

The Doctors' Support

"helping inform, empower and support our membership"

Winter 2013

Issue 121

INSIDE

Editorial	1-2
The 2013 DSN Conference & AGM	3-5
The Rewards of Keeping Doctors Healthy	6-7
The Neurobiology of Depression and Mechanism of Action of Antidepressants	8-9
Conference Feedback	9
Admitting to a Mental Health Diagnosis as an MP	10
Finding Meaning through Art	11
RSM Doctors' Health & Well-being	12-13
London Marathon 2014	13
Useful Resources	14-16
Support Groups & Contact	17
Obituary— Dr Petre Jones	18
Printable Poster — please help us!	19



Editorial

by

Dr Angelika Luehrs (Chair)

Changes to the committee

There have been quite a few changes to the committee over the last year. It is easy to forget that many of us perform our committee roles while working, and also battling our own mental health issues. This balance can be difficult and the committee often changes as a result. Alison has decided to step down from the role, as secretary, in which she has truly excelled. Also, Roberta has recently returned to work and has resigned from the committee; her tireless efforts will be missed.

As of the AGM, we can announce that Ajay has been elected to the commit-

tee and that he is taking over the reins as Secretary. Another change is the establishment of a team of newsletter editors with Rob as Executive Editor, Louise as Senior Editor, and Ahmed as Junior Editor.

Over the past year, Louise has made great progress as Vice Chair; her enthusiasm and energy have been remarkable. Apart from writing articles, attending conferences, advertising the London Marathon, editing the newsletter, and starting a new support group in Newcastle, Louise has also organised the AGM.

We are also happy to announce Helen's return to the committee.

Publicising the DSN

DSN continues to be present at conferences, courtesy of Matilda's hard work. DSN and DSL are now advertised regularly in the BMJ, which has been successful in increasing visits to the website almost two-fold. The new house style and logo have been fully updated as agreed at the last AGM, improving the overall professional appearance of DSN.

The DSN Website has been updated and, thanks to Rob's hard work, developed to a very high standard, attracting 6-8 thousand hits per year. We have



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Editorial Continued ...

By Angelika Luehrs

removed the subscription areas, making the entire website content publicly accessible. Rest assured, the email fora remain accessible by members

only, and are held on a separate secure server. There is also a new 'Meet the Committee' area, which is in line with the DSNs aim to raise awareness and openness about mental health problems. We introduce ourselves with full name, photograph, and a small personal vignette.

Individual efforts

In September 2013, Dr Richard Beese cycled from Munich to Venice in aid of DSN; his continued support and fundraising for DSL/DSN is greatly appreciated. We also have a DSN member, Oliver, running the London Virgin Marathon in 2014; please visit the website for sponsorship details.

In addition, there have been numerous activities by individual members to raise awareness, reduce stigma, and support doctors; this includes writing articles in the BMJ, participating in medical student training, involvement in training programmes, and liaising with third parties. I would like to give special mention to Ahmed for winning the Royal College of Psychiatry Award for Foundation Doctor of the year.

Changes to the support provided

The email forum continues to be lively and well used. The aim of the email forum is to provide peer support by creating a space for doctors to share and discuss their difficulties, to ventilate feelings, frustration, and share positive experiences. It is a confidential forum allowing doctors to freely express themselves without the fear of implications for their professional life; but, we need to ensure that this remains possible. I discuss this in greater detail in my Chair's Report, which is available online.

Put simply, our stated aim of being a 'safe place' that allows doctors to post confidential information without acting on that information, is legal. However, the GMC perceives us as doctors 24 hours a day, 365 days a year, regardless of us being at work or in our private lives; we are therefore expected to act if there

is a risk to our peers, their patients, or others. The worst case scenario is for regulatory action to be taken against a forum or committee member. Since DSL is entirely anonymised, this does not apply to phone support; therefore we now aim to ensure that the email forum is equally anonymised. Information on how this can be achieved is available on the support and debate fora.

Donations NOT subscriptions

We have decided to change from a subscription-based service to a donation-based service. As a national charity, DSN relies upon donations from its members (until now subscriptions) for its income. We have decided to stop asking members for annual subscriptions as this often created difficulties. The removal of the need for payment verification prior to joining the forum has also made the new member registration process easier. We will keep this under review, but it appears to have left our income unchanged. Thank you for your continued donations.

Plans for the next year

DSN will continue to provide support for doctors and ensure that this is provided in the best possible way. We will continue to campaign to raise awareness, emphasise openness, and reduce stigma whenever possible. This will include attendance at conferences, leafletting relevant organisations, and advertising to increase the awareness of DSN. In addition, we aim to develop two areas of our service.

