MENTAL HEALTH IN VETERINARIANS AND POTENTIAL INFLUENCES

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Background

Studies of suicide statistics across several different time periods in the UK consistently report that the veterinary profession has around three to four times the proportion of all deaths certified as suicide that would be expected from the proportion for the general population, and around twice that for other healthcare professionals.\(^1\)\(^,\)\(^2\) This observation of increased risk is supported by studies in other countries. There has been much speculation regarding possible mechanisms underlying the increased suicide risk in the profession. It is hypothesised that a complex interaction of possible mechanisms may occur across the career life course to increase the suicide risk (Fig. 1).\(^1\) Possible factors include the characteristics of individuals entering the profession, negative effects during undergraduate training, work-related stressors, ready access to and knowledge of means, stigma associated with mental illness, professional and social isolation, and alcohol or drug misuse. Attitudes to death and euthanasia and suicide contagion (due to direct or indirect exposure to suicide of peers) are other possible influences.\(^1\)\(^,\)\(^2\)\(^,\)\(^3\)

Fig. 1 Schematic representation of a hypothetical model to explain suicide risk among vets

Questionnaire survey of mental health and well-being

The contribution of mental health and well-being to the elevated risk was assessed through a postal questionnaire survey of a large stratified random sample of vets practising in the UK.\(^4\) Compared to the general population, the sample reported high levels of anxiety and depressive symptoms; higher 12-month prevalence of suicidal thoughts; less favourable psychosocial working conditions, especially in regard to the high level of demands and low level of managerial support; lower levels of positive mental well-being; and higher levels of negative work-home interaction. The levels of psychological...
distress reported suggest ready access to and knowledge of lethal means is probably not operating in isolation to increase suicide risk within the profession.4,5

Semi-structured interview study

A telephone interview study of respondents who reported suicidal thoughts in the 12 months prior to completing the questionnaire in the study outlined above aimed to explore the causes to which suicidal thoughts are attributed, investigate help-seeking behaviours and barriers to help-seeking within the profession, and to identify potential implications for the provision of interventions.6 The onset of suicidal thoughts was in the first five years of work for almost one third of participants. Work-related factors were cited as the main attributable cause of suicidal thoughts by almost two-thirds of participants. Work-related attributions of difficulties included: work intensity (pace and volume), duration of working hours and the associated effects on personal lives, and feeling undervalued by senior staff and/or management. Barriers to help-seeking included: concerns regarding the potential for adverse effects on career prospects, an inclination towards self-reliance, and a perception that support was of no value because it could not change circumstances.

Qualitative analysis of coroners’ data

Themes were explored in the data from coroners’ inquest files for eleven vets who died by suicide in a region of England.7 A previous psychiatric history was unusual. If a veterinary surgeon had access to veterinary medicines then this was the method of suicide used. The precipitant was generally a major life event (e.g. relationship breakdown, criminal conviction, financial problems). These findings support the hypothesis that access to and knowledge of lethal means is an important factor contributing to the elevated suicide risk.

Conclusions

Research into the mental health and well-being of the veterinary profession can be used to informing the development and implementation of suitable interventions. This is important, not only for the well-being of individual members of the profession, but also in view of the potentially deleterious impact of practitioners’ mental ill-health on the welfare of animals under their care, and the insight that research in this professional group might provide into influences on psychological morbidity in other occupations.

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References


MENTAL HEALTH IN VETERINARY STUDENTS AND POTENTIAL INFLUENCES

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Background

Concerns have been expressed at the incidence of suicide among young people in the general population. Suicide is among the three leading causes of death among those aged 15-44 years internationally and young people between 16 and 24 are more likely to attempt suicide than those in older age groups.

Veterinary students are exposed to some of the same pressures as others at their life stage and to the occupational culture of veterinary surgeons, an occupational group with a high rate of suicide. Also relevant are particular stressful features of the student/professional training role.

