



Supporting Doctors with

PSYCHIATRIC CONDITIONS



The Making of the WISE Guideline

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“Most of the time, I do feel that having a mood condition has actually been very beneficial to my practice. There's a certain kind of empathy that you get from going through this yourself, where you can see a patient in distress and you genuinely understand how that feels. Sure, I did require one week off work when I was a house officer to recover because I had a minor relapse during that time, but I'd have required time off if I had a minor fracture too, right? And after returning from that time away, I've come back a better doctor for it.”

– Participant A

In 2024, members of the SMA Doctors-in-Training (DIT) Committee observed that colleagues with mental health conditions were being treated differently from other junior doctors at work, and often not in ways that left them feeling supported. Several colleagues recounted instances where they felt scrutinised or disempowered on the basis of the psychiatric conditions they were living and working with.

The prevalence of mental health conditions within the medical fraternity is well established internationally. A 2025 scoping review published in *Frontiers in Public Health* found that up to 67% and 80% of physicians had depression and anxiety respectively, with junior physicians and residents being disproportionately affected.¹ A local study of psychiatry residents found that almost 40% had clinical depression and over 12% struggled with suicidal

ideation.² Beyond mood disorders, we know mental health conditions encompass psychotic disorders, addiction and substance use disorders too. Though their prevalence is not

“There was a point in time, where I [thought], ‘Maybe I should just go off medication.’ Which is dangerous, right? [But] that tells you the extent to which people don't want to be stigmatised... [It is as if I have to] prove that I can function... It's more like I'm being limited [by] a very outdated structural issue... I think [it can be] very insulting [and] it also reduces the desire for people to come forward and raise these kinds of issues.”

– Participant C

as well documented, doctors are also susceptible to experiencing these conditions.

Together with nominated representative psychiatrists and occupational health physicians from the College of Psychiatrists (CPSych), Academy of Medicine, Singapore (AMS) and the College of Public Health and Occupational Physicians (CPHOP), AMS, the SMA DIT Committee formed a workgroup with a vision: psychiatric condition or not, every doctor should be able to practise to his/her full potential in the workplace.

Making of the WISE Guideline

We started by interviewing six junior doctors with psychiatric conditions from Postgraduate Year (PGY) 2 to PGY5 about their lived experiences at work, getting and maintaining their medical registration, and navigating life as a

“ (Reflecting on a time spent away from work during a Medical Officer Posting Exercise posting due to an adjustment reaction) The primary person I was liaising with was very supportive and a very strong advocate for me... [Others] were less supportive and more dismissive, and they were only being held in check by this supportive member [of the team]. The first thing was that he told me it was okay to take time off work for mental health issues... Once I returned to work, he adjusted my scope [to] ease me back into work... I don't have an affinity to the OT at all, and I think that was a big part of my issue when I had to take a break from work initially, so he facilitated a transfer such that I was doing mostly clinic and ward-based work instead... He made sure I was assigned under a [senior] that was known to be flexible, responsive and supportive rather than someone who was known to be abrasive...”

– Participant B



junior doctor while being on treatment for a psychiatric condition. Following this, we ran a survey among junior doctors to get a sense of the measures or initiatives in the workplace that provided the most mental health support. We also interviewed chief wellness officers from public healthcare institutions and medical directors from private healthcare groups to understand the existing support systems and considerations from senior management. Together, we used these insights to scope out the concerns of junior doctors with psychiatric conditions and set out to develop recommendations supported by an extensive literature review. After iterative discussions within the work-group, these components shaped the Well-Being, Inclusion, Safety and Equity (WISE) Guideline: Supporting the Registration and Practice of Doctors with Psychiatric Conditions.

The WISE Guideline has four main sections: (i) identifying individuals at risk, (ii) fitness to practise assessments, (iii) leave of absence/return to work, and (iv) supporting mental health in the workplace. Each section is accompanied by applicable case studies crafted with reference to real situations facing junior doctors which we gathered from our interviews, including both positive and negative examples. Recommendations made in the guideline stem from a review of international best practices, as well as expert opinion from our workgroup's psychiatrists and occupational medicine physicians. Beyond the recommendations and case studies themselves, our guideline illustrates the typical journey through medical practice

of a doctor with a psychiatric condition in Singapore, as well as an action-oriented summary table that pinpoints the specific recommendations that various stakeholders should act on.

Call to action

Evident from the insights gathered, the underlying issues affecting doctors with psychiatric conditions are multi-systemic – ranging from navigating medical registration, to disclosure and privacy in the workplace, to supervision and accommodations in the workplace, and broader working conditions and climate.

Multi-systemic issues require multi-stakeholder action. Above all, this guideline serves as a call to action for all of us. For junior doctors, this guideline emphasises the role of peer support and normalising help-seeking behaviours. For treating physicians such as psychiatrists, occupational medicine physicians or family physicians, this guideline places emphasis on the affected doctor's ability to function at work as the gauge for fitness to practise. For senior doctors, this guideline details ways to support affected doctors in day-to-day work and to create a psychologically safe space that genuinely encourages help-seeking. Lastly, for senior management and human resources staff, this guideline discusses the indispensable role of systems-based changes in supporting mental health in the workplace: going beyond often-cited ideas around “wellbeing” which tend to centre individual resilience while lessening the role of the wider structures that we live and work in.

The WISE Guideline aims to set a reasonable, meaningful and actionable standard for how doctors with psychiatric conditions can be best supported in the workplace. This aligns with the 2023 National Mental Health and Well-being Strategy which focuses on “improving the mental health ecosystem” so people can “seek help without stigma” and be “readily supported for their recovery”.³ In the past few years, Singapore has also issued the Tripartite Advisory on Mental Health and Well-being at Workplaces (2023), and the Workplace Safety and Health Council's Handbook on Supporting Employees' Mental Health (2026), further validating our movement for junior doctors by aligning with ongoing nationwide workplace reforms.



I think the same support [measures] that benefit a doctor with a mental health condition would also trickle down to benefit the whole workforce of junior doctors. So things like proper ending times, proper compensation, reasonable patient loads... Ultimately, these are things that are not just for us: [they're] for everybody.

– Participant A





Beyond doctors with psychiatric conditions

Looking beyond junior doctors with psychiatric conditions, bringing about a systemic change in how our healthcare system treats doctors creates a kinder workplace for everyone. Our guideline touches on these points and provides actionable recommendations for physicians, colleagues and institutions. By collaborating to build spaces which assure doctors of sufficient rest, balanced loads and psychological safety, we create a healthcare system with greater capacity to care safely and effectively for its patients too.

When we focus on a doctor's ability to function at work regardless of the illnesses he/she may be navigating, we create a more inclusive workforce with deeper empathy for the patients we care for.

Would it not be wise to work towards that? ♦

The WISE Guideline is endorsed by the SMA Council, CPsych and CPHOP, and will be published in end 2026. When published, it will be available on the SMA website at: <https://www.sma.org.sg/page/doctors-in-training-20>.

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