



NHS Practitioner Health

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Healthcare professionals deserve support services tailored to their specific needs

The success of NHS Practitioner Health shows that the unique demands of working in healthcare merit a tailored response, says **Zaid Al-Najjar**

Zaid Al-Najjar *medical director*

“If you build it, they will come” is not only a quote from the 1989 film *Field of Dreams*, but also the words used by my predecessor Clare Gerada to describe the success of NHS Practitioner Health (NHSPH) since its inception in 2008. The value it holds for healthcare staff was highlighted recently when NHS England announced its decision to end funding for new referrals to the service from secondary care staff. The ensuing outcry from healthcare staff prompted NHS England to rapidly reverse its decision.¹ The journey the service has been on, and the number of people who’ve accessed it, speak to both the challenges of working in healthcare and a workforce that increasingly needs support with its mental health.

The Practitioner Health Programme, as it was then, was first set up as a mental health treatment pilot for doctors and dentists. At the time, the original staff of three were anxious that no one would turn up to use the service. Those fears turned out to be completely unfounded. NHSPH has gone from strength to strength, having started with treating just 50 patients in its first year to helping around 7000 patients across England and Scotland in 2023. In 2019 we expanded to provide access to any healthcare worker in England who faces barriers to mental healthcare owing to confidentiality concerns, and in 15 years we have seen more than 30 000 patients. In Scotland, since 2021 we’ve also provided the Workforce Specialist Service, which offers regulated health and social care professionals access to confidential mental health and addiction support.

Anxiety is the main problem that people seek help with when they first register with us. Anxious that they are not good enough, that they will make mistakes, that they are going to harm patients, that they will get struck off, that they will be complained about, that they can’t provide the level of care they would like to. Anxiety is closely followed by work pressures and overwhelm, low mood, stress, trauma, and burnout.

These struggles will be no surprise to anyone working in the NHS, given that the biggest cause of staff sickness absence is poor mental health.² Healthcare is becoming increasingly complex and challenging to deliver: our population is living longer and with more multimorbidities, our workloads are higher, and many rotas cannot be fully staffed. We also cannot and must not forget the legacy of the covid-19 pandemic on the NHS. Many staff experienced considerable loss and trauma while trying to provide the best care they could amid mayhem.

It is not just high pressure, demanding workloads, and the risk of managing patients in increasingly busy environments that are leading more staff to access our service. Many of our patients have addiction problems and would not come forward for help if they thought that these struggles would not be kept strictly confidential—our confidentiality page is still the most visited section of our website. As we have an established memorandum of understanding with all the health and social care regulators, we can reassure our patients that there are clearly defined parameters, within which we can treat them safely, yet confidentially.

We must also never forget the devastating deaths by suicide of our colleagues in healthcare, the enduring impact of which is felt terribly by all of those left behind. These losses serve as painful reminders that all of us are vulnerable to our own struggles, no matter how good we are at caring for other people. Worryingly, the number of patients registering with us who have thoughts or plans to end their own lives seems to increase year on year. Tackling suicide in the medical community requires a multifaceted approach: reducing mental health stigma, increasing awareness of the ways to access help, nurturing a workplace culture of mutual support and kindness, and helping staff to recognise signs that they are struggling.

Over the years we have worked hard to get this message heard, and happily we have seen this work bear fruit. Although there is still much to do, the taboo associated with having a mental health problem seems to have lessened as each subsequent generation of doctors comes into the workforce. The conversation about mental wellbeing and the need to feel psychologically safe at work is gaining momentum—even just a brief look on social media confirms this. The pandemic highlighted the importance of the mental health of the workforce, and the success and growth of NHSPH shows that healthcare professionals will always need support services tailored to the unique needs and demands of working in the healthcare system.

This was made overwhelmingly clear when NHS England announced that the service would no longer be able to support colleagues in secondary care. NHSPH received an unprecedented, concentrated demonstration of love and support from the profession, which even led the secretary of state for health to confirm her acknowledgment of its importance and that it would be maintained.³ The strength of feeling, and the experiences that were

courageously shared online, reinforced the necessity of a service that is confidential and held in high esteem by the workforce.

In keeping with many of these stories, we have found that, with the right support and treatment, our patients get better, and most reach recovery. Over the lifetime of our service, around 75% of patients who were not in work when they registered with us have ended up returning to work,⁴ which equates to roughly 6000 doctors. This not only shows that healthcare professionals are highly motivated patients, but that investing in the health of our workforce leads to a great return on that investment.

Finally, what we are all so aware of at NHSPH is that happier teams, and happier workplaces, make for happier, healthier staff and ultimately better patient care. Given the challenges that the NHS faces now, it has never been more important that we all commit to making our workplaces ones that prioritise civility, mutual respect, a sense of community, and making staff feel valued. How on earth do we do this given the enormity of the problem? Start small and lead by example. “If you build it, they will come” with you too.

Competing interests: I am medical director of NHS Practitioner Health.

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- 4 Gerada C. The wounded healer report on the first 10 years of Practitioner Health Service. NHS Practitioner Health. Oct 2018. <https://www.practitionerhealth.nhs.uk/research-publications>