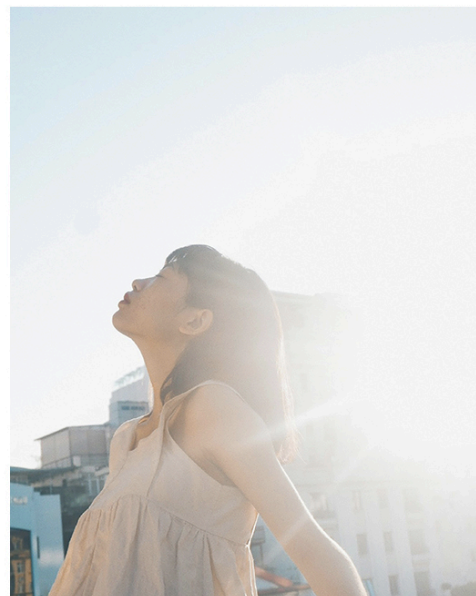
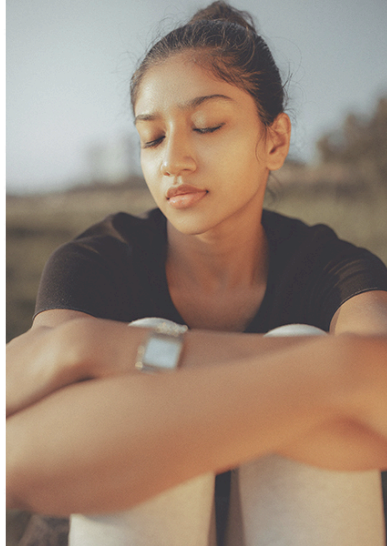




The Royal College of
Chiropractors

PUBLIC HEALTH SOCIETY

Focus on Public Health: --- **Mental Health**



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Focus on Public Health: Mental Health

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Introduction

This mental health and wellbeing focus pack is a resource to help chiropractors in their role as health care professionals to improve the mental health and wellbeing of their patients.

Mental health conditions are common with 1 in 6 adults in England having experienced a common mental health disorder in the past week (1).

Covid-19 has had a negative impact on mental health. Self-reported levels of anxiety, stress and depression have worsened during the pandemic

Mental health conditions are common with 1 in 6 in England adults having experienced a common mental health disorder in the past week (1).

and remain worse than pre-pandemic levels (2).

Mental health is more than the absence of mental illness, and mental wellbeing contains elements related to feeling good and functioning well. Promoting good mental health can positively impact on physical health and many other aspects of people's lives.

Mental health and wellbeing is an important public health issue and chiropractors have a role to play in addressing this.

In their interactions with patients, chiropractors are ideally placed to help people make positive changes to improve mental health and wellbeing. This could be through giving advice and / or signposting to other services. Chiropractors are also able to identify risk factors and symptoms of mental health problems and refer appropriately.

Chiropractors' current involvement

Pain, mental health and disability are strongly linked and chiropractors often encounter patients who have mental health conditions. People with physical health problems are at increased risk of poor mental health – particularly depression and anxiety – and poor mental health has been shown to exacerbate musculoskeletal conditions and chronic pain (3).

Depression is 4 times more common among people in persistent pain compared to those without pain. Approximately 20% of people with osteoarthritis experience symptoms of depression and anxiety. The odds of back pain in people with symptoms of depression have been shown to be 50% higher than those without symptoms of depression (4).

Do chiropractors address aspects of mental health with their patients?

The results of a provisional survey of practising chiropractors by the Royal College of Chiropractors' Public Health Society showed that 81% of respondents always ask about aspects of patients mental health and 18% sometimes do so. When it comes to addressing this behaviour, 34% of respondents address these aspects with patients and feel confident in doing so, 49% address them but would like further training in this area and 13% do not address them but would do so with further training.

Further training for healthcare professionals

The Office for Health Improvement and Disparities (OHID) and Health Education England's 'e-Learning for Healthcare' have developed an e-learning course to increase the confidence and skills of health and care professionals in relation to mental health and to embed prevention in their day-to-day practice. This is free to access and can be found [here](#).