First, we aim to increase the support for medical students via a new student forum. A medical student is keen to get involved with this project and to act as moderator with the support of Ahmed and myself. Two students from the University of Bristol have started a research project about mental health and medical students and have sought our input. I hope to keep you posted on both these developments. Second, we aim to improve the training for DSL volunteers; new volunteers will attend a specialised course with online modules, and we aim to arrange update courses for pre-existing volunteers. However, due to the loss of Roberta, we are in need of a DSL coordinator to help us with these tasks. If you are interested, please get in touch.

DSN Annual Conference & AGM 2013

By Ahmed Hankir & Sally Mason

Sponsored by



Ahmed begins with an account of the morning's activities:

The 2013 Doctors' Support Network Conference and Annual General Meeting took place on

23rd November in the Mining Institute in Newcastle upon Tyne. Living in Manchester meant I had to wake up in the early hours of the day and take the 2½ hour train journey in order to arrive on time. Braving the elements in the North of England on a Saturday morning is no easy task, however, looking back at it all, I can honestly say that it was certainly worth the effort.

The Rewards of Keeping Doctors Healthy

The opening talk was given by Dr Richard Duggins who is a Consultant Psychiatrist and Psychotherapist at House Concern. Dr Duggins focused on burn out in the medical profession and how it is overrepresented in this population. He presented the results of recent research which revealed that engagement with House Concern's services is associated with positive outcomes. Dr Duggins emphatically explained that developing good habits is crucial when it comes to maintaining a healthy mind and he made reference to Stephen Covey's best-selling non-fiction business book *The Seven Habits of Highly Effective People*. He concluded his lecture by delivering an important message to doctors: that it is better to suffer with other people than to suffer on your own...

How do Antidepressants work?

The following talk was given by Dr Hamish McAllis-

ter-Williams who is a Reader in Clinical Psychopharmacology in the University of Newcastle and Honorary Consultant Psychiatrist. His lecture was entitled, '*How do Antidepressants Work?*' and provided an alternative biological perspective on the treatment of depression which complemented Dr Duggin's psychotherapy lecture.

Dr McAllister-Williams focused on what underlies depression from a basic science point of view and described the crucial role that 5 Hydroxy-Tryptamine (5 HT) plays in low mood, cognition, memory and behaviour. However, he also made it very clear that depression is not simply due to low levels of 5 HT and made reference to the Hypothalamus-Pituitary-Adrenal gland (HPA) axis and its effect on a person's vulnerability and resilience.

In his penultimate slide, Dr McAllister-Williams stated that antidepressants reduce the rates of relapse in a third of patients. He did, however, add the caveat that it is important to bear in mind that different people respond to different things for reasons that we still do not know.

'This is My Life'

After the break Katharine Roff from Act Positive facilitated what she described as an "experiential session". Katharine and an actor, Charlie, used a specially commissioned scenario to work through the pitfalls of communicating with an employer about health issues. This session was a truly extraordinary experience which involved role play and interactivity between the actors and the audience. Katharine explained emotional intelligence and the role it plays in our professional and personal lives.

DSN Annual Conference & AGM 2013 *Continued*



And Sally now takes over to describe the afternoon:

Admitting to a Mental Health Diagnosis as an MP

After lunch and the brief AGM, we were privileged that Kevan Jones,

Labour MP for Durham North, came to tell us how he had announced to the House, during a debate a few years ago on mental health, that he had suffered from depression, with a ‘major breakdown’ in 1996. He said he felt as if a weight had been lifted off his shoulders and, as if he had disclosed a dark secret. Kevan spoke frankly to us about the response to his disclosure, which was almost totally positive, with supportive emails and letters from constituents and others. He was touched when a constituent spoke to him in the street, thanking him for being honest – and described mental illness as an equal opportunity condition.

No ‘Get Well’ cards for mental health

Kevan has found ways since to cope with the illness, initially medication and talking therapies, learning to challenge the ‘black dog of doubt’ which had haunted him. He said he thought that politicians and doctors were seen as ‘superhuman’ by the public, but actually asking for help is the strongest thing we can do. In the House of Commons, there is now an Occupational Health mental health budget, and they have apparently been inundated by MPs coming in for a chat. He sees the next task is to encourage industry to recognise the problem, citing BT as a shinningly good example, where all employees are trained on how to access help, and they are saving £25M a year by doing so. Poignantly, he said that when he had a physical accident, he was inundated with get well soon cards, but

very few during his ‘breakdown’, and he looks forward to a time when the two conditions are viewed the same. Finally, Kevan spoke of his hope that policies can be written so that fairness across all illnesses exists in the work place, benefits etc. He felt that the media have a lot to answer for, labelling those with



Kevan Jones,
Labour MP for
Durham North

mental health problems in such a derogatory way, and we have to keep pushing the agenda.

