental health supports was suggested.
“I think none of us have psychology training, and we all sort of go into this job and then just find ourselves in situations where we need to support colleagues.”

“We have talked about having various general practices... who we know are happy to accept doctors as patients, because a lot of doctors don’t have their own GP and we’ve been talking about trying to get that into place, and we’ve talked about that for the last couple of years and we haven’t actually gotten around to doing it.”
Suggested activities to improve capacity to recognise and respond to those needing support

**Action 8: Improve the capacity of staff to recognise and respond to mental ill-health and suicide**

8.1 Provide education and training about mental ill-health and how to support yourself and colleagues.

**TIPS**

- Develop the capability of staff through training that focuses on mental health and mental ill-health, suicide prevention, and debriefing practices.
- Identify the types of information and education that staff may require.
- Have annual training for staff to refresh knowledge base concerning mental health literacy. For example, link training to Mental Health Month in October.

**RESOURCES**

**Article on Mental Health Literacy**

**Mental Health Literacy: Past, Present, and Future**
An article discussing the definition of mental health literacy. [Resource Link]

**Information and training to enhance mental health literacy**

**Everymind**
Mental health promotion and mental ill-health and suicide prevention organisation. Can provide face-to-face training to staff based on the Prevention First: A prevention and promotion framework for mental health document. [Resource Link]

**Suicide prevention education and training.** [Resource Link]

**Mental Health First Aid**
Mental Health First Aid Australia provides Mental Health First Aid (MHFA) training. Provides skills on how to recognise the signs and symptoms of mental health problems, awareness of types of treatments available, skills in how to appropriate initial help and support someone experiencing a mental health problem. Courses can be delivered face-to-face or online. [Resource Link]
8.1 continued

RESOURCES

Heads Up
A list of training and resource materials. [Resource Link]

Tools for self-awareness and assessment

Australian Doctors’ Health Network
ProQOL – Professional Quality of Life. A tool for assessing Satisfaction and Compassion Fatigue. [Resource Link]

Australian Medical Association (AMA)
Fatigue Risk Assessment tool and safe hours campaign. [Resource Link]

Centre for Clinical Interventions
A range of online resource modules for enhancing self-help skills such as: Building Self-Compassion, perfections, etc. [Resource Link]

8.2 Provide training for leaders and managers, with a focus on mental health first aid, suicide prevention, and debriefing practices.

TIPS

- Provide training to all managers and leaders about how to create mentally healthy teams and how to identify and support those requiring support.
- Debriefing could include speaking with a colleague, manager or the welfare advocate at times when support is required.

RESOURCES

Applied Suicide Intervention Skills Training (ASIST) [Resource Link]

Mental Health First Aid Training
A blended course with online learning and a half day of face-to-face training. The course teaches how to assist a co-worker who is developing a mental health problem or experiencing a mental health crisis. However, participants learn mental health first aid skills that can be applied to assist any adult. Content is tailored to the workplace setting using case-studies, videos and resources. [Resource Link]

Blended MHFA in the Workplace
Teaches managers, supervisors and individuals how to assist a co-worker who is developing a mental health problem or experiencing a mental health crisis. The course is delivered online and half-day face-to-face. [Resource Link]
8.2 continued

RESOURCES

Debriefing
A resource guide for Critical Incident Stress and Debriefing in Human Service Agencies. Download PDF
A resource guide for workplace debriefing strategies. Resource Link

8.3 Ensure that orientation for new staff contains information about mental health and wellbeing, as well as mental ill-health.

TIPS

- Include mental health literacy training as part of the orientation process for new staff.
- Ensure department orientation documents are up-to-date and contain the latest resources and referral information.
- Ensure all staff understand that it is against the law to discriminate against an employee because of disability and that mental ill-health is considered a disability.
- Include information on mental health literacy, facts and myths, and help-seeking information.

RESOURCES

See above resource list for information on mental health literacy, facts and myths, and help-seeking information.

Heads Up
Information about mental health conditions. Resource Link

HNE Health
For an example of site specific orientation information:

Action 9: Improve pathways to care for those who need support

9.1 Create and promote a list of general practitioners who understand the nature of the medical workforce.

TIPS

- Work with the Doctors Health Advisory Service and Primary Health Networks to identify primary care providers, including general practitioners (GPs), in your district that are trained to support doctors.
- Develop a department policy that anaesthetists and anaesthetic trainees should have their own general practitioner (GP).
9.1 continued

RESOURCES

Doctors’ Health Advisory Service
This service aims to ensure that doctors, dentists, veterinarian or students in these profession have ready access to health care.
NSW & ACT Help Line 02 9437 6552 Resource Link

TIPS

- Provide and promote access to a range of general mental health supports. Stipulate confidentiality and make the pathway to accessing support clear.33
- Display information about external and internal mental health supports (e.g. EAP, welfare staff, grievance officers, HR, peer supporters, ‘wellbeing champions’, and health services for health professionals) in common areas.
- Promote early help-seeking behaviour. Encourage staff to take action.