General mental health and wellbeing

Mental health is all about how someone is feeling in their mind. Good mental health leads to a sense of wellbeing in which a person feels good about their life and capable of managing problems when they happen. Chiropractors can assist patients to improve their wellbeing and mental health by providing education, signposting to resources and referring to mental health professionals when needed.

As primary contact practitioners, chiropractors have the opportunity for conversations on a range of topics that may impact a person's mental health and wellbeing. Asking open-ended questions, using screening tools and being aware of risk factors, signs and symptoms associated with poor mental health can aid in maximising the opportunity for change. Being willing to have even brief discussions can help alleviate the stigma around mental health problems allowing individuals to access information and care.

Risk factors that may contribute to poor mental health include genetics, environmental factors, life events and substance abuse.

Common warning signs and symptoms of changes to mental health include: mood or behaviour (feeling sad, irritable, angry or anxious), difficulty sleeping, physical symptoms that do not respond to treatment, appetite changes, decreased interest in previously enjoyable activities, lethargy, difficulty concentrating, increased use of alcohol or drugs, social and relational withdrawal, feeling hopeless, worthless or helpless and suicidal thoughts or behaviour.

There are screening tools that can be used in primary care to help identify people who may require further evaluation by a mental health specialist. These include:

- [Patient Health Questionnaire \(PHQ-9\)](#), a screening tool for depression symptoms filled in by the patient and consisting of 9 questions
- [Generalised Anxiety Disorder \(GAD-7\)](#), a screening tool for the severity of anxiety symptoms filled in by the patient and consisting of 7 questions
- [Alcohol Use Disorders Identification Test \(AUDIT\)](#), a screening tool for alcohol misuse
- [Drug Abuse Screening Test \(DAST-10\)](#), a screening tool for drug abuse consisting of 10 questions

Good mental health leads to a sense of wellbeing in which a person feels good about their life.

The [Warwick-Edinburgh Mental Wellbeing Scale \(WEMWBS\)](#) is a valid and reliable tool that consists of 14 positively worded items that cover a broad range of aspects related to mental wellbeing, including positive affect, self-esteem, optimism, and positive relationships with others.

Note: This requires a licence to be used.

Mental wellbeing cannot exist in isolation. There is a proven and clear link between mental health aspects of lifestyle such as healthy eating, physical activity, healthy relationships, sleep and minimising harmful substances.

Chiropractors, as holistic primary contact practitioners, have many opportunities for discussions around the biopsychosocial aspects of an individual's wellbeing. There are many self-care strategies that a person may engage in towards maintaining and promoting their mental health and wellbeing, as shown below:

Physical	Emotional	Social
<ul style="list-style-type: none"> • Encourage access to nature and the outdoors • Balanced diet low in processed foods • Minimise alcohol, drug and cigarette use • Physical activity & exercise (shown to reduce symptoms of depression and anxiety, boost mood, self-esteem self-worth and improve sleep) • Prioritise sleep 	<ul style="list-style-type: none"> • Stress reduction and relaxation techniques, for example yoga, tai chi, time in nature, mindfulness, deep breathing • Positive psychology interventions like gratitude, CBT, ACT • Learning to understand and manage own emotions and feelings • Self-compassion • Engaging in activities you enjoy • Taking a break • Keeping a journal • Support for finding a purpose and meaning in life • Looking after yourself whilst supporting others with • Be open-minded to new experiences • Planning things to look forward to 	<ul style="list-style-type: none"> • Increase meaningful social connection • Get help for abusive relationships • Talk to someone you trust • Voluntary and community collaboration • Getting help with financial difficulties • Identifying ways to reduce loneliness • Group exercise • Do something creative • Join a class • Meaningful acts of kindness

Signposting for patients and further resources for chiropractors

Mental Health Foundation

[Our best mental health tips](#)

'Our best mental health tips backed by research'. This has lots of other links embedded in the pdf (thriving with nature, mindfulness, how to talk to your friends and health professional about how you are feeling, links to information about alcohol and drugs and mental health, narcotics anonymous, list of organisations offering free financial advice, acts of kindness, food and mental health).

