

# 0826 004 580: psychologists to help french caregivers



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# Significant data about french caregivers distress (1)



- More than one out of ten GP suffering from distress (10 to 17% depending on region)
   (2010 DREES physical and mental health practitioners)
- Average rates of burnout ambulatory GPs EE: 43% DP 40% PA (low): 33% (Truchot 2001, 2006 and 2004)
- Average rates of burnout among french GPTs: 58% 1 criteria EE: 16%, DP: 33.8%, PA (low) 38.9%
- (Le Tourneur, Komly, Galam 2011)
- 2-4% of GPs admit to having suicidal thoughts (DRESS)
- Relative risk of suicide among working physicians: 2.3
   (Yves Leopold CNOM 2003)

# Significant data about french caregivers distress (2)

- 53% of doctors (GPs for 60.8%) say they are threatened by burnout (Galam, Mouriès Fumey Survey URML Ile-de-France, 2007)
- Psychiatric disorders are the main cause of doctors in permanent disability (Data CARMF 2009)
- More than one out 10 caregivers intend to abandon his profession or change working place (Press Next European Survey -2008)
- Average beginning working age: 34.7 years
   age of physicians: 51 years

Legmann Report April 2010 Definition of a new model of liberal medicine



Association d'aide aux professionnels de santé & médecins libéraux

#### Correlations

GPs GPTs

- Financials difficulties: 15,3%
- Feeling psycally weak: 8,5%
- No professional ac: 21,2%
- Health problems: 15,8%
- Affective problems: 13,2%
- Fear of malpractice problems less for those feeling threatened by burnout

- Workload: 47,2 hours weekly (GPTs who don't suffer from BOS) against 48,7h (1 high score of burnout), 51,7h (2 high scores) 54,8h (3 high scores)
- Working place :: internal medicine and A&E : higher average high scores for EE, DP and lower for PA private practices in primary care had less average high
- Lack of recognition from the senior (++), medical team, patients
- Dissatisfaction about time devoted to family and friends and/or leisure:
   50% (GPTs free of BOS)
   60% (GPTs presenting 3 high scores)
- Feeling that the senior doctor were "dissatisfied" accounted for 61,5%, (3 scores) 45% (2),32,6% (1) 28,4% (no high score)

2006 40%: large representative sample of parisians doctors : 10 000 out of 25 000 22,4 % responders high rate 2243 complete questionnaires

Descriptive, epidemiological, transversal study
- All 6309 French GPTs attending a meeting to choose their next six month placement (march 2011 Response rate: 64.2%: 4050 questionnaires exploitable/6349 asked)

#### **ESPECIALLY PROFESSIONAL CAUSES**

I think the causes are	I feel personaly concerned by
Paperwork excess 95,6%	Paperwork excess 63%
Lack of recognition of doctor's role 90,1 %	Increased collective pressures 45,6 %
Too heavy workload 89,1%	Lack of recognition of doctor's role 45 %
Increased collective pressures 88,6 %	Length of days 42,4%
Length of days 85,3 %	Lack of private life time 41%

### Expected solutions (1)

- Improve doctor's social welfare system 97,2%
- Nature and borders medical responsibilities 95,6 %
- Take into account physician's self interest 93,2 %
- Better educate medical students 93,2
- Help with administrative management 88,4
- Increase autonomy for doctors 88,3 %
- Telephone hotline: 83,3%

### Expected solutions (2)

- Facilitate temporary replacement during sickness or vacation 88%
- Acknowledge burnout as professionnal disease 87,2%
- Reduce workload 75,6%
- Medical and juridical hotlines 83,3%
- Psychological and medical specific care 82,2%
- Encourage doctors to start private practice earlier 78,5%

### Specific devices ?

- Mai 2012: 1076 GPs, 3 french regions
- Answer rate: 61,7% (n=639)
- 68,9% (n=440) wanted specific devices de 31,1% (n=199) didn't want
- Reasons they didn'want: self doctoring: 68,5% having yet another doctor: 30,2% not enough time to consult: 22,1%
- Conditions: specially trained physicians (99.1%).