RESOURCES

Medical Specific:

Doctors’ Health Advisory Service
This service aims to ensure that doctors, dentists, veterinarian or students in these profession have ready access to health care. NSW & ACT Help Line 02 9437 6552. Resource Link

ANZCA Doctors’ Support Program
ANZCA has engaged the professional services of Converge International – a confidential and independent counselling and coaching service. The ANZCA Doctors’ Support Program is free for all ANZCA fellows, trainees, SIMGs and immediate family members. Help Line 1300 687 327. Resource Link

Royal Australasian College of Physicians
Podcast: Barriers Doctors experience seeking healthcare. Resource Link

Wellbeing of Anaesthetists SIG
Welfare Resource Link

Your GP
Resource document for Your Own General Practitioner. Download PDF

9.2 Create and promote a list of internal and external supports (other than GPs) who understand the nature of the medical workforce.
JMO Support Line
Support and advice service provided by NSW Health for junior medical staff: 1300 566 321. [Resource Link]

Healthdirect
An online tool for finding a health service such as General Practice, Counselling, Psychology, etc., by specific location. [Resource Link]

Your Health in Mind
An online tool to assist with finding a psychiatrist within location or by name. [Resource Link]

Doctors 4 Doctors (D4D)
Doctors 4 Doctors offers support for colleagues by colleagues. It is a service where a colleague lends a listening ear and helps the practitioner formulate the right advice and assistance. [Resource Link]
Email: info@doctors4doctors.be

International Doctors in Alcoholics Anonymous (IDAA) HelpLine
The IDAA Help Line is a listing of IDAA members who serve as personal contacts for healthcare professionals and their families seeking another doctor to talk with about recovery from alcoholism and other drug addictions. [Resource Link]

RANZCOG Training Support Unit
Specific to Obstetricians and Gynaecologists, but an example of a Training Support Unit designed in partnership with an external Employee Assistance Program (EAP) to support trainees and supervisors in times of difficulty. [Resource Link]

Monash Care
A mental health and wellbeing support program for doctors. [Resource Link]

AVANT Personal Support Program for AVANT members – 1300 360 364

Australian Medical Association. [Resource Link]

MDA National Professional Support Service for MDA
Members who need support during medicolegal process – 1800 011 255

Medical Benevolent Association NSW – 9987 0504
9.2 continued

Helplines:

Lifeline – 131 114
Resource Link

beyondblue – 1300 224 636
Get Support Resource Link
Forum Resource Link

Men’s line Australia – 1300 789 978

Mental Health line – 1800 011 511

Qlife – 1800 184 527

Alcoholics Anonymous – 1300 22 22 22

Narcotics Anonymous – 1300 652 820

9.3 Educate staff of their ability to access a Mental Health Care Plan through their GP.

TIPS

• Ensure information about Mental Health Plans, what they are and how to access them are made available to all staff.
• Ensure staff have access to information about local GPs.
• Ensure staff have access to information about internal health support services such as the Employee Assistance Program (EAP).

RESOURCES

Find a Psychologist
An online tool by the Australian Psychological Society to assist with finding a psychologist within location or by name. Resource Link

Converge International
Providing independent EAP and critical response. Telephone 1300 687 327 in Australia or 0800 666 367 in New Zealand. Email eap@convergeintl.com.au. Identify yourself as an ANZCA Fellow, trainee or SIMG (or a family member). Appointments are available from 8am to 6pm Monday-Friday (excluding public holiday). 24/7 emergency telephone counselling is available. Resource Link

Better Access
A mental health plan provides Medicare funding toward psychology services for up to 10 individual or 10 group appointments in a year. The Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative. Resource Link
9.4 Promote the availability and use of online treatments.

**TIPS**
- Ensure managers and peers are aware of the variety of options available for treatment.
- Consult with Doctors Health Advisory services and specialist doctor supports for advice.
- Promote the availability and use of online treatments and programs for the general community, including doctors.

**RESOURCES**

**Mental Health online**
Internet-based treatment for mental health problems. [Resource Link](#)

**Head to Health**
Find Australian mental health resources and service providers. [Resource Link](#)

**Life in Mind**
Find information, activities, resources and research about suicide prevention. [Resource Link](#)

**Healthdirect**
An online resource for identifying a range of services and treatments, online and face-to-face, for mental health problems. [Resource Link](#)
STRATEGY 4: Better support anaesthetists and trainees impacted by mental ill-health and suicide

To achieve this, our anaesthetic department will:

- **Action 10**: Ensure effective processes to manage staff to stay at work or return to work
- **Action 11**: Ensure the department has policies and services available to support those impacted by suicide

Why have these actions been prioritised?

What does the evidence say?

A mentally healthy workplace is one that ensures staff who develop mental ill-health are supported and receive quality, evidence-based interventions to promote recovery. Support from supervisors and colleagues, interventions that focus on coping strategies, problem solving, adjustments to working conditions or time at work, can facilitate return to work and yield positive health improvements for people impacted by mental ill-health.

The current literature suggests an ongoing need to support those impacted by suicide and suicide attempt. The emerging evidence is required to be examined within the workplace context, and especially where high risk factors are present.

What did anaesthetists tell us?

The establishment of a welfare advocate and effective stay at work or return to work processes were among suggestions provided in order to better support anaesthetists and trainees impacted by mental ill-health and suicide. In addition to this, the lack of support for staff impacted by suicide was a common concern raised in consultations. The need for evidence-based communication following a suicide and support for staff were raised as issues to be addressed. Many suggested that departments need to ensure policies and services are available to support those impacted.
“I think, for me, the main problem is the people who don’t really want to talk, or you look at and think – I think you need help, but if you opened that subject with them, they’re like – ‘No, I’m fine’ you know, ‘there’s nothing wrong’ and it’s the ones who I think have a problem, but won’t engage. They’re the ones I worry about the most... If they’re people who have friends in the department, then we tend to just be able to sort of look out for each other.”