Mind

[Tips for everyday living](#)

Mental Health Foundation

['How To' publication series](#)

- How to look after your mental health using exercise
- How to sleep better
- How to look after your mental health using mindfulness
- How to look after your mental health in later life
- How to support mental health at work
- How to overcome fear and anxiety

NHS Better Health

[Every Mind Matters](#), including links to 'free mind plan' 'self-help CBT techniques', 'reducing anxiety emails', 'advice and support for loneliness':

- [Your Mind Plan](#)
- [Top tips to improve your mental wellbeing](#)
- [Self-help CBT techniques](#)

Samaritans

Samaritans 'If you're having a hard time' includes tips for mental wellbeing like time in nature, breathing, creativity: [Nature and mental health](#).

The British Association of Counselling and Psychotherapy

[What therapy can help with](#)

NHS

[Find an NHS talking therapies service](#)

NHS talk therapy for anxiety and depression, GP or self-referral.

Meditation/mindfulness apps

- [Headspace](#) (free trial then subscription)
- [Calm](#)
- [Waking Up](#)

British Society of Lifestyle Medicine

[6 pillars of lifestyle medicine](#)

This includes recent research on the areas of Mental Wellness, Healthy Eating, Healthy Relationships, Physical Activity, Minimising Harmful Substances and Sleep.

HM Government, Department for Health

[No health without mental health](#) (easy read version)

National Institute for Health and Care Research

Primary care conversations

[Brief conversations in primary care: an opportunity to boost health](#)

Useful links and resources for patients in Wales

- [NHS 11 wales: Mental health and Wellbeing](#)
- [meddwl](#)
- [myf.cymru](#)
- [Adferiad](#)
- [Mind Cymru](#)

Useful links and resources for patients in Scotland

- [SAMH: Scottish Action for Mental Health](#)
- [Breathing Space](#)
- [Citizens Advice Scotland: Mental health](#)

Common mental health considerations for chiropractic patients

Patients will seek chiropractic care for MSK pain conditions and the biopsychosocial model recognises that all three areas overlap and interact with a patient's pain experience. Common psychological and emotional factors that can impact pain include stress, anxiety and depression.

Promoting good mental health as outlined in the section on "general mental health and wellbeing" in this document can have the potential to help patients with their pain.

In clinical practice, the Bournemouth questionnaire (5) is a validated outcome measure that can help assess these domains and has specific questions on anxiety, depression and self-efficacy. It can be used as a brief screening tool and, along with a case history, can help identify patients who could benefit from further investigation and support.

Clinical studies have revealed that chronic pain can induce depression and people with depression exhibit a poorer prognosis.

Heightened stress and anxiety can lead to increased pain through increased sympathetic mediation. Signs a patient may be affected by anxiety include:

- irritability
- insomnia
- loss of appetite
- poor concentration
- constant worrying

GAD 7 is a screening tool for the severity of anxiety symptoms. A link to the screening tool can be found [here](#).

Depression very commonly exists with pain, especially chronic pain. Clinical studies have revealed that chronic pain can induce depression and people with depression exhibit a poorer prognosis.

Some key features that could indicate depression include:

- A negative view of oneself and the future
- Lack of energy and interest in life
- Slow mental functioning
- Feeling of sadness and hopelessness
- Pessimistic view of the future
- Changes in sleep

PHQ-9 is a screening tool that can be used for depression. A link to the screening tool can be found [here](#).

When depression, stress and anxiety are present at a lower-level, chiropractors are well placed to assist. This can be through recommendations relating to improving mental wellbeing and giving specific exercises such as relaxation techniques or breathing exercises. Chiropractors can also signpost to further information including:

- The Pain Concern leaflet on [Stress, Pain and Relaxation](#)
- IAPT/ [NHS Talking Therapies](#) - it may also be worthwhile considering what the talking therapy service in your area is and directing and/or referring patients directly to this service: [Find an NHS talking therapies service](#).
- The RCC offers learning modules on understanding how non-physical factors can provide barriers to a patient's recovery, and how to manage them. It covers topics related to mental health and wellbeing.

