

Seeking mental health support as a psychiatrist

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I am an advanced trainee in Child and Adolescent Psychiatry and I am nearing fellowship. I recently experienced, and I am gradually recovering from, a major depressive episode. I have written in detail about this experience and the danger of stigma in the medical community (Berger, 2022). I have a message for my mental health colleagues who might be suffering from mental health difficulties themselves: we are all human and live the human experience each day. Life can be hard, and work can be hard. You are not alone, and being a psychiatrist or other mental health clinician is not a reason to prevent you from seeking help.

I waited months, because I was afraid of professional consequences and confidentiality. It was not necessary, and it was dangerous. I finally sought help after disclosing suicidal ideation to a friend and colleague who showed the utmost support and provided companionship and camaraderie even at my lowest points. They reassured me that it was okay to be depressed and that I would not be placed on an Assessment Order (In Victoria, Mental Health Act 2014 process that obligates a person to be assessed by a public psychiatrist, often as an inpatient). I was no longer alone, immersed in my misery and contemplating an effective suicide plan. This support gave me the courage to reach out, having recognised a depressive episode that was severe enough to need psychotherapy and medication. In doing so, I found that I was in fact surrounded by a multitude of people who cared and could arrange confidential and immensely helpful support both psychologically and

practically. Colleagues have also shared their stories of recovery with me, and it has given me hope for the future. I hope to do the same here.

It is important to note that since 2020, AHPRA (2020) mandatory reporting has been much clearer that only a 'significant risk of harm' to the public requires reporting. This was implemented to support clinicians seeking medical and mental health care for themselves. If you are not impaired in your work, you do not need to fear mandatory reporting.

I accessed a private psychiatrist who was a good fit for me and my needs through my RANZCP mentor's networks. They have helped significantly in helping me to coordinate my care, look out for myself, find an appropriate psychotherapist, and organise private admission if I need it. They have also assured me that many doctors seek help and have mental health admissions, and that confidentiality is taken very seriously even during inpatient admissions.

Personally, I have been very open to my service about my struggles. At times, I have considered whether I was in fact safe and whether I needed urgent admission. I live in a rural area, so there is not the option of simply showing up to a different service like there might be in a capital city. The closest out-of-area hospital is a bit over an hour's drive away, which is perhaps not conducive to safety when in crisis. The support I have received from consultants, registrars and mental health clinicians at my service and elsewhere has been astonishing, even people I hardly know or have never met. I will never forget my friend and

colleague who came to my house and cooked a giant meal with plenty of leftovers so that I could eat the rest of the week without having to muster the motivation to prepare food. I have also been able to organise how to access public mental health services without going through our triage team, something I find very difficult to navigate as the person they call for advice in the middle of the night.

As people in the mental health workforce, we have not only a responsibility to care for ourselves but to care for each other. In my experience, we do take the latter seriously, even though we might not wear it on our sleeves. We do not always do the former, though, because we think we ought to be perfect, because we have obligations, because we think others will judge, because we are afraid of mandatory reporting, or simply because we do not recognise the severity of our distress. We must not only fight stigma generally but personally as well. Reach out in times of crisis, and check in with colleagues who are struggling. It is not a violation of boundaries to reach out for help or to enquire about someone's well-being. It is an act that can be life-saving and life-changing.

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Resources for doctors experiencing crises:

Health professional support agencies:
DRS4DRS: 1300 374 377

Hand-n-Hand Peer Support <http://www.handnhand.org.au>

AMA Peer Support Line 1300 853 338
or 1800 991 997

NSW and ACT 02 9437 6552

QLD 07 3833 4352

SA and NT 08 8366 0250

TAS 1800 991 997

VIC 03 9280 8712

WA 08 9321 3098

State/Territory medical benevolence funds:

NSW <https://www.mbansw.org.au/>

QLD <https://mbaq.org.au/>

VIC <https://www.vmba.org.au/>

SA <http://doctorshealthsa.com.au/resources/medical-benevolent-association-of-sa>

Suicide Prevention Lines:

Lifeline 13 11 14

Suicide Call Back Service 1300 659 467

beyondblue 1300 22 4636

Suicide Prevention Apps:

StayAlive

Beyond Now (beyondblue)

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References

- AHPRA (2020) Mandatory notifications: What you need to know. Available at: <https://www.ahpra.gov.au/Notifications/mandatorynotifications.aspx> (accessed 30 May 2022).
- Berger I (2022) On becoming a psychiatrist with lived experience. *MJA Insight+*, 16 May. Available at: <https://insightplus.mja.com.au/2022/18/on-becoming-a-psychiatrist-with-lived-experience/> (accessed 30 May 2022).