Finding Meaning though Art

After tea, we were treated to a fantastic practical art session by Jo Hume, who has been an art teacher for many years. She spoke first about the value of expressing emotions on paper, in paint with different methods such as sticks, brushes, fronds of fir trees, sponges and other assorted bits and pieces she had brought along! Plastic sheets were put out covering the plush maroon carpet and we knelt down and got going! Firstly we were encouraged to see how many different ways we could get paint on a large sheet of paper, smearing, splashing, and dabbing, and to look at what we had made.

Then, in small groups, each person painted an emotion, chosen at random from a bag, such as affection,

DSN Annual Conference & AGM 2013 *Continued*

or companionability as pictured below.

Finally, using glue, patterned pieces of paper, foil and tissue, ribbon and fabric as well as paint, we made a collage representing someone who meant a lot to us. Throughout, Jo wove between us all, commenting, encouraging and praising our efforts, and helping us to interpret what our pieces might be saying to us.

For many of us this was the first time that we had ev-



er had the opportunity to 'play' like this, and it was so relaxing and interesting! We are so grateful to Louise and to Jo for organising such a wonderful way to finish the 2013 DSN Conference, closing a great day in Newcastle, at the Institute of Mining!



Acknowledgements

DSN is very grateful for the hospitality (and very reasonable charges) of the Mining Institute

Thanks are also due to Ros who made delicious baked snacks for us.

And Louise's husband Ross who helped during the day as host, guide, porter and photographer.

The Rewards of Keeping Doctors Healthy

By Richard Duggins



Dr Richard Duggins is a Consultant Psychotherapist and Psychiatrist. He is Lead Clinician of House Concern in Newcastle Upon Tyne. House Concern provides dedicated psychotherapy services for career grade doctors and dentists within the Northern region.

The “Cliff” – The Performance Curve of the Doctor-in-Difficulty

Over 50% of the doctors presenting to House Concern show the “cliff” pattern of ill-health.

The cliff has three components:

1 A long tail of months to years of overwork, exhaustion and increasing burnout. As this progresses work performance tends to be protected, whilst other aspects of the doctor’s life start falling apart, including family life and other leisure activities.

2 The cliff represents a steep sudden decline in work performance usually resulting in needing a period away from work.

3 The gradual recovery stage, which may lead to a higher level of performance than has been achieved previously.

What factors contribute to “the Cliff”?

The Teapot. Dr Claire Gallagher, GP in Practitioner Health Programme, London, likens doctors to a teapot and people they care for are the cups (patients, colleagues, family). She sees the system as becoming out of balance with a doctor pouring out care into

cups, without taking the time to get care for him, or herself, to ensure the teapot is refilled.

The Milking Stool. A symbol of balance - there are three legs representing work, family and self. As doctor focuses increasingly on work, due to overwork and developing burnout, he or she often begins to neglect family and self resulting in instability.

Plate spinning on your own. Doctors are trying to cope with too many demands on their own.

Superman/ Superwoman to Super-failure. Doctors’ high expectations and high levels of self-criticism lead to a dichotomous way of viewing their performance as either superman / superwoman or super-failure.

Healthy Habits Often Developed by Doctors Seeking Help

Memento Mori. Popular belief suggests a Roman General in a victory triumph would employ a slave to whisper in his ear, “Look behind you! Remember you are a man! Remember you’ll die.” Many doctors develop a helpful internal advisor that reminds them they are a human with limitations like everyone else.

The Rewards of Keeping Doctors Healthy *continued*

By Richard Duggins

The devil and the angel. Many doctors become much better at balancing their critical internal voice (devil) with one that is more realistic and forgiving (angel).

Moving from independence to interdependence.

There is often a move during therapy to interdependence, including sharing difficulties and issues with others, and sharing and delegating tasks.

“The Hedgehog.” Isaiah Berlin divided the world into hedgehogs and foxes, based upon an ancient Greek parable. “The fox knows many things, but the hedgehog knows one big thing.” The fox has a myriad of complex ways to attack the hedgehog. The little hedgehog rolls up into a perfect little ball and is fine. People, who are like foxes, never integrate their thinking into one overall vision. People, who are like hedgehogs, simplify the world into a single organising idea. In this way, people in therapy tend to focus on key priorities, while developing the ability to say no to other activities.

Further Information.