Commonly prescribed medications to be aware of

Mood problems can be side-effects of prescribed medication including beta-blockers, corticosteroids, benzodiazepines, levodopa, anticonvulsants and anticholinergic drugs.

Antidepressants

The most common medications that chiropractors encounter are antidepressants, especially SSRIs (serotonin-reuptake inhibitors) such as Citalopram and Sertraline, SNRIs (serotonin-norepinephrine reuptake inhibitors) such as Duloxetine and Venlafaxine, and TCAs (Tricyclic Antidepressants) such as Amitriptyline and Nortriptyline.

Side-effects of SSRIs and SNRIs can include nausea, diarrhoea or constipation, insomnia, headaches and sexual dysfunction. Side-effects of TCAs include blurry vision or dizziness, dry mouth, weight gain, night sweats, problems passing urine or stool and arrhythmia (6).

Another consideration is Serotonin Syndrome which is a relatively uncommon but potentially serious adverse reaction characterised by neuromuscular hyperactivity, autonomic dysfunction and altered mental state (7). This may include tremor, diarrhoea, blood pressure changes, hyperthermia, hyperreflexia, clonus and confusion, which comes on within hours or days of starting or

increasing the dosage. If this is suspected, then specialist advice should be sought.

The most common medications that chiropractors encounter are antidepressants.

St John's Wort is a herbal remedy that is used for mild depression, but it can have potentially serious interactions with other medications, including increasing the risk of serotonin syndrome when taken in conjunction with SSRIs (8).

It is important to be aware that combining antidepressants or St. John's Wort with triptans, that are commonly used for migraine, can also increase the risk of serotonin syndrome (9).

Antipsychotics

These help to control mania and hypomania and are usually prescribed in schizophrenia, psychosis, schizoaffective disorder and, in some cases, severe anxiety or bipolar disorder. They include Haloperidol, Quetiapine and Clozapine (10).

Sleeping pills or tranquillisers

These are often prescribed for sufferers of severe insomnia or severe anxiety, the most common is Benzodiazepine. Withdrawal can cause side-effects at any time up to 3 weeks after stopping and can cause tremor, insomnia, tinnitus, anxiety and loss of appetite, which can last for months afterwards. Other non-

Benzodiazepine drugs, such as Zopiclone, can have similar effects and issues with withdrawal.

Mood stabilisers

These are prescribed to help extreme mood swings such as in bipolar disorder, and the most commonly used is lithium. Others include anti-epileptic medications such as Lamotrigine, Valproate, and Carbamazepine.

Pregnancy

Most medications are safe in pregnancy and the risks are very small, but can cause pulmonary hypertension of the newborn and other syndromes. Sodium valproate (used to treat bipolar disorder and/or epilepsy) is contraindicated as it can cause birth defects and developmental disorders (11).

Suicide prevention and risk identification

Suicide is a significant public health concern in the UK and it is important for chiropractors to be aware of suicide prevention, who is at risk of suicide, when to refer to a mental health specialist or for crisis care, and how to signpost to support groups for those affected by the loss of a loved one to suicide. Suicide is the biggest cause of death of people under 35. In 2022 suicide was the largest cause of death for men aged 20-49 (12).

With tens of thousands of suicide attempts each year, it is reasonable to assume that chiropractors are likely to engage with people who have previously struggled with suicidal thoughts, are actively suicidal, are affected by losing someone they know to suicide or supporting someone else who is experiencing this distress.

In 2022 suicide was the largest cause of death for men aged 20-49.

Statistics show that suicide is more common among men than women; particularly men between 40-60 from a lower socio-economic group. Individual, community and social factors contribute to suicide risk. Only a third of those who die by suicide have had contact with specialist mental health services in the last year (13).