There is increasing evidence that it is veterinary surgeons under 35 years who may be most at risk of difficulties of wellbeing (Platt et al., 2012b) and that the time of transition to practice from training is when vets may be most likely to first experience suicidal thoughts (Platt et al., 2012a). Vet Helpline, an anonymous confidential support service for vets run by the Veterinary Benevolent Fund (VBF) found that 60% of calls to Vet Helpline were from callers <30 years of age in 2012.

Veterinary student mental health and wellbeing

A number of studies have discussed the prevalence of depression, anxiety, stress and burnout in veterinary students. Academic, professional, inter- and intrapersonal factors have been cited as contributing. Recent research in several countries highlights that veterinary students may have elevated rates of mental ill health, stress, and suicidal thoughts compared to the general population (Hafen et al., 2008, Reisbig et al., 2012, Drake et al., 2012). However other studies have suggested conflicting results (Witte et al., 2013).

Mixed methods study with UK vet students

In a study conducted at a UK veterinary school, and repeated at two other UK vet schools, an increased prevalence of suicidal thoughts and elevated psychological morbidity was found compared to the general population (Allister, 2011, Cardwell et al., In press). Themes emerging from qualitative data include the influence of personality, veterinary student occupational culture, and students’ experience of stress and mental ill health while at vet school.

Attitudinal data also suggest evidence of self-stigma concerning mental health and wellbeing, and concern at a lack of supportive response. Stigma is considered an important barrier to accessing mental health support for veterinary students.
health services and concerns about stigmatisation are one of the primary factors inhibiting mental health service utilisation and treatment adherence. Vet students were significantly less likely than the general population to want anyone else to know if they had a mental health problem and significantly less likely to agree with the statement ‘People are generally caring and sympathetic to people with mental health problems’.

In keeping with these findings, a British Veterinary Association/Association of Veterinary Students (BVA/AVS) survey found that of those students who reported having suffered from mental health problems, over 70% had never sought help. A study of UK veterinarians with a history of suicidal thoughts or behaviour found that half of participants had not talked to anyone about their problems because they felt guilty or ashamed (Platt et al., 2012a).

Conclusions

A greater understanding of veterinary student and new graduate wellbeing and risk of mental ill health and suicide, and clearer identification of the relative contribution of the different risk factors may help identify opportunities for risk factor modification and student and new graduate support. Although there have been initiatives to increase support available to veterinary students, there has been only limited research exploring risk at the time of transition from vet school to practice. Factors including personal stressors and conflicts; identity transition and adjustment as well as professional issues - such as management of client expectations, unexpected outcomes and ethical conflicts, are explored alongside practical issues such as debt and working hours. This session examines these risks and the implications for impact on practice and looks to future research in this area.

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References


RECOGNIZING AND RESPONDING TO MENTAL HEALTH PROBLEMS IN THE WORKPLACE

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Background

Among the general population, psychological disorders are common. Great efforts from mainstream media have been put forth in an attempt to de-stigmatize almost all forms of mental illness. Veterinary professionals are not exempt from such maladies. Issues such as alcoholism, drug addiction, depression, and compassion-fatigue seem to be prevalent among veterinarians. Unfortunately, veterinarians have statistically proven to be less than willing to accept psychiatric treatment; often there exists a resistance and an overall failure to accept assistance.\(^1\) Research has proven there is no single cause of addiction. Factors such as genetics, environment, mental health issues and the way certain drugs interact with the brain, can serve as catalysts for people to become addicted. It is estimated that more than half of people with substance use disorders also experience mental health problems; commonly anxiety or depression. Recently, in a *USA Today* article, dated February 4th, 2013, Kathleen Sebelius, the United States Secretary of Health and Human Services reminded readers:

“Fifty years ago, President John Kennedy shattered the national silence when he delivered a message to Congress in which he called for a bold new community-based approach to mental illness that emphasized prevention, treatment, education and recovery. In the half century since, we’ve made tremendous progress as a country when it comes to attitudes about mental health. However, continuing events have reminded us that we still have a long way to go to bring mental health fully out of the shadows.\(^2\)

In addition to the United States, that statement could apply to the rest of the world. Research supports that there does not seem to be very many “veterinary-specific” wellness facilities world-wide. This truth also appears to be conveyed for physician-based wellness facilities. However, there are treatment and recovery programs that are geared specifically towards health care personnel. Veterinary professionals are commonly categorized as part of this specialists’ collective. For this reason, Veterinarians are able to take advantage of programs available to other medical professionals.