The Health for Health Professionals online resource gives information and contacts details for all the national and regional services in NHS and voluntary sector. www.h4hp.co.uk

The Neurobiology of Depression and the Mechanism of Action of Antidepressants

by Dr Hamish McAllister-Williams



Dr Hamish McAllister-Williams is a Reader in Clinical Psychopharmacology at Newcastle University. He is also an Honorary Consultant Psychiatrist and Clinical Lead for the Regional Affective Disorders Service. His research interests are in the pathophysiology and treatment of affective disorders specifically the hypothalamic-pituitary-adrenal (HPA) axis and the serotonergic system.

Depression is not simply low 5-HT

The notion that depression is due simply to low levels of monoamines such as 5-HT or noradrenaline, and that antidepressants work by increasing the brain levels of these neurotransmitters, is not tenable. The neurobiology underlying depression and the mechanism of antidepressants is more complex.

Stress can precipitate depression but not always...

There is strong empirical evidence that stress can precipitate episodes of depression. However not all individuals when stressed become depressed. Rather, the risk of developing a depressive episode appears to relate to the relative balance between resilience and vulnerability within an individual. One mechanism of resilience involves 5-HT neurotransmission within the brain. This system appears to be able to help prevent a negative cognitive bias - that is such things as preferentially attending to negative stimuli or recalling negative emotional memories preferentially over positive memories. This type of negative cognitive bias is what is challenged in cognitive behavioural therapy (CBT) since such bias can drive low mood

and low mood drives negative cognitions causing a potential vicious circle. The 5-HT mechanism of resilience can be made vulnerable to dysfunction by a variety of factors including genetic and environmental influences. The latter include both early life adversity and current stress. This is due to close biological interactions between the hypothalamic-pituitary-adrenal (HPA) axis (or stress axis) and the 5HT system where by high levels of the stress hormone cortisol impairs the functioning of the 5-HT system.

Depression is due to imbalance between vulnerabilities and resilience

By considering depression as an illness that occurs due to an imbalance between vulnerabilities and resilience, it is possible to consider how antidepressant treatments work. It is known that a range of different antidepressant drugs and electroconvulsive therapy (ECT) all have effects on 5-HT neurotransmission via different receptors or neurone functions. However the net effect of these actions appears to be common between treatments and that is to enhance transmission in the specific 5-HT pathway that is involved with resilience and prevention of negative cognitive bias. This can be demonstrated in studies in healthy



The Neurobiology of Depression and the Mechanism of Action of Antidepressants

continued

subjects given antidepressants. Such subjects do not experience an elevation in mood but a subtle positive cognitive bias is seen. This may help to explain the synergy seen in clinical trials between antidepressants and CBT. The latter is challenging the negative cognitive bias in depression while the former is helping to support a more positive bias.

Medication, exercise & ECT increase brain plasticity

In addition to these effects, it has also been demonstrated that antidepressant treatments (including medication, ECT and exercise for example) decrease the negative effects of the stress hormone cortisol on the brain (including on the 5-HT neurotransmission) and enhance brain plasticity (increasing the birth of new neurones and increasing connections between neurones). This may be essential for the changes seen in emotional bias to become embedded in an alteration in behaviour and function.

These novel concepts of the pathophysiology of depression and mechanism of action of treatment will hopefully help facilitate further improvements in the management of this potentially devastating illness.



Feedback from DSN 2013 Conference & AGM

Conference attendees were asked to complete an online survey after the event. These are a sample of the comments received:

'I enjoyed meeting with other doctors who I felt at ease with and felt able to share personal experiences without being judged and felt less of for doing so. The combination of talks and practical group activities helped us to get to know each other better, relax and enjoy ourselves. I found it really helpful meeting members of the committee, as it made me feel that I had more insight now into how and who was responsible for keeping the DSN running successfully. All the speakers chosen were excellent and approachable, and the fact that Richard Duggins stayed for the whole day made me feel that there are other doctors who want to help to take away the stigma of having a mental health problem in medicine and that we are not fighting on our own. I thoroughly enjoyed the day and found that due to the way it was organised I did not feel exhausted by the end of it.'

'Found all the talks very good and learned stuff, particularly Richard's + Hamish's. Loved the art session, felt really free and a good introduction to art therapy. May go on to do more. A nice way to end on a relaxed note after some 'heavier sessions'

'Interesting well-organised series of talks & activities in excellent historical venue close to transport links.'

'I don't know how you could improve on such a wonderful day. The mixture of speakers and practical sessions was just right, the provision of all the food was gratefully received, and the members providing snacks they had made was so thoughtful and touching. The number of breaks was great and helped to restore our concentration for the next sessions.'

Admitting to a Mental Health Diagnosis as an MP

by Kevan Jones



Kevan (left) talking to Rob Sykes (DSN committee)

Kevan Jones MP is the son of a miner from Nottinghamshire. He has a long association with the North East having trained at Newcastle Polytechnic in Government and Public Policy. Kevan was a Newcastle City Councillor for many years before being elected as MP for North Durham in 2001. He is currently Shadow Minister for the Armed Forces and also a Commonwealth War Graves Commissioner.