  Verjus Anne Laure. Médecins libéraux des Savoie et Isère: étude épidémiologique des besoins d'un système de

soins dédié à leur propre santé. Grenoble 12 novembre 2012 Thèse



Un problème, une difficulté, une aide

0826 004 580

0,15 € / la minute

Appel anonyme 24 heures sur 24 et 7 jours sur 7

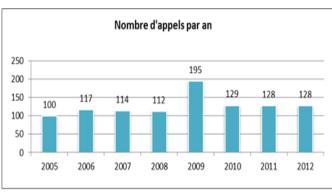
L'Association d'Aide Professionnelle aux Médecins Liberaux

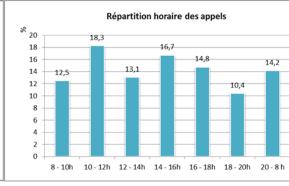
## Association Aide Professionnelle aux Médecins Libéraux (AAPML)

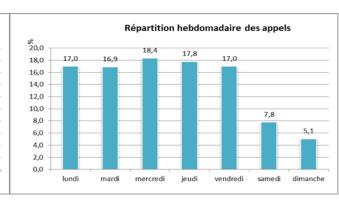
- Since 1 June 2005
- Public funding and supported by regional and national institutions
- Started in Ile de France region.
- gradual expansion throughout the country
- Telephone hotline 0826 004 580
- ambulatory caregivers facing psychological difficulties in the exercise of their profession
- Free access to a clinical psychologist available 24 hours a day and 7 days a week
- Ability to multiple calls with a number of anonymous

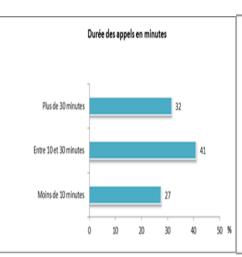


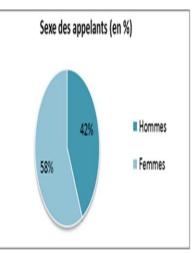
- Epidemiological collection for each call:
  - dating, hour and duration
  - caller: sex, age, specialty, place of practice
  - problem (s): nature, intensity,
  - repercussions : addictions, treatment, psychological
  - Outlook: orientation
- Specific procedures : emergency
- Follow-up meetings with psychologists

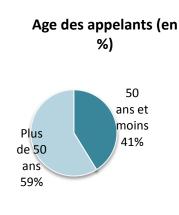


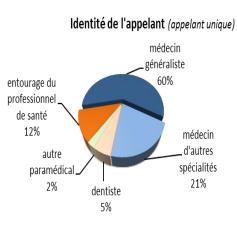




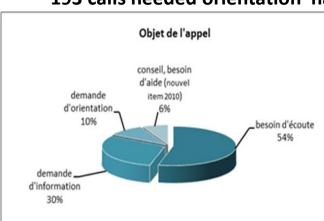




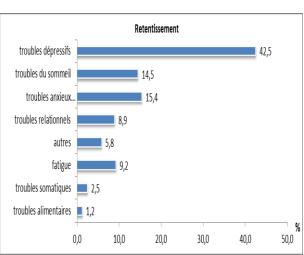




#### 193 calls needed orientation half: psychologist







#### Other devices

- MOTS: Midi Pyrénées Languedoc Roussillon 2010 allo 0608 282 589 occupational doctor, auto test
- Cellule Accompagnement des professionnels
   P3S: 0810 455 455 (for anesthesiologists)
- ASRA: 2012 Rhônes-Alpes support physicians
- APSS: 4 centers, CARMF, therapeutic contract
- Groupe Pasteur Mutualité :specific prevention consultation for members 2013

# AAPML help association for doctors

- An innovative network: the first in France (since 2005)
- Having contributed to the recognition of burnout in France
- Easy Access: anonymous, free and always available (h24 and j7)
- Entrance to other structures necessary
- Management of emergencies
- Communication support necessary
- Still weak financing unsustainable
- Who should be part of an overall network

### Issues: sustain, expand, articulate

- Sustaining
- Coordinate
- Publicize
- Strong and sustained institutional investment
- Prevention, management, monitoring
- Human investissement
- Helping colleagues who share our burdens

#### Burnout: we shall overcome

- Burnout is not only an individual problem
- Burnout linked to quality of working conditions
- Social evolution of the status of doctor
- Aim of perfection
- Counselling students and doctors (medical errors)
- Learning how to speak with patients
- Extra-professional lives

## Thank you!