People can develop addictions not only to drugs and alcohol, but also towards process addictions, or behaviors, such as gambling, shopping, promiscuity, eating, working, and exercise, to identify a few. There are two behavioral characteristics that all potentially addicted persons have in common: “maladaptive” and “persistence”. The addictive behavior is identified as “maladaptive” when the action or activity undermines a person’s ability to overcome problems and adapt to different situations. Similarly, the other identifying addictive behavior is “persistence”; whereas a person will continue to...
engage in potentially destructive behavior despite the inevitable onslaught of negative consequences and inevitable problems it may cause. Addiction is a primary disease; one arising spontaneously and not associated with or caused by a previous disease or injury. It is a chronic relapsing condition characterized by compulsive drug-seeking or abuse and long-lasting chemical changes in the brain.

Many medical professionals know how to respond at the workplace if an employee starts choking, slips and falls or appears to be having a heart attack. Few individuals, however, are trained to identify mental health or substance abuse emergencies in the workplace. Fewer than those know what to do after the person’s initial identification. How can a medical professional identify if a fellow employee, colleague or staff member is suffering from mental illness or has an active addiction?

This synopsis will highlight several important factors regarding the identification of mental illness and substance abuse emergencies within the veterinary workplace. A sample listing of the resources available within each of the IVOC Partner Countries will also be made available.

**Identifying Mental Health and Substance Abuse Issues in the Workplace:**

The following are some of the behavioral characteristics that may occur with mental health and substance abuse. It is important to note that these behavioral characteristics do not always indicate substance abuse, but could potentially warrant further investigation:

1. Absenteeism or consistent tardiness - absences without adequate notification and an excessive use of sick days.
2. Frequent disappearances from the work site, long unexplained absences or excessive restroom breaks or improbable excuses.
3. Unreliability in keeping appointments, schedules and meeting deadlines.
4. Work performance that alternates between periods of high and low productivity.
5. Mistakes made due to inattention, poor judgment, and bad decisions.
6. Confusion, memory loss, and difficulty concentrating or recalling details and instructions from day to day or moment to moment.
7. Ordinary tasks require greater effort and consume more time and energy.
8. Interpersonal relations with coworkers suffer (not part of the “team”).
9. Rarely admits errors or accepts blame for errors or oversights.
10. Progressive deterioration in personal appearance and hygiene - wearing the same soiled clothing to work day after day.
11. Wearing long and short sleeves when seasonally inappropriate.
12. Personality change - mood swings, anxiety, depression, lack of impulse control, evidence of potential suicidal potential.
13. Increasing personal and professional isolation.
14. Excessive personal phone calls or visits at the work site from obviously “unsavory characters”.
15. Financial issues and consistent financial “emergencies” - (regardless to how much the employee earns, they never seem to have enough funds for daily living).

**Components of Effective Treatment Centers:**

1. Thorough evaluations are conducted on all patients
2. Patient oriented, as opposed to program oriented (i.e. the patients get what they need rather than “one size fits all”)
3. Everyone is encouraged to enter into a contingency monitoring agreement, as part of the aftercare. With licensed professionals, this improves outcomes dramatically.
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**References**

1 Skipper/Williams, et al, (2011) Journal of Veterinary Medical Education, Failure to Acknowledge High Suicide Risk among Veterinarians, 1-4


3 Gregory E. Skipper, MD, Fellow, American Society of Addiction Medicine, Director of Professional Health Services, Promises Treatment Centers
Background

While a vast body of research has been dedicated to understanding problems and disorders of mental health, until recently, little was known about how individuals and societies thrive and flourish and how this new knowledge can be applied to foster happiness, mental health and fulfilment. Genetic differences account for around half of the variance in the level of mental wellbeing between individuals, and differences in life circumstances – health, income, personal and work environment etc – account for around ten percent of the variance. Intentional activities – the behavioural, cognitive and motivational choices we make – account for the remaining forty percent of the variance. This means that we should each accept some of personal responsibility for our mental wellbeing, recognising that that wellbeing is in part an active process, and not just determined by our makeup and our circumstances. So what can we do? There is robust scientific evidence to indicate several intentional activities can lead to sustained and significant enhancement of mental wellbeing. Making an effort to increase the extent to which they are part of our daily lives has potential to temper some of the challenges and pressures facing veterinary professionals.

