



SAMA  
CONFERENCE  
2019



8 - 10 AUGUST 2019  
DURBAN

Leadership & Quality  
in Healthcare  
Let's close the gap

SESSION :Doctors' Mental Health  
Launch of SAMA's Doctors' Resilience  
Programme

Prof Bernard Janse van Rensburg; Dr Vusi Nhlapo  
SAMA Practitioner Resilience Working Group



Launch of SAMA 's Doctors' Resilience Programme  
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## SAMA SURVEY

**“Understanding health professionals’ and students’ wellness needs”**

### **SAMA Practitioner Resilience Working Group**

- Dr Vusi Nhlapo (SAMA)
- Ms Cassey Chambers (SADAG)
- Ms Natalie Zimmelman (SASA)
- Dr Caroline Lee (SASA)
- Dr Maurice Goodman (Discovery)
- Ms Jalna le Roux (Discovery)
- Ms Phomolelo Moshapo (Discovery)
- Prof Bernard Janse van Rensburg (SASOP/ADASA)



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## SAMA SURVEY

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**“Understanding health professionals’ and students’ wellness needs”**

1. Introduction
2. Consent
3. Survey questions
4. Self-assessment: PHQ-9 screening for depression



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## SAMA SURVEY

### “Understanding health professionals’ and students’ wellness needs”

#### 1. Introduction

- SAMA Practitioner Resilience Working Group
- Medical practitioners and students
- Aim: To assist with information on what health professionals’ and students’ wellness needs may be and how a supporting program for members and others should be approached
- Consent, survey, self-rating PHQ-9 for depression



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## SAMA SURVEY

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### “Understanding health professionals’ and students’ wellness needs”

#### 2. Consent

- In terms of agreeing to participate, once a participant have selected the two options in **Section I - “Agreement to Participate”**, it is considered that s(he) has indicated agreement and the system will allow them to proceed
  - I understand that participating in this survey is voluntary, anonymous and can not, or will not be used to my detriment in any way [click]
  - I herewith agree to participate [click]



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## SAMA SURVEY

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“Understanding health professionals’ and students’ wellness needs”

### 3. Survey

#### ■ Section II - Demographics

- Profession/Speciality
- Student
- Gender
- Age
- Race
- Employed in province
- Employed in municipal area
- Area population density



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**“Understanding health professionals’ and students’ wellness needs”**

### 3. Survey

#### ▪ **Section III – Wellness needs**

- **Question 1. If you were to seek support for your mental wellbeing, what format would you prefer as a first step of action:**
  - i. Online support
    - Access to resource material and referral information
    - Anonymous online chat
  - ii. Telephonic support
    - Dedicated helpline
  - iii. Face-to-face interview
    - Per referred appointment



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## ■ Section III – Wellness needs

- Question 2. In terms of the responder to your enquiry, which category would you prefer/feel most comfortable with - listed here in order of referral:
  1. (1) Employee Assistance Program/Student Support Office
  2. (2) Anonymous trained counsellor
  3. (3) A trained colleague in a supporting referral network
    - a. In the same specialty/study area as you
    - b. In a different speciality/study area as you
  4. (4) General medical practitioner from a supporting referral network
  5. (5) Psychologist from a supporting referral network
  6. (6) Nursing professional from a supporting referral network
  7. (7) Social worker from a supporting referral network
  8. (8) Psychiatrist from a supporting referral network
  9. Other (please specify?) \_\_\_\_\_





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## ■ Section III – Wellness needs

- **Question 3. Would you recommend a different sequence of referral or omit some categories?**  
(Please list order of preferred numbers?)
- **Question 4. Would you refer another colleague who may need support in terms of his/her mental wellness?**
  - Yes/No
  - What would your strategy of support and referral be?
- **Question 5. What would prevent you from taking the listed steps of action above, or seek other help or support for your mental wellness?** (E.g. concerns about confidentiality or anonymity, doubt about helpfulness of listed engagements, etc.)
- **Question 6. What resource material or topics would you consider helpful - listed here alphabetically?** (One or more)



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## SAMA SURVEY:

### “Understanding health professionals’ and students’ wellness needs”

#### 4. Self-rating PHQ-9 for depression

- PHQ-9 scale - a well-known “open mode” instrument for screening, monitoring and measuring the severity of depression available to anybody using the internet
- A rating alone, however, are not indicative of any significant problems, or specific diagnosis, but can be an indicator that further steps should be taken to evaluate a person’s health condition
- PHQ-9 is included to increase self-awareness about how a participant is feeling and to compare responses with data from other health care workers and students.
- Based on the information provided, it will be possible to refer participants to appropriate resources to consider options in addressing the symptoms



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## SAMA SURVEY:

### 4. Self-rating PHQ-9 for depression

- Over the last 2 weeks, how often have you been bothered by the following problems? 1. Not at all; 2. Several days; 3. More than half the days; 4. Nearly every day
- Questions
  - Little interest or pleasure in doing things?
  - Feeling down, depressed or hopeless?
  - Trouble falling asleep, staying asleep, or sleeping too much?
  - Feeling tired or having little energy?
  - Poor appetite or overeating?
  - Feeling bad about yourself - or that you're a failure or have let yourself or your family down?



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## SAMA SURVEY:

### 4. Self-rating PHQ-9 for depression

- Over the last 2 weeks, how often have you been bothered by the following problems? 1. Not at all; 2. Several days; 3. More than half the days; 4. Nearly every day
- Questions
  - Trouble concentrating on things, such as reading the newspaper or watching television?
  - Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual?
  - Thoughts that you would be better off dead or of hurting yourself in some way?



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PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management



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THANK YOU