“The other issue I’ve had in the past, I had a trainee who was really struggling, and I was really concerned about her mental health. Really concerned. I thought she was going to suicide, and I actually asked her directly, and she kind of confirmed that she was pretty depressed. Actually accessing help for her was really, really difficult. So in the end, I got help from one of the other supervisors in training. We didn’t have a specific, designated welfare advocate in our department, and I think having a welfare advocate would have really helped.”
Suggested activities to better support anaesthetists and trainees impacted by mental ill-health and suicide

Action 10: Ensure effective processes to manage staff to stay at work or return to work

10.1 Identify and train one or more welfare advocates for your department.

TIPS
- The welfare advocate would be someone who junior staff and colleagues feel comfortable with approaching, and who is available and accessible – someone with a sympathetic ear, non-judgemental, can maintain confidentiality (e.g. anaesthetic nurse).
- The role of the welfare advocate is not to take on a duty of care, but to be aware of the relevant professional services and suggest or refer peers if in need.
- It may be necessary to have more than one welfare advocate – people who are willing and readily available.

RESOURCES

ANZCA
Articles discussing the role of the welfare advocate: Resource Link

Policy of assisting trainees in difficulty: Resource Link

Wellbeing of Anaesthetists Special Interest Group

10.2 Develop stay-at-work or return-to-work plans for staff who have been diagnosed with a mental health illness.

TIPS
- Involve your HR and Return to Work Coordinator early to develop plans.
- Work Plans should be tailored to the individual needs of the staff member; incorporating any reasonable adjustments to their job.
- Work Plans should be developed in collaboration with the staff member, their treating health professional(s), their family members and those who support them, and reviewed regularly.
10.2 continued

**Action 11: Ensure the department has policies and services available to support those impacted by suicide**

11.1 Ensure the department has a policy and procedure for supporting staff impacted by the suicide of a colleague, family member or friend.

**TIPS**

- Anaesthetists can be adversely impacted by the suicide death of a colleague – whether that colleague is in the same department/hospital or not. Staff can also be impacted by the suicide of a friend of family member.
- In the event of a suicide within the service (or a suicide outside of the service that may impact on staff) a department should have a protocol in place that advises how to notify staff, ways to communicate and supports to be provided.
- Have resources available and know where to get immediate advice.
- Standby Response Service or Drs Health Advisory Service may be good sources of immediate advice.

**RESOURCES**

*beyondblue*
Suicide bereavement and postvention resources. [Resource Link](#)

**StandBy**
A national Postvention program to assist people and communities impacted by suicide. Find support and resources. [Resource Link](#)

**SuperFriend**
Managing bereavement, grief and loss booklets. [Resource Link](#)
11.2 Ensure all staff have resources to support conversations about suicide.

**TIPS**

- Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language.

- Read Everymind resources listed below for tips on what to say, and what not to say, and why this is important.

**RESOURCES**

**Everymind**

**Conversations Matter**

Resources that provide practical information and tips for individuals and communities to support safe and effective discussions about suicide. [Resource Link](#)

**Mindframe guide for speaking publicly about suicide**

A resource guide to assist people with speaking publicly about suicide. The resource considers language, and information to include or avoid. The resource forms part of a suite of resources under the Mindframe National Media, managed by Everymind. [Download PDF](#)

**Life in Mind**

Life in Mind is a national online initiative managed by Everymind that connects Australian organisations and communities to the latest suicide prevention information, activities, resources and research. [Resource Link](#)

**RUOK?**

An initiative to inspire and empower everyone to meaningfully connect with people around them and support anyone struggling with life. [Resource Link](#)

**StandBy**

A national postvention program to assist people and communities impacted by suicide. Find support and resources. [Resource Link](#)
11.3 Ensure that services are available to support those that need specialist intervention after a suicide death.

**TIPS**

- Contact specialists working in the suicide postvention space to provide guidance and support to impacted staff.
- Make support service information available to all impacted staff.
- Ensure staff have access to support to (Doctors Health Advisory Service, Employee Assistance Program, or a specialist national service listed below) and provide them with opportunities to provide support to each other.

**RESOURCES**

- **Lifeline** – 13 11 14
  - [Resource Link](#)

- **Suicide Call Back Service**
  A nation side service that provides 24/7 telephone, video and online professional counselling to people affected by suicide. 1300 659 467.
  - [Resource Link](#)

- **beyondblue** – 1300 22 46 36
  - [Resource Link](#)

- **The Mental Health Commission of Canada**
  This Suicide Prevention Toolkit is an example of what could be designed for use by Anaesthetists or for medical staff. [Resource Link](#)
STRATEGY 5: Improve leadership, co-ordination, data and information

To achieve this, our anaesthetic department will:

- **Action 12**: Improve leadership capability
- **Action 13**: Improve data collection on the health and wellbeing of the profession

Why have these actions been prioritised?

What does the evidence say?
Promoting good mental health and preventing suicide is everyone’s role: from senior leaders, managers, line supervisors, colleagues, and workers themselves. Managers have a key role in building resilience and maintaining the welfare of their staff. To be able to effectively carry out their responsibilities as a manager they should be provided with appropriate tools and training. Manager training can improve manager mental health literacy, reduce stigmatising attitudes and promote levels of confidence in supporting employees.

What did anaesthetists tell us?
Consultations with anaesthetists and trainees revealed a need to improve leadership capability with suggestions such as provision of education and training on positive mental health behaviours, addressing workplace bullying, suicide prevention and debriefing practices. In addition to this, availability of resources and information was raised as an area for improvement, with the need to identify what is currently working, and a way to distribute this knowledge and information effectively.
“So I think leadership can do so much. If the head of department would just check in with the locums and say “How are you travelling? What are your problems? Let’s have a chat”, rather than just call people in to their office when there’s a problem or a complaint, you know what I mean?”
Suggested activities to improve leadership, co-ordination and data information

Action 12: Improve leadership capability

12.1 Provide education for leadership (including mentors and supervisors).

### TIPS

- Education should focus on roles and responsibilities, including modelling of positive mental health behaviours and addressing:
  - workplace bullying
  - mental health and ill-health
  - Suicide prevention
  - Communicating about suicide
  - Debriefing practices.

