

Prevalence of Psychological Distress in Australian Junior Medical Officers

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Introduction

- Junior Medical Officers (JMOs) can be at increased risk of poor mental health related to their stage of training.
- These specific tensions related to their early career stage and training include the demands of frequent clinical rotations, working long shifts while maintaining social and personal networks.
- The high pressure nature of medical practice raises concerns regarding the associated psychological distress experienced by JMOs, which can manifest as anxiety,
- Few researchers have examined data concerning Australian JMOs.

Aim

- To determine the prevalence of psychological distress in Australian junior medical officers (JMOs) and investigate the determinants associated with psychological distress over a three year (2014-2016) period.

Method

- JMOs were surveyed using the 2014-2016 JMO Census (n=220, 399, and 466 each year, response rate approximately 15%).
- Data spanning these 3 years were analysed in a cross-sectional study
- Levels of psychological distress were assessed using the Kessler Psychological Distress Scale (K10).
- Having a $K10 \geq 25$ was used as designating high psychological distress and this determinant was compared to various demographic and work-related factors.

Total K10 Score across Year of JMO Census (2014-2016)

K10 Score	2014	2015	2016	Total
10-19	156	276	292	724
20-24	35	67	85	187
25-29	10	27	46	83
30-50	19	29	43	91
<i>Mean</i>	17.51	17.74	18.76	18.13
<i>Median</i>	15.00	16.00	17.00	16.00
<i>Standard</i>	6.80	6.38	7.07	6.78
<i>Range</i>	10-44	10-48	10-50	10-50
	220	399	466	1085

Results

- Australian JMOs experience a high level of psychological distress.
- There were no differences in demographical variables such as age, sex, marital status, dependents and between PGY 1 and 2.
- Increasing hours worked per week was associated with a higher K10, with every hour worked increasing odds by 3%.
- Coping strategies like exercise and spending time with friends correlated positively with lower distress, whilst time off work, frequent alcohol use, smoking and drug use were associated with increased distress levels.
- Use of Mental Health services such as GP, psychologist or psychiatrist correlated with higher K10 scores.
- Attitudinal items including feeling unwilling to study medicine again, feeling poorly trained, and experiences of bullying were related to high psychological distress.

Conclusion

- Increased working hours, alcohol use, smoking, and experience of bullying were amongst the associations identified as having high psychological distress.
- A focused approach to JMO support and education on these factors is likely to assist health policy approaches that aim to improve the mental health of Australian JMOs.