
Generalist seeks a specialist

INVITERT KOMMENTAR

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A joint referral centre can make it more difficult for doctors to seek help.

Hogne Sandvik et al. have carried out a study of general practitioners' (GPs) quest for help, which is published in the current edition of the Journal of the Norwegian Medical Association [\(1\)](#). The study is particularly valuable because it compares GPs with a corresponding group regarding sex, education level and health. The results show that the GPs used the primary health service to a much lesser degree (22 %) than the control group (62 %). In contrast, consultations with a contract specialist were approximately at the same level in the two groups (18 % versus 16 %). Of the GPs who consulted a contract specialist, 35 % saw a psychiatrist compared with 13 % in the control group.

«It is also well documented that doctors have a higher threshold for seeking help, that they treat themselves and go to work with ailments for which they would certify sick leave for a patient»

A number of studies have shown high levels of stress, burnout and suicide among doctors. It is also well documented that doctors have a higher threshold for seeking help, that they treat themselves and go to work with ailments for which they would certify sick leave for a patient [\(2\)](#). Several countries have therefore established collegial support schemes for doctors. Through such low-threshold schemes, doctors can seek advice and help outside the established range of treatment, usually with no record keeping. In Norway there are three national collegial support schemes funded by *Sykehjelps og pensjonsordningen for leger* (Medical help and pension schemes for doctors) (SOP). All counties have local peer-support colleagues who are easy to contact

for counselling, while doctors from all over Norway can seek counselling and take courses at Villa Sana at Modum Bad, and at Trasoppklinikken support is available for doctors with substance use problems (3).

There has been a growing number of applications for these support schemes in recent years, among younger doctors in particular (4). Doctors find that it is easier to apply for this type of low-threshold scheme than to go to their own GP (5). The use of these support schemes may therefore result in fewer doctors consulting their own GP, as shown in the study by Sandvik et al. (1).

Support schemes appear to assist doctors in seeking help from the psychiatric specialist health service. A study of doctors who sought counselling at Villa Sana in the period 2003–05 showed that over half subsequently used the mental healthcare service (6). This may be one explanation for the GPs' use of the psychiatric specialist health service observed in Sandvik et al.'s study (1). Given a likely underuse of psychiatric health services among doctors, this is a positive development.

In September 2023, a joint referral centre was established at all health trusts (7). Referrals to contract specialists in psychiatry must now be rights assessed at the local district psychiatric outpatient clinic (DPS), and you will either be referred to a therapist at DPS or to a contract specialist. It is a matter of concern that the doctors I am currently seeing for counselling at Villa Sana report that this is difficult. The new scheme can be particularly challenging for GPs who refer their patients to the same centre, and it may in turn raise the threshold for doctors seeking treatment in psychiatric health care.

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GPs report a lower level of own sick leave compared with hospital doctors (8), and studies indicate that GPs find it particularly difficult to seek help for mental problems (9). A recent doctoral thesis shows that doctors are reluctant to seek help, partly because they are uncertain whether the duty of confidentiality is maintained in the public health service (10). This concurs with the concerns revealed by the social media campaign *#legermåleve* (doctors must live) in Norway last year. It is essential to avoid new structural barriers for GPs who themselves need psychiatric healthcare.

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