- Develop the capability of leaders and managers through specific leadership training that focuses on people management skills, mental health and mental ill-health, as well as suicide prevention in the workplace (identifying staff at risk and supporting those with mental illness).

### RESOURCES

- **Applied Suicide Intervention Skills Training (ASIST)** [Resource Link](#)
- **Mental Health First Aid Training**
  Provides training for Mental Health First Aid in the workplace as well as resource materials and links. [Resource Link](#)
- **Everymind**
- **Conversations Matter**
  Resources that provide practical information and tips for individuals and communities to support safe and effective discussions about suicide. [Resource Link](#)

- **Mindframe guide for speaking publicly about suicide**
  A resource guide to assist people with speaking publicly about suicide. The resource considers language, and information to include or avoid. The resource forms part of a suite of resources under the *Mindframe* National Media, managed by Everymind. [Download PDF](#)
12.1 continued

RESPECT Training for Managers
Training for managers to recognise and respond to mental health issues. Resource Link

Royal Australasian College of Surgeons
Respect program. Provides resources, training and support to address bullying in the workplace. Resource Link

Action 13: Improve data collection on the health and wellbeing of the profession

13.1 Improve data collection on the health and wellbeing of the profession.

TIPS
- Use existing staff surveys and results for your department to review and prioritise actions.
- Consider supporting or collaborating on research trials and programs.

See Appendix 1 for a list of instruments to establish baseline measures and evaluate the mental health and wellbeing of medical professionals.

RESOURCES

ANZCA 2017 fellowship survey
This survey evaluated Doctors’ health and wellbeing using the Kessler Psychological Distress Scale (K-10). Resource Link

Stanford Wellness Resources
A report that provides a robust conceptual framework to guide strategic planning, wellness interventions and measurement tools for physician wellness. Download PDF
A 16-item instrument to assess physicians’ professional fulfilment and burnout. Resource Link
Tips + Resources for Anaesthetists

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This section of the toolkit has been developed for use by individual anaesthetists who may work as consultants across many departments. In this chapter you will find suggestions, tips and resources to improve your mental health and wellbeing for yourself.
Reduce risks and stress load

in the workplace

TIPS

• Be aware of what working conditions are considered to be work safe. The NSW Health JMO Wellbeing and Support Plan proposed:
  – Maximum rostered hours: Employees must not be rostered for shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover)
  – Break after rostered shift periods: Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours
  – Take time out in a quiet space other than cafeterias

• As a sole practitioner, develop a plan for taking leave and a contingency plan for unplanned leave in case of ill-health. Some useful tools for planning for leave can be found at MindTools, listed below.

RESOURCES

NSW Health JMO Wellbeing & Support Plan
A plan to support the wellbeing of Junior Medical Officers. Addresses safe working hours and fatigue; promotes help and treatment and provides information about where to seek help; promotes the improvement of the culture of medicine, job security, and enhancing transparency in recruitment and employment. Download PDF

Australian Medical Association (AMA)
National Code of Practice: Hours of work, shiftwork and rostering for hospital doctors. Resource Link

National Code of Practice: Flexible work and training practices.
A tool to assist employers, training providers, doctors and doctors in training in implementing and accessing best practice flexible work and training arrangements. Resource Link

Doctors in Training
Junior Doctors Employment Guide. Resource Link

MindTools
An online resource that provides a range of tools for planning and managing in business. Resource Link For contingency planning tips see: Resource Link
Information and advice for bullying and harassment in the workplace

TIPS

- Ensure understanding of what bullying looks like in the workplace, how to get help, and how to be a supportive bystander.

Safework Australia
For information about workplace bullying. [Resource Link]

Workplace Bullying: Violence, Harassment and Bullying Fact Sheet. [Resource Link]

An example of public hospital policy: HNE Health policy compliance. [Download PDF]

NSW Health Policy Directive: Bullying – Prevention and Management of Workplace Bullying in NSW Health. [Resource Link]

JMO Support Line
Support and advice service provided by NSW Health for junior medical staff. 1300 566 32. [Resource Link]

HNE Health bullying support line
NSW Health - anti-bullying advice line: 1300 416 088.

Australian Human Rights Commission
Lodge a formal complaint with the Australian Human Rights Commission on 1300 656 419.
Workplace Bullying: Violence, Harassment and Bullying Fact Sheet as well as how to be a supportive bystander [Resource Link]

Heads Up
Bullying information for employees. [Resource Link]
Training and professional development opportunities

TIPS

- Identify what professional development opportunities you may require.
- Explore opportunities or events that may provide professional development.
- Develop a plan, schedule regular events to engage in.