Depression is an equal opportunity condition

Depression and mental illness can affect any of us. It is an equal opportunity condition, which will affect one in four of us in our lifetime.

After first speaking publicly about my own depression in the House of Commons in June 2012, I received literally thousands of messages from individuals thanking me for my speech, including from people who I'd known well for a number of years who told me about their struggles with depression. These included a chief executive of a major local authority, a former army general and a captain of industry.

Asking for help is a big step, but doing so is a sign of strength rather than weakness. Doctors, like politicians, are not supposed to suffer from mental illness, being there to help solve the problems of others, rather than to admit they have them themselves.

The House of Commons has now set up a dedicated service for Members of Parliament, allowing them to seek help without the fear of the unwarranted publicity which might result from accessing local services.

It is important that we have a system for doctors in the North East, similar to that which already exists in London, in order to ensure that they can get the specialist support they require. I will be meeting in the New Year with NHS England to discuss this further.

Doctors' mental health support makes economic sense

The NHS needs to look at support for doctors' mental health not just because it is the right thing for a good employer to do, but it also makes economic sense. Writing off individuals after spending millions on training them is a mistake.

Changing society's views on mental illness takes time, and we will only continue to get that change if we keep talking about it.

Kevan has subsequently featured the DSN conference on his blog:

<http://www.kevanjonesmp.org.uk/node/415>

Finding Meaning through Art by Jo Hume



Jo Hume is an artist, teacher and art therapist with a long and varied career exploring art in every form. Jo's aim with the session was to use the art activity to try to express emotions.

Using Art to Reflect Inner Thoughts and Feelings

Late afternoon seemed a good time for a playful practical art session – it had been a long day! – and that is exactly what we did. Paints and collage materials together with a wide range of mark making tools, including loo brushes, twigs, decorators brushes and string, were put to expressive use in illustrating the powerful ability of art to reflect inner thoughts and feelings. After the initial ‘paralysis’ most people really got stuck in exploring visual language through a series of topics and I was privileged to hear many personal stories. We ran out of time but the outcomes were not just meaningful but beautiful too!

The images to the right were created in this session



RSM Doctors' Health & Well-being: From Medical Students, to Trainees and Senior Doctors by Dr Louise Freeman

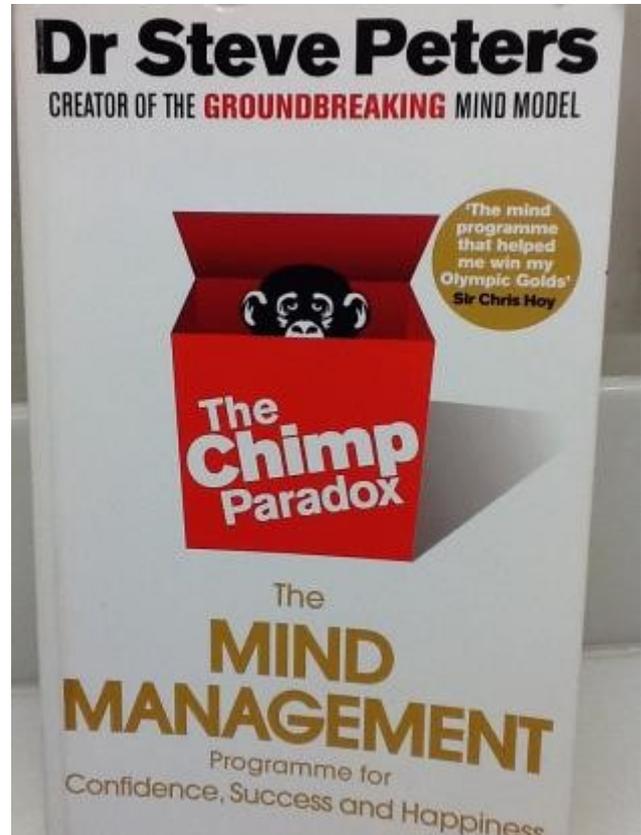
The Doctors' Support Network was pleased to sponsor the RSM 'Doctors' health & well-being' meeting on 12th November 2013. Ahmed, Alison and I manned the DSN stand and spoke to the predominantly psychiatry and occupational health delegates, expanding awareness of DSN to a focussed group of doctors who care for other doctors.