Risk factors

Suicide is extremely complex and often there is no single factor or event that leads someone to take their own life. Suicide can be preventable and there is help available for those in crisis. Talking to someone about suicidal thoughts can lead them to access the help and support they need, reduces stigma and generates greater understanding. Risk factors include the following:

- Previous suicide attempt is a risk factor for suicide, although research shows that only a small proportion will go on to take their life in the future
- Whilst most people who self-harm will not take their own life, it is a risk factor for future suicide
- Those with mental illness, particularly bipolar, depression, schizophrenia, substance misuse are at increased risk of suicide
- Family history of suicide increases an individual's suicide risk
- Traumatic and abusive events can increase suicide risk
- Chronic pain and illness
- Social isolation
- Being unemployed
- Access to lethal means

NICE guidelines advise against using risk-predicting score systems for determining suicidal intent and promote a comprehensive clinical interview. As primary contact practitioners, chiropractors are well placed to have discussions with their patients around self-harm and suicide and be able to signpost them to appropriate medical and mental health services along with other self-help services available.

Warning Signs

Signs to look out for	Circumstances
Talking about wanting to die or to kill themselves	Acute emotional distress
Feeling restless and agitated	Grief
Feeling angry and aggressive	Loss of friend or family member or relationship or job
Feeling tearful	Suicide or attempted suicide by family member, friend or public figure
Being tired and lacking energy	Housing problems
Avoiding talking and being with people	Financial worries
Avoiding things they usually enjoy	Stress and pressure from work or study
Using alcohol or drugs to cope with feelings	Bullying, abuse or neglect
Talking about feeling hopeless, helpless or worthless	Loneliness and isolation
Talking about feeling trapped, unable to see a way out or unable to escape their thoughts	Living with mental health condition e.g. depression
Routine changes e.g. sleep, appetite	Painful and/or disabling physical illness

Risk taking behaviour such as gambling, violence	Alcohol or drug dependency
Finding everyday things difficult	Current challenging events
Not communicating in their usual way e.g. not replying to messages	Anger at other people due to mistreatment, perceived or real
Looking for a method or way to kill themselves or having a plan	Some studies suggest a link between taking or withdrawing from or changing medication and having suicidal thoughts (antidepressants and benzodiazepines)
Talking or writing about death, dying or suicide	Recent discharge from inpatient mental health wards
Saying goodbye or sending messages that feel like an ending or putting their affairs in order e.g. giving away belongings, thanking you	People in LGBT community People with autism People in contact with criminal justice systems People in specific occupation groups

Sources: Samaritans www.samaritans.org, Rethink Mental Illness www.rethink.org and NICE (14).

How to talk to someone about self-harm and suicidal thoughts

Show you care, Have patience, Use open questions, Say it back, Have courage (SHUSH).

Asking people directly if they are suicidal helps. It allows them to tell you how they are feeling and the thoughts they are having, and demonstrates that they are not a burden to you. You can ask “are you thinking about suicide?”, “are you having thoughts of ending your life?”, “are you thinking about killing yourself?”, “have you made a plan?”

Ford et al (15) explored the moral and practical dimensions of asking about self-harm and suicide in primary care. They found that adopting a more open questioning style and asking about self-harm and suicide separately could encourage patients to talk about self-harm and suicidal thoughts, acknowledging suicidal thoughts as distressing in themselves could help patients get the most suitable help, and exploring patients’ positive reasons for wanting to stay alive, rather than focusing on the problems suicide causes for others, could help to counter guilt and shame.

