

S01.02

Results of one-year follow-up after participation in a burn-out prevention program for medical doctors at Villa Sana, Norway

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Background and Aims: Studies document that doctors have more mental distress, as depression and suicidal ideation, than comparable groups, and are reluctant to seek professional help. Prevention is therefore important, but there is little documentation of long-term effects from actual intervention programs. This study investigates whether a self-referral, counselling program reaches doctors in need of help, and whether changes in help-seeking and in levels of distress can be found at one-year follow-up.

Methods: Of doctors coming to the counselling centre Villa Sana, 227 (94%) of 242, consented to participate in a prospective study. 184 doctors (81% of 227) responded at one-year follow-up. Self-reporting questionnaires covering mental distress, job distress and burn-out were used. Results are compared with those from a national survey of Norwegian doctors.

Results: Relatively more women and GPs were represented in the Villa Sana sample than among Norwegian doctors. The Villa Sana-doctors had significantly higher levels of distress as measured by Symptom Check List 5, the dimension of emotional exhaustion on Maslach's Burnout Index, job-stress on Cooper's Job Stress Questionnaire and having had serious suicidal thoughts with plans (Paykel) compared with Norwegian doctors. At one-year follow-up, the Sana doctors had significantly lower levels on the distress parameters than at base-line. Significantly more doctors had sought psycho-therapy after the counselling intervention than at base-line.

Conclusions: This program reaches doctors with high levels of distress, and at one-year follow-up they showed lower levels of distress and a higher proportion who had sought psycho-therapy than at base-line.

S01.03

Early recognition and help-seeking in burnout: Are psychiatrists any wiser?

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Objective: Work in psychiatry can be strenuous – both in terms of caseload and the kind of work. Health care reforms have increased the pressure even further, amplifying the risk of burnout. Burnout research has been criticized for neglecting the perspective of those potentially at risk. This qualitative study seeks to throw light on the burnout literacy of mental health professionals and its implication on their help-seeking behaviour. It further seeks to identify the relevant mechanisms in transforming health literacy into action.

Methods: Focus groups were carried out with mental health providers (n=215) from different settings (in-patient/community-based), as well as professional groups. They addressed participants' job strain and job-related resources, as well as their definition of what constitutes burnout, and what should be done about it. Group sessions were audiotaped, transcribed, and analysed by means of a qualitative procedure.

Results: Mental health professionals are well-informed about burnout. They perceive burnout as a multidimensional syndrome that

affects professionals' mental and physical health, job motivation, job performance as well as their relationship with their clients, and propose multiple intervention strategies. However, two major obstacles are described in translating their knowledge into practice: burnout (1) goes undetected for a long time and (2) has a stigma attached to it.

Conclusions: While mental health professionals' burnout literacy is high, the social perception of burnout poses a serious barrier to early detection and treatment. Burnout prevention strategies should become an integral part of continuous medical education to ensure that mental health professionals can work effectively.

S01.04

Burnout symptoms among impaired doctors treated in a Spanish physicians programme

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Introduction: Burnout syndrome (BS) is a cause of concern among doctors. Although some association between BS and psychopathology or addictive behaviour has been found, few studies evaluate its incidence in impaired physicians.

Aims: To evaluate the incidence of BS and the association with psychopathological/addictive disorders among doctors treated in a Physicians Programme of Barcelona.

Methods: 66 physicians were evaluated. Variables studied included demographic, clinical and psychometric data of BS (Maslach Inventory, MBI), depression (Beck Inventory), anxiety (Spielberg S/T Inventory), general psychopathology (SCL-90-R) and personality (MCMI-II).

Results: Forty doctors were male and 26 female. Mean age was 44.6 (8.4) years. 57.6% showed emotional exhaustion (EE), 28.8% depersonalization (D) and 10.6% lack of personal accomplishment (PA), 6.1% had complete BS. No gender differences were found. Associations between MBI and SCL-90-R subscales were ($r > 0.5$): EE with Somatisation, Hostility and Anxiety, D with Hostility and PA with the Global severity index. BDI and STAI-S/T were associated with both three MBI factors. Correlations with MCMI-II scales ($r > 0.5$) were: EE correlated with Avoidant and Self-Defeating, Schizotypal, Anxiety, Somatoform Disorder and Depression. D with Self-Defeating, Schizotypal, Anxiety, Somatoform Disorder, and Depression. PA with Schizoid, Schizotypal and Depression. No association was found for addictive scales.

Conclusions: EE is the most prevalent condition among sick doctors followed by D and PA, only 6% had complete Syndrome. As BS seems to be associated with depressive/anxiety symptoms, hostility and Schizotypal personality traits, such patients may be a target group for prevention and training in assertiveness and communication skills.

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S02.01

Gender differences in the symptoms of depression and anxiety. A comparison of interview and self-assessment data