Session 1: Stress in doctors and contributing factors

Max Henderson, Senior Lecturer in Epidemiological and Occupational Psychiatry from King's College, London equated special services for doctors with those for other groups with barriers to their care. He spoke of the need to influence how the GMC works and questioned whether the current model is in patients' best interests. Further contributors in this section were Antony Garelick, and Rob Hale, both Consultant Psychiatrists in Psychotherapy. Dr Hale discussed case histories of several doctors (with permission) in order to illustrate the personal and environmental factors involved in doctors' stress.

Session 2: Medical Students' health and personal resilience

Debbie Cohen from Cardiff University has led a survey of seven UK medical schools to analyse the health risks of medical students and Foundation doctors. Notable findings of her study were that finance and portfolio requirements were strongly related to stress in students and junior doctors.



The keynote speaker of the day was Professor Steve Peters, Consultant Psychiatrist and also Undergraduate Dean of Sheffield Medical School. Steve is best known for his work with a wide range of elite athletes including the British Cycling Team and Premier League footballers. His 'Chimp Paradox' theory of mind management was developed from his work with medical students after the tragic suicide of a student. The example he illustrated his talk with was that of one's 'chimp' firing off an angry email response, followed by the realisation of the 'human' part of the mind that this was not a good idea. Steve spoke of the need to train the 'computer' part of the mind to have automatic programmes which could take over in particular stressful situations.

RSM Doctors' Health & Well-being: *continued*

Session 3: Creating a healthier working environment

James Dooley, from the North Central Thames Foundation School, outlined 'How trainers can support their trainees.' The following speaker, Sebastian Kraemer (Consultant Child & Adolescent Psychiatrist) interestingly likened medicine to the way in which the military had worked in the past, with an overwhelming ethos of not letting colleagues down or showing weakness. Sebastian described his practice of leading fortnightly reflective team meetings. He commented that reflection was not easy for the doctors involved. But overall the reflective meetings seemed to have a remarkably positive effect on the well-being of the doctors involved.

Session 4: Coping with challenges

Jane Marshall is a Consultant Psychiatrist specialising in addictions who also works with the Practitioner Health Programme (PHP) and with the General Medical Council. Jane spoke about how the team works with addicted doctors and emphasised the good outcomes achieved with 80% of doctors abstinent post treatment. The final speaker, Julia Bland, Consultant Psychiatrist in Psychotherapy and Director of MedNet addressed the question 'What do doctors want from their colleagues when they are ill?.' Interestingly, Julia was the only speaker during the day to 'come out' as having had mental health care herself - expressing her gratitude to Dr Rob Hale for his help in the past. There was an animated discussion after her talk about whether doctors needed any higher standard of care than non medics.

Sponsor Oliver Quantick in the Virgin Money London Marathon for DSN!



I am fortunate to have been given the honour of running the Virgin Money London Marathon for the Doctors' Support Network in April 2014.

I am a keen participant in sports and find running a brilliant way to find peace of mind. In 2008, I qualified as a doctor and have been practicing overseas with the Army for the last three years. I am now back in the UK, embarking on a career in Public Health.

I am immensely thankful for the opportunity to participate in next year's event – especially for such an important cause as DSN. It will be a huge personal challenge but your support will definitely help the training effort during the dark days of winter and will spur me on to doing the very best I can.

I would be so grateful if you could spend just a few moments to click onto my *justgiving* page and donate to a cause that is dear to us all and will help the DSN continue to exist to help those that need it most.

Useful Resources

Sources Of Support

GENERAL:

Doctors.net.uk

www.doctors.net.uk

UK's largest and most active on-line medical community. Contains _ the couch_ providing emotional and professional support through on-line discussion forum and peer-to-peer support

BMA Counselling Service

Tel: 08459 200169

24-hour support with immediate access to trained counsellors.

Support4Doctors

www.support4doctors.org

Website run by the RMBF – aims to put doctors and their families in touch with a range of organisations who can help. Covers: Work & career; Money & finance;

Health & well-being; Family & home

BMA Doctors for Doctors

www.bma.org.uk (click on doctors health & well-being)

Web based resource pack intended as a self-help tool to aid doctors in accessing appropriate help for any difficulties in which they may find themselves. Also contact

with doctor-advisers through BMA Counselling service. For BMA members only.

The Sick Doctors Trust

Tel: 0870 444 5163

www.sick-doctors-trust.co.uk

Undertake to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs, thus protecting patients while offering hope, recovery and rehabilitation to affected colleagues and their families.

The British Doctors and Dentists Group

Tel: 0870 444 5163.

Monthly group meetings for doctors recovering from chemical dependency.

Independent Career Assessment

www.medicalforum.com

HOPE for Disabled Doctors

www.hope4medics.co.uk

Help in obtaining professional equality for those with a disability or chronic illness.