Strategies for enhancing and sustaining individual wellbeing

1. **Give – do things for others.** Being kind and of service to others on a regular basis is a key ingredient of happiness. There are also health and longevity benefits from helping behaviour that is fulfilling but not overwhelming. Practising so-called ‘random acts of kindness’ enhances one’s own wellbeing.

2. **Relate – connect with people.** This affects happiness more than any other single factor, enabling us to confide and discuss problems, generating a sense of belonging and trust.

3. **Exercise.** Exercise has been shown to increase mood and has been used successfully to reduce depression and anxiety. Participate regularly in a physical activity you enjoy and one that suits your level of mobility and fitness.

4. **Appreciate – notice the world around you.** Reflect upon, savour and be grateful for the good things in your life. Think about the things for which you can be grateful, no matter how small they are. Consider keeping a daily gratitude journal. Research demonstrates that writing down and reflecting on three good things that took place can bring long term increases in wellbeing and decreases in depression. Practising mindful awareness of sensations, thoughts and feelings can improve mental wellbeing and self-knowledge.
5. **Keep learning new things.** Learning encourages social interaction and increases self-esteem and feelings of competency. Set yourself a challenge you will enjoy achieving, rediscover an old interest, sign up for a course or take on a new responsibility at work.

6. **Direction – engage in activities that are meaningful to you.** Practise those which are motivating, offer security, challenge, some autonomy, and in which you can take pride. If your work is not a calling, have a purpose that you pursue elsewhere such as voluntary work or teaching. Have peripheral interests too, avoiding the vulnerability of allowing your life to revolve around a single component.

7. **Resilience – find ways to bounce back.** Learn to challenge automatic negative thoughts, dispute pessimistic explanations and reframe situations in a positive light. Try to keep a sense of perspective in life. There are negative feelings in life but experience shows that these pass; we learn from them and begin to enjoy life again. Situations that seem impossibly bad can turn out better than expected, whilst goals that seem incredibly important at the time are only a small part of life. We can experience adversity and come through it. Do not be lured into the trap of ‘perfectionism’ – self-defeating thoughts and behaviours associated with unrealistically high goals. Be satisfied with ‘good enough’; only going for ‘best’ when it really matters.

8. **Emotion – take a positive approach.** Learn to be optimistic while remaining realistic. Give yourself regular treats but don’t be trapped by the shallow sole pursuit of pleasure by doing only those things which bring immediate gratification and pleasurable feelings. Positive emotions expand our capacity to think creatively and see the big picture but too many of them can result in feelings that life is ‘hollow’ or ‘empty’.

9. **Acceptance – be happy with who you are.** Care solely about other people’s approval and you will forever be their prisoner. Identify your personal talents and character strengths and live life in such a way that enables you to use them to the fullest extent. Give yourself permission to be human: rejecting one’s emotions, positive or negative, leads to frustration and unhappiness.

10. **Meaning – engage in activities that are meaningful to you.** Perform those which are motivating, offer security, challenge, some autonomy, and in which you can take pride. If your work is not a calling, have a purpose that you pursue elsewhere such as voluntary work or teaching. Embrace your spiritual dimension – a connection to something beyond yourself that goes beyond mere religious affiliation and strives for inspiration, reverence, awe, meaning and purpose. Have peripheral interests too, avoiding the vulnerability of allowing your life to revolve around one issue.

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Canadian Veterinary Medical Association, New Zealand Veterinary Association and South African Veterinary Association.

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2. Based on: http://www.actionforhappiness.org/