

# Mental Health Challenges in Emergency Medicine

Reading time:

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By Dr Simon Judkins, Director of Emergency Department at Echuca Regional Health and AMA Victoria Board member. Dr. Judkins has been a healthcare practitioner for over 20 years and has worked in Emergency Departments across Melbourne and regional Victoria. He is the past President of ACEM and current ED Director at Echuca Regional Health.

MIPS partnered with the International Federation for Emergency Medicine (IFEM) and the Australasian College for Emergency Medicine (ACEM) at the International Conference on Emergency Medicine (ICEM) in June. Dr Judkins, ICEM's convener, shared his learnings on mental health and wellbeing and the effects of COVID-19 on healthcare practitioners and as MIPS is committed to supporting our members and promoting the safe and honourable delivery of healthcare we invited him to be interviewed via email for this piece.

**MIPS:** Unquestionably, the focus during COVID has been on the mental health and wellbeing of all those in healthcare practice. How do you see its short and long-term impact on the people in your profession? Has it forced a rethink of traditional ways of coping with the stressors in ED?

**Dr Judkins:** In the short term, we have seen a significant impact on emergency department staff in many ways. When COVID-19 first struck, there was actual fear about the impact of the disease on one's physical and mental health; the concerns of contracting the illness were foremost in people's minds during the initial phases. Pre-vaccination, stories of healthcare workers dying after contracting COVID-19 contributed to very significant levels of stress. People had genuine concerns around being the vector of infection; transmitting to family, loved ones and friends. In addition to that, not having access to support networks, not being able to debrief with colleagues or even seeing a GP were all compounding the stresses. As a result, there was a heightened level of stress and anxiety, illness and sick leave. Trauma and burn-out, people moving away from frontline care, being redeployed to another areas, was happening at an alarming rate.

In the medium term (our current position), there is an ongoing high demand on the health system; the overwhelming workload on ED's and other frontline staff is continuing to take a toll. Emergency Departments across the county are at or over capacity, which translates to longer wait times and pressure on the ED staff. This tiredness, burn-out, is impacting frequency of sick leave, more people choosing to cut hours, staff tired of being asked to pick up extra shifts to fill shortfalls.

It has also been noted that this work environment contributes to "compassion fatigue", where tired staff,

## who also need support, have lessened capacity to provide empathetic care.

Moral injury is a term we hear used frequently; staff who are unable to provide the care they desire feel betrayed and angry. This all leads to negative impacts on care and patient outcomes; it is a dangerous cycle.

Regarding a rethink of attitudes...I hope so. The primary stress for most ED workers is the conflict between supply and demand. Unrealistic expectations of what the role of the ED is teamed with pressures regarding KPIs, budgets, the inability to recruit and retain staff contrasted with a desire to deliver care to those who need it has been the clear message from the impacts of the pandemic and its consequences. If anything good is going to come out of this, it will be a significant rethink of our health system and the role that Emergency Departments play.

**MIPS:** There have been reports on the impact of COVID-19 on the community at large, how has this influx impacted healthcare practitioners' daily work lives, and what are some of the tools, programs and resources that ACEM offers to help them cope?

**Dr. Judkins:** There has been a noticeable increase in mental health (MH) related - presentations to the ED, including alcohol and drug-related presentations, through various phases of the pandemic. Of significant concern is the rise in adolescent and young adult presentations. This ongoing high level of MH presentations puts substantial stress on clinicians and is heightened by the lack of access in the community to MH-specific care. Often when MH patients present to the ED, they lack appropriate care, whether inpatient care or access to outpatient community care. This situation is a significant complication as it puts family units without a clear path to resolve their presenting problem. At the same time, clinicians, on the other hand, are left feeling disempowered and unable to provide care that is responsive to the needs of patients.

We are also seeing the impacts of delayed presentations in many other areas, leading to poorer outcomes for patients, the community's inability to access care, and ED's increasingly playing the "safety-net" role for system failure. This is a paradigm that most ED staff find very difficult to deal with...pressure ramping up and solutions seemingly very distant.

ACEM has in place support programs for clinicians, but much of this support is also being provided at their workplaces, mainly through EAP programs and the like. I hope that, during the last two and a half years, most EDs and hospitals have put in place resources and support for their clinicians. But, most importantly, individuals also need to access support outside their workplace, through their own GP.

**MIPS:** What are five key factors in the ED that can help ensure ED practitioners keep safe while they practice?

**Dr Judkins:**

- Ensure that you and your staff have a GP or other practitioner, such as a psychologist etc, to help with your healthcare needs externally from your place of work.
- Recognise the significant stressors placed on you and allow time to debrief. Put in place structures to assist staff in accessing psychological support, within and outside the hospital.
- Make any mental health days offered available and recognise the importance of mental health and wellbeing alongside physical health.
- Understand that a stressed environment can and will lead to delays in care, diagnosis and even medical errors. Medical error is enormous stress for clinicians, and our current work environment is clearly exacerbating conditions which lead to delays in care and diagnosis. Clear messages to clinicians that these system factors are understood is imperative.
- Ensure you acknowledge, listen to, support and recognise the work of your colleagues and maintain a free flow of information. Knowledge provides a some level of certainty and direction.

**MIPS:** How can MIPS as an organisation support clinician and those working in ED to deliver safe care while advocating for their wellbeing beyond the pandemic and in general?

**Dr Judkins:** It would be beneficial for MIPS to acknowledge that the current environment is high-risk for clinicians and patients and to share a message of support with its membership proactively. I also think ongoing advocacy from MIPS to highlight the known medico-legal risks pre-pandemic and how these have increased post-pandemic would be beneficial.

Burn-out, stress, and fatigue are all at their peak. Patients are stressed, and demands for services are high. Access block and overcrowding are at previously unseen levels. Undoubtedly, there is a strain on the system leading to increased demands on services and healthcare practitioners. Offers of support and wellbeing resources will be of the most benefit. MIPS members and the wider community need your support more than ever.

Read also Dr Ffion Davies, President of IFEM's [Making the cut: Leadership, mentoring and wellbeing](#)

## Further resources:

### Webinars:

- [Practitioner wellbeing during Coronageddon](#)

- [COVID-19: Protecting your assets - The personal and financial impact on your wellbeing](#)
- [Being the doctor's doctor - My experience of practitioner health and welfare](#)
- [The good, the bad, the ugly and your wellbeing](#)

## Articles:

- [My job/my career – how to deal with challenges](#)
- [Mental Health and wellbeing](#)
- [Saving lives: An open letter to junior doctors](#)
- [Your wellbeing career and patient safety](#)

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