SPECIFIC GROUPS:

Medical Womens Federation

www.medicalwomensfederation.org.uk

Aims to advance the personal and professional development of women in medicine, to change discriminatory attitudes and practices and to work on behalf of patients.

Psychiatrists Support Service

<http://www.rcpsych.ac.uk/member/psychiatristssupportservice.aspx>

A confidential telephone advice line for members of the Royal College of Psychiatrists covering all subjects including health, career and problems at work

Telephone 020 7245 0412

psychiatristssupportservice@rcpsych.ac.uk

Anaesthetists

Tel: 020 7631 1650

www.aagbi.org

An alternative contact for anaesthetists seeking help

NON-MEDICAL

Mind Tel: 0845 766 0163

www.mind.org.uk

The leading mental health charity in England and Wales. Work to create a better life for everyone with experience of mental distress

Samaritans

Tel: 08457 90 90 90

www.samaritans.org.uk

Financial Help

BMA Charities Tel: 020 7387 4499

Including the Cameron Fund

Royal Medical Benevolent Fund

Tel: 020 8540 9194 www.rmbf.org

The Royal Medical Foundation

01372 821011

www.royalmedicalfoundation.org

How to save money on your professional subscriptions while unemployed / on long-term sick leave / working reduced hours

By Dr Louise Freeman

General Medical Council

If your **total gross** income (from all sources) is below a set threshold for the relevant year, you can apply for a 50% discount on the annual GMC retention fee - see link below:

[GMC lower incomes](#)



THE MDU Professional indemnity

The Medical Defence Union, the Medical and Dental Defence Union of Scotland and the Medical Protection Society all offer deferred membership for members who are having a career break. This is offered at no cost but each organisation has slightly different rules on what they are able to offer.

BMA British Medical Association

The BMA offers a salary link scheme to allow members with limited **professional** income to pay a reduced subscription fee - see link below:

[BMA subscription rates](#)



Colleges

All of the medical colleges should consider an application to their treasurer for either deferred membership or a reduced subscription rate due to straitened financial circumstances of whatever cause. It is worth addressing this as early as possible as fee reductions are unlikely to be applied retrospectively.

al subscriptions

Professional subscriptions are allowable against tax if you are still working as a doctor. Unless you normally receive a significant un-taxed (and taxable) income from other sources such as cremation form fees, it is likely that you will profit overall from declaring your professional fees against tax. If you wish to claim professional subscriptions against tax, you will need to provide the Inland Revenue with the relevant details via a Self Assessment tax return.

The advice on this page is offered in good faith but it is the reader's responsibility to assess whether it is appropriate to follow the advice in their own situation. Neither the Doctors Support Network or the author can be held responsible for any consequences of following this advice.

Tax allowances for profession-

We are on Facebook!
Come and join us and show your support...



If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and search for us.



Continuing Professional Development

[MPS courses and workshops](#)

FREE for MPS members

Some ideas of where to start with your own CPD:

Journal reading

Obvious, but where most of us begin if only to reduce the mountain of unread journals awaiting our return to work.

Internal teaching sessions

For employed doctors : If feeling well enough, it is possible to ask if you may attend relevant formal teaching sessions at your place of work.

External paid for courses

For employed doctors: If your medical advisers agree that you are well enough to undertake some CPD while on long term sick leave, then it may be worth asking your employer if they will consider funding relevant course fees.

Deanery

Your local deanery may offer a variety of learning opportunities for doctors within the region. If you are on long-term sick leave from an NHS post, you are likely to be able to access some valuable learning sessions for free or at reasonable cost.

BMA library

The BMA has a full medical library service for members with access to books and journals. Books are posted out to you by the library and returned at your expense. It is also possible to request copies of journal articles.

[BMA library services](#)

FREE for
BMA
members

BMJ Learning

Excellent website with hundreds of online modules on clinical and relevant non clinical career development topics

[BMJ learning](#)

FREE for BMA members

Colleges

E-learning : Your college may offer free e-learning modules via their website. N.B. The Royal College of General Practice has some excellent free (for anyone) modules including the e-learning session for the Health for Healthcare Practitioners course.

Courses & conferences : Colleges may offer a reduced rate for retired members and it is worth asking if you could be treated as retired for the purpose of paying conference fees if you are on a career break due to ill health.

IT training

If you are not working and in receipt of a government benefit such as Jobseekers Allowance (JSA) or Employment Support Allowance (ESA) you should be able to access relevant IT training without cost. There are many different providers, each with their own specific funding criteria in this field. One example of the type of IT training available is the European Computer Driving Licence [ECDL](#) which is widely recognised by the NHS as a badge of proficiency in the use of Microsoft Office. The ECDL qualification counts as 40 hours of CPD and, depending on the provider, may often be followed online at home. Your local Jobcentre Plus may be able to provide you with suggestions of appropriate local IT training providers. **FREE** for JSA or ESA claimants

Tax allowances for CPD expenses

If you are still employed or working as a doctor in some capacity, expenses incurred for CPD events may be allowable against tax. You will need to inform the Inland Revenue of your claim for adjustment of your tax allowance .