Australian and New Zealand College of Anaesthetists
Training and Accreditation. Provides regulation information and links for Training and Accreditation. [Resource Link](#)

Continuing Professional Development
Provides information for participants to record, monitor and provide evidence of the CPD activities under the categories of practice evaluation, knowledge and skills and emergency responses in an online CPD Portfolio. [Resource Link](#)
Ways to maintain or improve your mental health and general wellbeing

To enhance understanding of mental health and mental ill-health

Mental Health Literacy: Past, present and future
An article discussing the definition of mental health literacy. [Resource Link](#)

Heads Up
Information about mental health conditions. [Resource Link](#)

Everymind
Mental health promotion and mental ill-health and suicide prevention organisation. Can provide face-to-face training to staff based on the Prevention First: A prevention and promotion framework for mental health document. [Resource Link](#)

Suicide prevention education and training. [Resource Link](#)

Mental Health First Aid
Mental Health First Aid Australia provides Mental Health First Aid (MHFA) training. Provides skills on how to recognise the signs and symptoms of mental health problems, awareness of types of treatments available, skills in how to appropriate initial help and support someone experiencing a mental health problem. Courses available face-to-face or online. [Resource Link](#)

Blended MHFA in the Workplace
Teaches managers, supervisors and individuals how to assist a co-worker who is developing a mental health problem or experiencing a mental health crisis. The course is delivered online and half-day face-to-face. [Resource Link](#)

SuperFriend
Ideas for creating wellbeing in the workplace. [Resource Link](#)
Heads Up
A list of training and resource materials. Resource Link

Find Australian mental health resources and services

Head to Health
Find the right Australian publicly funded mental health resources that best suit your needs. Resource Link

Self-Care for health professionals

Roadmap to Wellness
A preventative healthcare guide written by some of Australia’s leading integrative doctors at the National Institute of Integrative Medicine. Resource Link

5 Principles of self-care for health professionals. Resource Link

Self-awareness and assessment tools

Australian Doctors’ Health Network
ProQOL – Professional Quality of Life. A tool for assessing Satisfaction and Compassion Fatigue. Resource Link

Australian Medical Association (AMA)
Fatigue Risk Assessment tool and safe hours campaign. Resource Link

The Centre for Clinical Interventions
A range of online resource modules for enhancing self-help skills such as: Building self-compassion. Resource Link
**Self-care resources**

**Smiling Mind**  
Uses meditation and mindfulness activities to reduce anxiety and improve general wellbeing. [Resource Link](#)

**Meditation made simple**  
Uses guided meditation activities to reduce anxiety and improve general wellbeing. [Resource Link](#)

**SHUTi**  
An internet based self-help program for people with insomnia found to reduce depression and anxiety symptoms. [Resource Link](#)

**Breathe**  
Helps reduce the physical symptoms of stress and anxiety by slowing down your breathing and heart rate. [Resource Link](#)

**Moodgym**  
An interactive self-help resource to help you learn and practise skills to help prevent and manage symptoms of depression and anxiety. [Resource Link](#)

**Calm**  
Paid subscription for sleep, meditation, relaxation app. [Resource Link](#)

**The Australian Medical Students’ Association (AMSA)**  
Information, resources, stories of struggle and success for medical student's transitioning into work. [Resource Link](#)

**AVANT Mutual**  
Resilience - Strategies for weathering the storm. Provides information, support and advice by doctors for doctors. [Resource Link](#)

**CALM – Computer Assisted Learning for the Mind**  
Podcasts providing practical techniques in developing positive mind states, managing stress, maintaining healthy relationships, mindfulness. [Resource Link](#)
Tools and information for building a healthy physical lifestyle

**Diet**
Display the Australian Dietary Guidelines poster with links to resource information and recipes in common eating areas. [Resource Link](#)

The CSIRO website provides information and cook books for establishing a Total Wellbeing Diet that is based on dietary research. The website also provides information on cooking for specific ailments, dietary preferences (i.e. vegetarian), and stages of life. [Resource Link](#)

**Exercise**
Many government health organisations provide health plans for accessing exercise facilities at low costs. Display information in common gathering areas for staff. Information can be found on your local health district intranet.

Additionally, many private health funds provide incentives for increasing participation in exercise and relaxation. Ensure staff with private health cover are aware of their health benefits concerning wellbeing incentives.

**Smoking Cessation**
Identify state health service information to provide quit support. For example, NSW Health organisations can provide staff with up to four weeks nicotine replacement therapy to assist with managing nicotine dependence. [Resource Link](#)

**Other services to help with smoking cessation: iCanQuit.** [Resource Link](#)

**Drug and Alcohol services**

**The National Health and Medical Research Council**
provide Guidelines to reduce health risks from drinking alcohol. Posters of Number Of Standard Drinks and information could be displayed in common eating areas. [Resource Link](#)

**SMART Recovery Australia**
SMART Recovery is a free group program to assist people with problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, internet and others. [Resource Link](#)
Building social connections among peers

TIPS

• Keep it simple and realistic with a focus on social interaction.
• Hold social activities on a regular but achievable basis. For instance, monthly, quarterly, etc.
• Join in with other doctors and health workers to celebrate national days such as CRAZYSOCKS4DOCS. Resource Link
• Identify staff members who are interested in coordinating social activities and events to take the lead.

Some Options

• Peer review groups.
• Local mentoring or peer support programs.

Team building and workplace activities

Hubspot 18 fun corporate team-building activities and outing ideas everyone will enjoy. Resource Link

Workplaces for Wellness
An example of a four step Action Plan listing ideas for activities that focus on physical activity, healthy eating, social and emotion wellbeing, plus more. Download PDF

SuperFriend Ideas for creating wellbeing in the workplace. Resource Link

Australian Society of Anesthetists
The Australian Society of Anesthetists is a not-for-profit member funded organisation dedicated to supporting and connecting anesthetists with a primary focus on the economic, workforce and professional interests of their members. Resource Link

ANZCA Peer Groups
For information on how to establish peer groups, see: Download PDF

Mentoring and Peer Support Programs
Wellbeing of Anaesthetists SIG resource document for Mentoring and Peer Support Programs: Download PDF
Accessing help and responding to mental ill-health and/or suicidal behaviour

TIPS

- Be aware of available support lines.
- Have a regular GP, or a list of available GPs to see.
- Identify mental health professionals who can assist.

