

SICC: Stress in Consultants in Child and Adolescent Mental Health Services (CAMHS) in Ireland

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Background

Occupational stress is rising

- It is the most prevalent work related illness in the EU (Eurofund, 2007, 2010).
- 18% of the Irish workforce suffers and this number has doubled between 2001 and 2015 (ESRI 2015).
- Work stress is linked to the work environment and workload and occurs when demand exceeds capability or availability.

Stress & burnout high in Irish doctors

- Hayes et al 2017 identified 4 in 5 doctors experience significant stress, 1 in 3 doctors suffer burnout and rates of psychological distress being higher than international norms.

Demands are high, resources are inadequate & staffing is low

- Currently, in the Irish health care context demands far exceed provision.
- 6% of the health budget is devoted to mental health lower than many other countries (Work Research Centre (2017)).
- An even smaller percentage goes to CAMHS, despite a surge in referral rates (26% from 2012) and recognition of CAMHS staffing being well below recommendations.

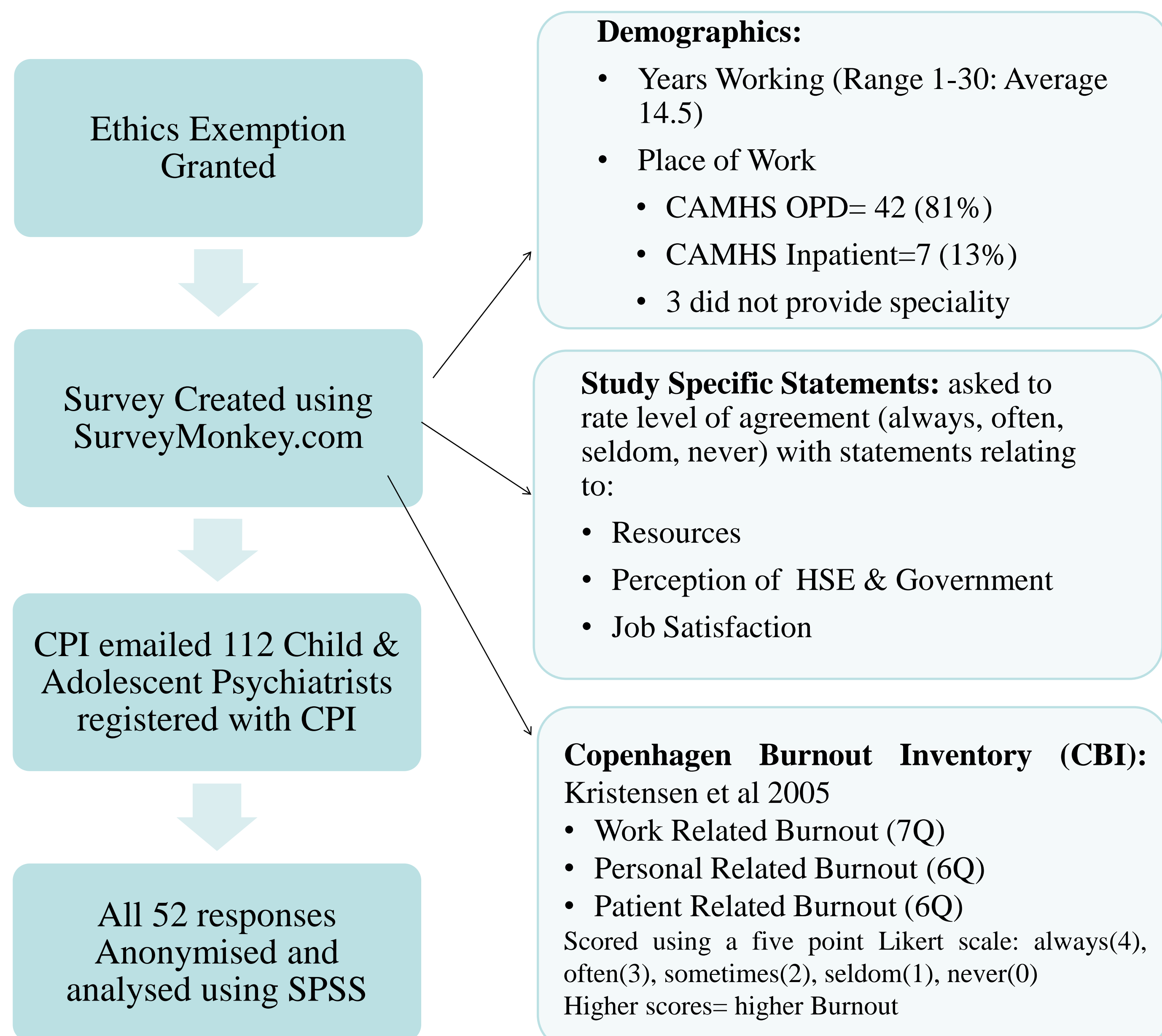
Psychiatrists may be more vulnerable

- Consultant psychiatrists are exposed to, and expected to, manage stress from numerous sources.
- They are required to manage their own stress levels, support their teams, and treat stress and mental illness in their patients.
- Given the unprecedented increase in referrals to CAMHS, coupled with a fragmented and poorly resourced service, it is important to reflect on consultant child psychiatrists' wellbeing. To date, no study has investigated burnout and stress in this specific population.

Objectives

The aim of this study is to investigate Stress levels in Child & Adolescent Psychiatry Consultants working in Ireland, and to examine the relationship between stress and their work load and support.

Methodology



Results

Resources	Perceptions	Job Satisfaction
<ul style="list-style-type: none"> • 61% felt they were staffed at less than 50% recommended levels. • 90% had sought additional funding from the HSE. • 10% had advocated publicly, for funding. • 31% felt >1/3 of their work day was spent on non core business. • 88% believed their workload interfered with their ability to engage in new initiatives or academic work 	<ul style="list-style-type: none"> • 39% reported cynicism regarding the ability of political involvement to make change . • 60% felt there was no or little change in public opinion. • 33% perceived the public to have very unrealistic expectations. • 77% felt CAMHS was viewed less favourably by the public than other specialities and was less resourced. 	