Protection Society

The MPS offers an excellent series of risk management workshops which are free to members including those with deferred (free) membership.

CONTACT THE DOCTORS SUPPORT NETWORK

General:

info@dsn.org.uk

0871 245 8376

Newsletter:

newsletter@dsn.org.uk

DSN is a thriving community of doctors with mental health problems. We offer a range of services from regional support meetings and social events to the more involved such as our flagship service the doctors support line (DSL) - doctors for doctors and entirely confidential. We would love to offer this for free but due to running costs and lack of funds, that would not be sustainable. Free online support can always be reached via our website.

PO BOX 360, STEVENAGE, HERTS, SG1 9AS

WEB: www.dsn.org.uk (login: members@dsn.org / password: bluesky)

DOCTORS SUPPORT LINE: 0844 395 3010 4p/min

SUPPORT MEETINGS

- London & SE** Support meetings are at Sally's house in Ealing, West London. Contact membership@dsn.org.uk
- York** Please contact Rosemary on either 01142305537 or lethem@doctors.org.uk for details
- North West** Regular support meetings or day trips run on an ad-hoc basis. Please contact astrid@dsn.org.uk to attend.
- North East** First Monday of the month at 18.00 near Haymarket in Newcastle. Contact Louise@ffzzz.plus.com
- South** Take place in Southampton; please call Helen on 07811 360 880 or email hj.plowman@googlemail.com
- Midlands** Please contact either Ruth at ruth@dsn.org.uk or Joy at joykdz@yahoo.co.uk
- Scotland** Often take place at Malcolm's flat; contact malcolmh@doctors.org.uk
- Wales** Take place in Cardiff; contact Clive at wales@dsn.org.uk

IF YOU ARE INTERESTED IN SETTING UP A SUPPORT GROUP IN YOUR OWN AREA, OR YOU WOULD LIKE TO ATTEND ANY OF THE EXISTING MEETINGS PLEASE CONTACT US AS ABOVE

THE DSN COMMITTEE

The committee has changed slightly for 2013, with Fiona stepping down as chair at the 2012 AGM.

We would particularly like to thank the volunteers of the Doctors' Support Line, who are not mentioned here.

The committee is now as follows:

Angelika: Chair

Louise: Vice Chair & Senior Editor

Howard: Treasurer

Ajay: Secretary

Sally: Membership Secretary

Rob: Chief Editor (Newsletter & Website)

Ahmed: Junior Editor & Student Forums

Fiona: GMC Liaison

Matilda: Conference co-ordinator

Alison: Committee Member

Helen: Committee Member

Clive: DSN Wales

Malcolm: DSN Scotland

Other regular volunteers:

Declan: Forums

Richard: Fundraising

Tanya: DSL

We are on Facebook!
Come and join us and show your support...



If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and



Dr Petre Jones

It is with deep sadness that we inform members that Dr Petre Jones took his own life on the 14th November 2013, at the age of 51. Petre had bipolar disorder and, despite significant periods of illness, maintained a successful career as a GP and GP educator. Petre was a DSN member and had been a great support to many doctors during his time within the organisation.

Petre was a very keen runner. In memory of him, his son Rhys and daughter Rhianna are running the Berlin Marathon and the Great North Run, respectively, with donations going to MIND. The family also request donations to MIND in lieu of funeral flowers via the link below:

<http://www.justgiving.com/remember/92983/Petre-Jones>

DSN POSTER: Feel free to print out and display in communal areas.

THE DOCTORS SUPPORT NETWORK

WWW.DSN.ORG.UK

Contact us at info@dsn.org.uk

Peer support
for doctors
suffering
from mental
distress



Confidential



BY
DOCTORS
FOR
DOCTORS



Anxiety



**Bipolar
Disorder**



Personality
Disorders



Stress



**Depres-
sion**



**WE
OFFER**

- ✓ Campaigning to reduce the stigma of mental illness
- ✓ Liaising with the GMC, NCAS and PHP
- ✓ Expert advice to those undergoing GMC procedures on health grounds
- ✓ Anonymous email forum
- ✓ social outings and support meetings
- ✓ The Confidential Doctors Support Helpline (see below)

Support Line: 0844 395 3010

Mon, Tues: 8pm - 11pm / Wed, Thurs, Fri: 8pm - 10pm / Sunday: 4pm - 10pm