Medical specific support lines:

Doctors’ Health Advisory Service
This service aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care. NSW & ACT Help Line 02 9437 6552. Resource Link

ACT & NSW
24 hour phone assistance
Helpline and office: 02 9437 6552

Northern Territory, South Australia
24 hour phone assistance and clinical services
Helpline: 08 8366 0250
Office: 08 8232 1250

Queensland
24 hour phone assistance
Helpline: 07 3833 4352
Office: 07 3872 2222

Tasmania, Victoria
Clinical service with some phone support
Phone: 03 9495 6011
Resource Link

Western Australia
Phone: 08 9321 3098
ANZCA Doctors’ Support
ANZCA has engaged the professional services of Converge International – a confidential and independent counseling and coaching service. The ANZCA Doctors’ Support Program is free for all ANZCA fellows, trainees, SIMGs and immediate family members. To speak with a counsellor over the phone or make an appointment to see a consultant for a face-to-face session:

- Telephone 1300 687 327 in Australia or Email eap@convergeintl.com.au.
- Identify yourself as an ANZCA Fellow, trainee or SIMG (or a family member).
- Appointments are available from 8am to 6pm Monday-Friday (excluding public holidays).
- 24/7 emergency telephone counselling is available.

Wellbeing of Anaesthetists SIG welfare resources
Australian and New Zealand College of Anaesthetists (ANZCA) Resource Link

AVANT
Personal Support Program for AVANT members – 1300 360 364

Australian Medical Association. Resource Link

MDA National Professional Support Service for MDA members who need support during medicolegal process – 1800 011 255

Medical Benevolent Association NSW – (02) 9987 0504

JMO Support Line
Support and advice service provided by NSW Health for junior medical staff. 1300 566 321. Resource Link

Doctors 4 Doctors (D4D)
Doctors 4 Doctors offers support for colleagues by colleagues. It is a service where a colleague lends a listening ear and helps the practitioner formulate the right advice and assistance. info@doctors4doctors.be. Resource Link
Find a GP or mental health professional

Welfare of Anaesthetists SIG
Resource document for Your Own General Practitioner. [Resource Link]

Healthdirect
An online tool for finding a health service such as general practice, counselling, psychology, etc., by specific location. [Resource Link]

Better Access
A mental health plan provides Medicare funding toward psychology services for up to 10 individual or 10 group appointments in a year. The Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative. [Resource Link]

RACGP
Managing mental health provides information on the Better Access initiative and professionals that are accessible. [Resource Link]

Your Health in Mind
An online tool to assist with finding a psychiatrist within a given location or by name. [Resource Link]

National Support Helplines

Lifeline
131 114
[Resource Link]

beyondblue
1300 224 636
Get Support [Resource Link]
Forums [Resource Link]

Men’s line Australia
1300 789 978

Mental Health line (NSW State)
1800 011 511

Qlife
1800 184 527

Alcoholics Anonymous
1300 22 22 22

Narcotics Anonymous
1300 652 820

Suicide Call Back Service
A nationwide service that provides 24/7 telephone, video and online professional counselling to people affected by suicide.
1300 659 467. [Resource Link]
Online treatments

**Mental Health Online**
Internet-based treatment for mental health problems. [Resource Link]

**Head to Health**
Find Australian mental health resources and service providers. [Resource Link]

**Life in Mind**
Find information, activities, resources and research about suicide prevention. [Resource Link]

**healthdirect**
An online resource for identifying a range of services and treatments, online and face-to-face, for mental health problems. [Resource Link]
Understanding mandatory reporting requirements

TIPS

Ensure understanding on changes to mandatory reporting.

- At a meeting on 13 April 2013, the Council of Australian Governments (COAG) Health Council group unanimously agreed to take steps to protect patients and strengthen the law to remove barriers for registered health professionals to seek appropriate treatment for impairments including mental health. The full statement of the Council is listed as a resource below.

- Identify services or a welfare advocate who can assist with any questions or concerns.

RESOURCES

COAG Health Council
COAG Health Council Meeting Communique – 13 April 2018. Mandatory reporting requirements under the Health Practitioner Regulation National Law. [Download PDF]

Mandatory Reporting
Wellbeing of Anaesthetists Special Interest Group. A document that provides details on Mandatory Reporting requirements for New Zealand and Australia. [Download PDF] (this document will need to be updated once Australian legislation regarding mandatory reporting for doctors is changed)

Australia Health Practitioner Regulation Agency (AHPRA)
The AHPRA website provides information about registration, boards, education, complaints or concerns, as well as publications and resources. [Resource Link]
Medical Board of Australia
Guidelines for mandatory notifications. Resource Link

The role of the welfare advocate
An article discussing the role of the welfare advocate regarding: performance issues; psychiatric illness; critical incidents and communication; substance abuse; and violations. Resource Link

The Welfare Advocate
A resource document outlining how to appoint a suitable person as a Welfare Advocate, duties, role and resources. Resource Link

Research on support for doctors facing complaints
Rimmer A. Colleagues are best source of support for doctors facing complaints, researchers find. BMJ 2017;359:j5420. doi: 10.1136/bmj.j5420
Education and training to recognise and respond to mental ill-health and suicide

TIPS

- Develop capability and skills in recognising mental ill-health and suicidal behaviours, and how to respond.