<ul style="list-style-type: none"> • 69% had seriously considered changing jobs • 29% would not choose Child Psychiatry again if retraining with a further 36% undecided. • 40% rarely or never felt valued in their Job. • 37% rarely or never felt their staff experienced job satisfaction.

Copenhagen Burnout Inventory:

Domain N=52	Always/Often	Sometimes	Never	Mean(SD)
Total CBI BO	19(26%)	16(30%)	17(34%)	39.3 (12.86)
Work BO	26(49%)	15(29%)	11(22%)	16.6 (5.49)
Personal BO	23(46%)	14(26%)	15(28%)	13.5 (5.73)
Patient BO	7(12.5%)	19(37%)	26(50.5%)	9.2 (3.84)

- **Mean Burnout = 39.3** indicating a **moderate level of burnout**.
- 36% always or often stressed, 30% sometimes stressed.
- 67% reported work always or often **emotionally exhausting**
- A one way analysis of variance (ANOVA) showed significant difference between subdomains. There was significantly **higher levels of work related burnout** than personal or patient burnout ($p < 0.05$).
- Independent T tests showed no significant difference in mean burnout scores between Consultants working in OPD ($M=39.38$, $SD 13.56$) v's Inpatient ($M=38.5$, $SD 11.36$) ($t(46)=-.151$, $p=.880$).
- Using Pearson's product-moment correlation there was a moderate negative correlation found between Total Burnout and respondents who did not feel the HSE was effectively planning coefficient ($r=-.384$, $p=.005$) and those who doubted the governments commitment to investment in CAMHS ($r=-.469$, $n=52$, $p<.000$)
- Considering changing career was significantly positively correlated with Burnout ($r=.608$, $n=52$, $p=.005$) and ANOVA showed significantly higher burnout in those who had considered changing career than those who hadn't ($F(2,49)=11.997$, $p<.001$).

Conclusion

- **Significant Level of Burnout**
- **Work related burnout highest –3 in 4 experienced significant burnout**
 - 2/3 reported emotional exhaustion
- **Client/patient related burnout lowest**
 - 2/3 rarely or ever reported being tired of working with patients
- **Very Low Job Satisfaction**
 - 2/3 Seriously considered changing jobs
 - 1/3 would not retrain as a Child & Adolescent Psychiatrists
- **High Degree of Cynicism expressed regarding the HSE & Government**
- **Majority of teams resourced at only 50% recommended levels.**

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