Mental health helplines and signposting

- Imminent danger of death: 999 or go to A&E
- NHS: 111
- Contact your GP and ask for an emergency appointment
- [111 online: Check your mental health symptoms](#): local NHS urgent medical helpline (England only)
- [Samaritans](#)
Free, confidential, 24 hours, 365 days of the year
- [Shout](#)
Crisis Text Line: text "SHOUT" to 85258 or text "YM" if under 19
- [Papyrus - Prevention of Young Suicide](#)
- Hopeline247: 0800 068 41 41
- [CALM - Campaign Against Living Miserably](#)
0800 58 58 58 (5pm – midnight, 365 days)

Other (non-urgent)

- [Mental Health UK](#)
- [MIND](#)
0300 123 3393 (Mon-Fri, 9-6pm)
- [Rethink Mental Illness](#)
- [Mental Health Foundation](#)
- [Zero Suicide Alliance](#)
Has a comprehensive list of helplines available for a wide range of situations.

Confidentiality

The suicide prevention strategy for England places an emphasis on families bereaved or affected by suicide. It aims to improve information and support for families who are concerned about a relative who may be at risk of suicide and to better support those who have been bereaved by suicide.

A consensus statement for information sharing and suicide prevention was developed and published in 2014. The statement was subsequently updated and republished in 2021 to reflect the current legal position including the implementation of the UK General Data Protection Regulation (UK GDPR). It can be accessed [here](#).

The Zero Suicide Alliance, on behalf of DHSC, has also published [guidance for frontline staff on how to use the consensus statement](#), which aims to support staff regarding when and how to share information about patients where this may help prevent suicide.

Note that the statement applies to adults in England. The situation for children and young people under the age of 18 differs, although the same duties of confidentiality apply when using, sharing or disclosing information about children and young people as about adults.

General Chiropractic Council guidance on confidentiality

The GCC's guidance on confidentiality explains that if disclosure is required by law (statutory disclosure), or by a person or authority having a legal power to

make such a demand, then chiropractors are legally bound to comply. There are exceptions to the general rule of confidentiality where disclosure can be made to a third party. These are: (i) if you believe it to be in the patient's best interests to disclose information to another health professional or relevant agency (ii) if you believe that disclosure to someone other than another health professional is essential for the sake of the patient's health and wellbeing (for example, if the patient is at risk of death or serious harm); or (iii) if having sought appropriate advice you are advised that disclosure should be made in the public interest (for example, because the patient might cause harm to others). You can access the guidance [here](#).

Links to further resources

National Institute for Health and Care Research (NIHR)

[Open questions improve GP conversations about self-harm and suicide](#)

GPs may help people at risk of self-harm by asking open questions, acknowledging distress, and exploring positive reasons for staying alive

Science Direct

[Asking about self-harm and suicide in primary care: Moral and practical dimensions](#)

Royal College of Psychiatrists

Position Statement: [Self-harm, suicide and risk: a summary](#)

NICE

- NICE Guideline NG225: Self-harm: assessment, management and preventing recurrence, [Risk assessment tools and scales](#)
- NICE Quality Standard QS189: [Suicide Prevention](#)
- NICE Guideline NG105: Preventing suicide in community and custodial settings, [High Suicide Risk](#)

Considerations for special populations

Older adults

Depression is the most common mental health condition in older age, affecting over a third of those in hospitals and care homes (16).

Long term health conditions such as diabetes, heart disease, dementia, Parkinson's Disease, Chronic Obstructive Pulmonary Disease (COPD), musculoskeletal conditions and frailty make depression and anxiety more common. It can be associated with conditions such as pain, thyroid problems, vitamin deficiency, hypercalcaemia and constipation. Drinking alcohol may also increase in older age due to psychosocial factors (including bereavement, retirement, boredom, and loneliness), physical or mental illness, or memory difficulties.

Some of the disease processes that cause dementia can also cause depression.

Older people are especially vulnerable to loneliness and isolation, which has a detrimental effect on both physical and mental health. There are a number of helplines that may be useful to signpost to including:

- [AGE UK](#) which can offer support on a wide variety of issues
- [Independent Age](#), who specialise in helping older people navigate financial hardship
- [The Silver Line](#) is a helpline set up by Esther Rantzen
- [CRUSE](#) is a bereavement charity that can provide support via a number of channels including their national helpline

NHS England has produced a Practice Primer on Mental Health in Older People for use by primary care practitioners to aid in distinguishing symptoms often thought to be just attributed to 'old age' but may be indicative of a mental health condition requiring intervention. It can be accessed [here](#).