RESOURCES

Applied Suicide Intervention Skills Training (ASIST). [Resource Link]

Mental Health First Aid Training
A blended course with online learning and a half day of face-to-face training. The course teaches how to assist a co-worker who is developing a mental health problem or experiencing a mental health crisis. However, participants learn mental health first aid skills that can be applied to assist any adult. Content is tailored to the workplace setting using case-studies, videos and resources. [Resource Link]

Debriefing

- A resource guide for critical incident stress and debriefing in human service agencies. [Download PDF]
- A resource guide for workplace debriefing strategies. [Download PDF]
Effective processes to stay at work or return to work after an event of mental ill-health

- Seek advice from the Doctors Health Advisory Service or a workplace welfare advocate.

RESOURCES

Doctors' Health Advisory Service
This service aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care. NSW & ACT Help Line 02 9437 6552. [Resource Link]

ACT & NSW
24 hour phone assistance.
Helpline and office: 02 9437 6552

Northern Territory, South Australia
24 hour phone assistance and clinical services.
Helpline: 08 8366 0250.
Office: 08 8232 1250

Queensland
24 hour phone assistance.
Helpline: 07 3833 4352.
Office: 07 3872 2222

Tasmania, Victoria
Clinical service with some phone support
Phone: 03 9495 6011
[Resource Link]

Western Australia
Phone: 08 9321 3098

INFORMATION

ANZCA
Article discussing the role of the welfare advocate: [Download PDF]
Policy of assisting trainees in difficulty. [Resource Link]

Wellbeing of Anaesthetists Special Interest Group

Heads Up
Resources, actions and tips for creating healthy workplaces in the health services. [Resource Link]

HNE Health
Policy, templates and Work Coordinators for Recovery.
Information and services available to support those impacted by suicide

Resources to assist people after a suicide has occurred (postvention)

beyondblue
Suicide bereavement and postvention resources. [Resource Link](#)

StandBy
A national postvention program to assist people and communities impacted by suicide. Find support and resources. [Resource Link](#)

SuperFriend
Managing bereavement, grief and loss booklets. [Resource Link](#)
Resources to support conversations about suicide

Everymind
Conversations Matter. Resources that provide practical information and tips for individuals and communities to support safe and effective discussions about suicide.

Mindframe guide for speaking publicly about suicide
A resource guide to assist people with speaking publicly about suicide. The resource considers language, and information to include or avoid. The resource forms part of a suite of resources under the Mindframe National Media, managed by Everymind. Download PDF

Life in Mind
Life in Mind is a national communication strategy managed by Everymind that connects Australian organisations and communities to the latest suicide prevention information, activities, resources and research. Resource Link

R U OK?
An initiative to inspire and empower everyone to meaningfully connect with people around them and support anyone struggling with life. Resource Link

StandBy
A national postvention program to assist people and communities impacted by suicide. Find support and resources. Resource Link

Support services
Lifeline. 13 11 14. Resource Link

Suicide Call Back Service
A nationwide service that provides 24/7 telephone, video and online professional counselling to people affected by suicide. 1300 659 467. Resource Link

beyondblue
1300 22 46 36
Resource Link

The Mental Health Commission of Canada
This Suicide Prevention Toolkit is an example of what could be designed for use by Anaesthetists or for medical staff. Resource Link
# Supporting Information

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Appendices

Glossary of terms

**Mental health**
A positive concept that relates to the social and emotional wellbeing of individuals and communities. The concept is influenced by culture, but generally relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.

**Mental illness**
Describes a clinically recognisable set of symptoms that significantly impact how a person feels, thinks, behaves and interact with others, sufficient to meet diagnostic criteria. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

**Mental health problem**
Refers to symptoms such as changes in emotion or behaviour not of sufficient severity to be diagnosed as a mental illness (e.g. generally refers to temporary distress or difficulty coping during periods of stress). These can resolve with time or when the individual’s situation changes, but if problems persist or increase in severity they may develop into a mental illness.

**Mental ill-health**
Encompasses both mental health problems and mental illness.

**Suicidal behaviour**
A range of behaviours or actions which are related to suicide including: suicidal thinking, suicide attempts and death by suicide.
Literature snapshot

In terms of research with anaesthetists, there are a number of studies looking at mental health and wellbeing of anaesthetists across different countries. The themes to emerge from the literature review are that anaesthetists report high levels of stress, an increased risk of suicide, and increased risk for substance abuse.

General health and wellbeing

One survey of 546 anaesthetists in the UK, found that anaesthetists reported higher stress levels than the general working population, but that it was no higher than doctors in other specialties. When there were higher reported levels on the various stress indices, this was also related to reduced job satisfaction and greater physical and mental ill-health. This was also mirrored in surveys of anaesthetists in the Netherlands, Australia, and Finland among others. Factors that tended to contribute to lower job satisfaction or risk of burnout included long hours and on-call stress (e.g. Gaszynska, Stankiewicz-Rudnicki, Wieczorek, & Gaszynski, 2014). The factors that contributed to higher levels of rated job satisfaction seemed to be perceived job control and social support. Kinzl, et. al. also noted that anaesthetists in more senior positions reported higher levels of job satisfaction than those in more junior positions. A survey of anaesthesia trainees by Downey, McDonald and Downey demonstrated psychological impairment and poor personal healthcare amongst many trainees, with stressors reported to include exams, critical clinical events and a fear of making errors.

