



## Letter to the Editor

## The establishment and short-term evaluation of a specialist and confidential service for doctors with mental health difficulties in India



### 1. Introduction

Research world-wide has shown that a significant proportion of medical professionals suffer from mental health issues, most commonly anxiety, stress and burnout, depression, sleep problems and substance misuse (Isaksson et al., 2008; Devi, 2011; Bennett and O'Donovan, 2001; Schernhammer and Colditz, 2004). Studies from India and the developing world are limited but a recent study from India, Grover et al. (2018) found that 'a significantly higher proportion of doctors in Indian setting also experience stress, depression and burnout'.

Many factors including stress in the workplace, long working hours, lack of close confidants, insecure work environment, high personal expectations and so on, place medical professionals at higher risk of developing psychological problems (Devi, 2011; Grover et al., 2018; Brooks et al., 2011). It is well known that untreated mental health problems among doctors can lead to a range of adverse outcomes such as poor work performance, reduced productivity at work, poor job satisfaction, marital dysfunction and suicide (Devi, 2011; Schernhammer and Colditz, 2004).

Early intervention for mental health issues is known to improve outcomes and prevent adverse consequences (McGorry et al., 2018). However, several barriers prevent doctors from seeking timely help: stigma, concerns that revealing their own mental health issues may risk their careers, and the belief that asking for help may suggest that they possess inadequate coping skills.

World-wide, there are several examples of specialist services run by doctors for doctors for doctors with mental health problems (DuPont et al., 2009; McLellan et al., 2008; Bosch, 2000; Doctors, suicide and mental health, 2018; Brooks et al., 2017). But in India, such a confidential and specialist service for doctors with mental health problems does not exist – our program was set up to provide mental health care for medical professionals (and their families) who are members of the Indian Medical Association (IMA), in the city of Kochi in the State of Kerala, India. This paper describes the structure, functioning and the three-month evaluation of this service.

### 2. The broad contours of the Project

The project, named 'Hope' represented one of the innovative programs of the IMA, Kochi for the year 2018-19.

Project 'Hope' aimed to provide two tiers of mental health support to its members (doctors of various specialities) and their families. The first tier of support was offered through a confidential telephonic helpline manned by three specialist psychiatrists. The initial telephonic contact would involve a brief evaluation of the broad psychological problems of the client that necessitated contact, a risk assessment and detailing social supports. If there are no immediate risks (both to self/others (including patient care) and if the client has sufficient social

supports, brief telephonic advice will be provided. The clients will also be scheduled a follow-up telephonic contact (clients to make call) to assess progress.

During the telephonic assessment, if there are concerns about the possibility of severe mental illness or immediate risk issues (to self/others/patient care) or if there are complex psychological issues, clients will be encouraged to come for a face to face assessment or take help from a nearby mental health care facility (the contacts of which will be provided). This assessment by a specialised psychiatrist will involve a detailed psychological evaluation as followed in standard clinical practise. Face to face support represents the second-tier of this service.

### 3. Short-term evaluation

A brief summary of the 28 calls received over a 3-month period is given in Table 1.

### 4. Discussion

The Kochi branch of the IMA is the largest branch of the IMA in the State of Kerala with approximately 2700 member doctors. Receiving 28 calls from this population, to a service in its infancy, despite all doubts regarding the level of service and confidentiality is encouraging. Further, 93% reported contacting mental health services for the first time suggests that this service caters to an unmet need.

The offer of anonymity (on the telephone helpline) seems to be a critical element as all callers preferred this. Most callers' problems only warranted a brief intervention that could be offered over the phone in a single session. Although the scale of the service is small, it still requires considerable time and commitment (from mental health professionals (in our case three psychiatrists who volunteer their time for free) to keep this service going.

A key challenge that is foreseen, especially if the number of callers increase or if there is an extension of such services across the State of Kerala, is the need for dedicated professionals manning the service who may need to be financially incentivized. Another important issue that may require clarity with time is the remit of such a service – should it be merely a helpline or should such a service for doctors be broader, encompassing primary (awareness raising, health promotion, etc.), secondary (screening, early intervention and treatment) and tertiary (more intensive treatments) levels of prevention of mental health problems. Other unanswered questions, at this point, are: should we open up the service to medical students? How strictly should we enforce the rule that this is only for members of Kochi IMA and their families (not strictly defined and enforced at the moment)? How to fund such services?

**Table 1**  
 Characteristics of calls to this service (n=28) (1 January 2019 to 31 March 2019).

Gender	Age	For self/others	Who called?	Clients by Speciality	Duration of telephonic consultation	Nature of problem	Outcome
Female – 20 (71.4%)	Range = 23– 62	Self – 26 (92.8%) Others – 2 (7.2%)	Doctors – 23 PG student – 2 Medical student - 1	ENT – 6 Surgeons – 2 Orthopaedics – 8 Physician – 4 Cardiologist – 3 PG medical student – 2 UG medical student – 1	Range = 8–32 minutes	Stress – 18 Substance misuse – 8 Depression – 1 Gaming addiction - 1	Only telephonic input = 25 Follow Up telephonic input arranged = 3 Face to face assessment-in-patient care recommended-

## 5. Conclusion

Our service is the first of its kind in India and preliminary take up of this service is encouraging. But given that there over fifty thousand doctors in Kerala and half a million in India, more needs to be done as a priority to extend services of this kind to the larger population of medical professionals.

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