Some of the disease processes that cause dementia can also cause depression and it can be difficult to distinguish the two. [Alzheimer's Society](#) have some good resources on the types of dementia and available treatments.

New parents mental health

Up to 27% of women and 10% of men suffer from mental health issues in the perinatal period, which includes conception and up to 1 year after the birth. Sometimes it can occur pre-conception, often as part of an existing mental health condition, and this is the best time to intervene as signposting high-risk patients to counselling services at this time can help to prevent relapse and lessen symptoms (17).

Chiropractors are well placed to pick up on mental health concerns among new parents. Use open questions such as 'Tell me about the birth?' and 'How do you feel about being a parent?' to allow the patient to be honest. Be aware of the possibility of Post Traumatic Stress Disorder (PTSD) arising from birth trauma, where a referral to talking therapies or Eye Movement Desensitisation and Reprocessing (EMDR) therapy, a specific type of intervention that helps people recover from traumatic events, may be indicated. These can be accessed via the GP or in some areas patients may be able to self-refer.

Chiropractors should be aware of potential mental health concerns in the fathers and partners, not just the mother. It has been shown that over 39% of new fathers want support for their mental health (18) and fathers with perinatal mental health problems are up to 47% more likely to be rated as a suicide risk than at any other time in their lives (19). It is well established that poor mental health in the mother puts a child at greater risk of developing a mental health disorder (20), but a study by UCL showed that depression in fathers was also correlated with depression in their adolescent children (21).

Some useful signposts include:

- [The Dad Pad](#) which is a low cost guide aimed at providing practical advice to new fathers and was developed in conjunction with the NHS.
- [PANDAS](#) which is a charity offering free support on the phone, online, via social media and face-to-face groups. They have groups specific to fathers as well as mothers suffering from post-natal depression.

Children

10% of 5-16 year olds have a clinically diagnosable mental health condition, yet 70% have not had appropriate interventions at a sufficiently early age. Early detection and intervention is vital as 50% of mental health problems are established by 14 years old and 75% by 24 years old (22).

Children who grow up in a household with mental health concerns are more likely to experience problems with their own mental health, and over a third of mental health issues in adulthood are directly linked to an Adverse Childhood Experience (ACE) (23). Adults who experienced 4 or more ACEs are 4 times more likely to have low levels of life satisfaction and mental wellbeing as well as make them more likely to engage in risk behaviours and suffer from chronic diseases (24).

Children and Young People's Mental Health Services (CYPMHS) refers to all of the mental health services that work with children and young people provided by the NHS, and replaces the older term CAMHS. Services vary in different areas and most CYPMHS have their own website where you can contact them directly (25).

You can also take a look at your local ICB (Integrated Care Board) website and search for 'Children and young people's mental health'.

Parents and Carers can also receive support from the GP, School SENCO (Special Educational Needs Co-ordinator), health visitors and children's centres.

Practitioners' mental health

Looking after your own mental health as a healthcare provider is vitally important, not only personally but professionally.

The GCC outlines the following points in The Code: Standards of Conduct, Performance and Ethics for Chiropractors: (26)

B1: Protect patients and colleagues from harm if your health, conduct or performance, or that of a regulated healthcare professional, puts patients at risk.

G5: Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.

If you feel as though your mental health is impacting on your patient's care then please seek help. You can talk to family, friends, a colleague, or a medical professional.

The GCC has a mental health resource pack providing useful information and resources for registrants (27).

Check with your professional association to see what help it can offer. For example it may offer a Wellbeing Counselling Service providing face-to-face or telephone sessions with a professional counsellor.

Looking after your own mental health as a healthcare provider is vitally important, not only personally but professionally.

'You Are Not a Frog' (28) is a podcast designed for healthcare professionals which provides practical tips on subjects such as how to avoid burnout, maintain a better work life balance, and dealing with conflict in the workplace.

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