

# 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.

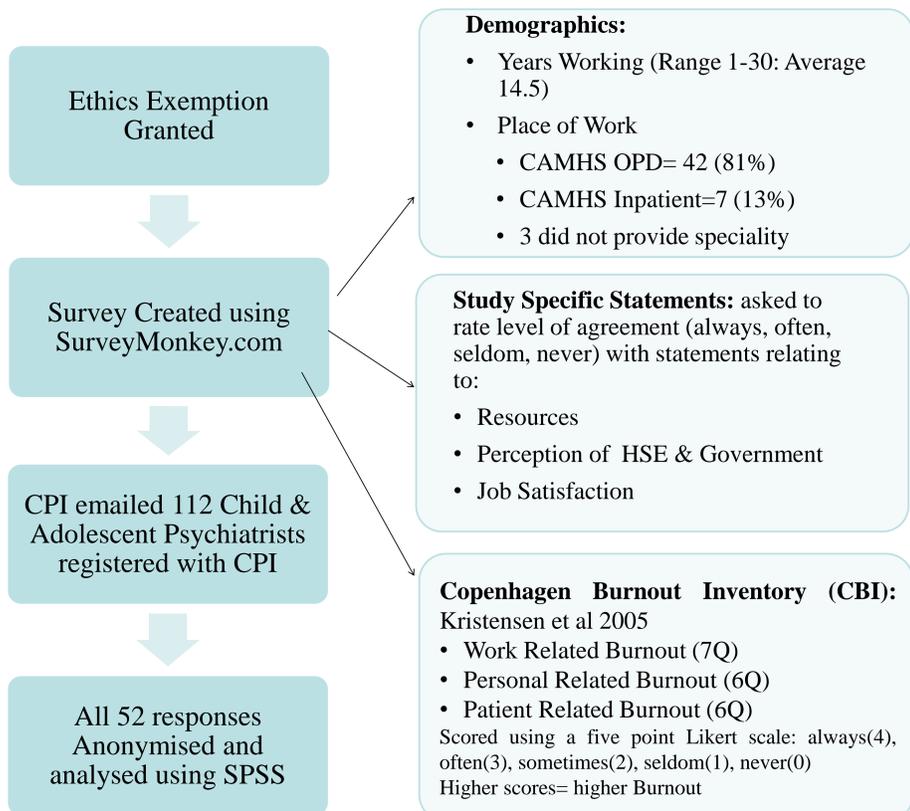
### Psychiatrists may be more vulnerable

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

### Copenhagen Burnout Inventory:

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