Substance use and abuse

A number of studies have looked at factors affecting risk of substance use and abuse. A survey of 100 anaesthetist departments in Australia found that there were 44 cases of substance abuse reported, of which 10 resulted in death. Only 19 departments stated they had a formal intervention policies, and it was those departments that had previous cases of substance abuse that were more likely to have a policy in place. Garcia-Guascha, Roige, and Padro conducted a review and found that substance use and abuse was prevalent in anaesthetists worldwide, and that treatment programs did not tend to show efficacy. One survey from the US examined anaesthetists who were in recovery from substance addiction and found that the majority indicated they were in situations requiring re-exposure to anaesthetic agents during recovery, which is known to be a risk factor for relapse. Luck and Hedrick carried out a review, which also pointed to risk factors for substance abuse such as: easy access and availability of opioids and other narcotics, stress, irregular work hours, sleep deprivation, and need for vigilance during long hours of surgery. The most common drugs of abuse are those readily available to anaesthetists.

Risk of suicide

In terms of suicide, a number of studies in various countries have indicated higher instances of suicide, or suicidal ideations in anaesthetists. Lindfors et. al., surveyed Finnish anaesthetists and found that a quarter had suicidal ideations. Those who were in poor health, with low social support and family problems were at the highest risk. Work risks included conflict with co-workers and superiors and on call stress. In Australia, a recent survey found 13% of respondents had a diagnosed mental health issue, and that 16% had reported suicidal ideations.
Policy snapshot

There are a number of Australia-wide policies concerning the general mental health of the population. Children and young people are a particular priority group for mental health promotion, mental ill-health prevention, and early intervention and suicide prevention activities.

A policy scan was performed under the following parameters:

- Professional group: Anaesthetists and Anaesthetic departments in government hospitals. Second order priority material relating to those training to be anaesthetists
- Type of documents: Policy documents, statements, guidance or recommendations
- Area: Mental Health, Wellbeing, Mental ill Health, Mental illness, Prevention, promotion, Suicide prevention, Suicide post-vention, workplace mental health
- Locations: Australian and Commonwealth countries (UK/Canada/NZ) peak bodies, regulators, government websites (Commonwealth and Federal), NGO/Advocacy
- Time period: within the last five years
- Language: English

Outside of this review, there may be relevant policies in private departments, however, in our policy scan we were unable to identify Australia-wide official policies, position statements or regulations concerning anaesthetists and their workplace mental (ill) health.

There have been a number of reports that previously outlined the mental health and wellbeing of doctors generally, most notably by beyondblue. The beyondblue reports looked at various indices broken down by specialty, and anaesthetists were featured. Supported by the Commonwealth Department of Health, beyondblue has developed a specific doctor’s mental health program to support primary care health providers such as General Practitioners (GPs), nurses and other allied health professionals, supporting the identification, treatment and management of depression, anxiety and suicidal behavior. As part of beyondblue’s workplace and workforce program they have also developed a workplace mental health strategy for health services. This program assists health services in creating mentally healthy workplaces.

In conclusion, in terms of specific policies addressing anaesthetists and their workplace mental health and wellbeing, there are no public documents in place.
Consultations snapshot

Strategy No. 1: Improve the study, training and work environment to reduce risk of mental ill-health and suicide

Consultations with anaesthetists and trainees revealed the need to implement strategies to improve their health and wellbeing. Promotion of a healthy lifestyle, modelling of positive behaviours, and increased literacy about mental health and ways to improve mental health in the workplace were areas of suggestion. In addition to this, matters of concern raised by anaesthetists included the need for increased connectedness and peer support, and the need to address bullying and harassment. The development of mentoring, peer review groups, and networking between anaesthetists and anaesthetic trainees were among the suggestions raised in consultations.

In addition to this, the reduction of stigma associated with mental ill-health and suicide as well as a need to normalise and promote acceptance and understanding of mental ill-health, were common matters raised.

Strategy No. 2: Improve the culture to increase wellbeing and reduce stigma

An overwhelming concern raised was the need to ensure job design, rosters and individual workloads are reviewed to reduce risks. Anaesthetists and trainees communicated that they did not have a sense of control over work or their working conditions. There was no flexibility of hours, support to take sick leave, or even the provision of a physical space to take breaks.

Consultations revealed a need to design and manage a work environment which minimises harm. Issues around mandatory reporting and access to drugs were raised during the consultation phase. In addition to this, issues including lack of support during examination periods and limited access to professional development revealed a need to ensure adequate and structured access to training, and a provision of professional development opportunities.

Strategy No. 3: Improve capacity to recognise and respond to those needing access to mental health and suicide services and supports

Consultations with anaesthetists and trainees revealed a need to improve access to information and training about mental ill-health, suicide and how to respond. The importance of having a general practitioner was highlighted and provision of mental health supports was suggested. The need for education and training was emphasised in order to improve the capacity of staff to recognise and respond to mental ill-health and suicide, in addition to the need for clear pathways to care so staff are aware of avenues for help-seeking and treatment.
Strategy No. 4: Better support anaesthetists and trainees impacted by ill-health and suicide

The establishment of a welfare advocate and effective stay at work or return to work processes were among suggestions in order to better support anaesthetists and trainees impacted by mental ill-health and suicide. In addition to this, the lack of support for staff impacted by suicide was a common concern raised in consultations. The need for communication after a suicide and support for staff were raised as issues to be addressed and as a result, departments need to ensure policies and services are available to support those impacted.

Strategy No. 5: Improve leadership, co-ordination, data and information

Consultations with anaesthetists and trainees revealed a need to improve leadership capability with suggestions such as provision of education and training on positive mental health behaviours, addressing workplace bullying, suicide prevention and debriefing practices. In addition to this, availability of resources and information was raised as an area for improvement, with the need to identify what is currently working, and a way to distribute this knowledge and information effectively.
References


