

# Workplace prevention of mental health problems

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## Introduction

The conference session will be run as a workshop to guide attendees through a process that was undertaken at the University of Melbourne in October 2013 by a group of veterinary staff to identify and categorise contributing factors for poor mental health outcomes and then to identify and prioritise measures that could be implemented to safeguard against mental health problems. These proceedings will report the factors and strategies that were identified at the Melbourne workshop but it would be preferable if participants identified issues themselves rather than being swayed by the findings from the workshop that have been submitted for publication in the Australian Veterinary Journal.

I'm fairly sure that no-one will read these proceedings in advance of the conference session (except the Editor ☺) – but if you are, please stop now!

High levels of stress, burnout and suicide have been reported in the veterinary profession in a number of countries. David Bartram has been highly visible in the veterinary literature, particularly in the UK and has suggested contributing factors that include:

- Self-selection into the profession: risk factors present in people attracted to the career.
- Negative effects of undergraduate training: high workload, financial pressures, establishing poor coping strategies.
- Work-related stressors: long hours, client expectations, inadequate support, emotional exhaustion, unexpected clinical outcomes, disenchantment with career.
- The development of psychological disorders: depression, feeling trapped, negative thoughts, hopelessness.
- Add in non-career related stressors from relationship and health problems, coping with children and aging parents, pre-existing psychiatric disorders.
- The perceived stigma of seeking help for mental health problems.
- The normalisation of euthanasia.
- May culminate in professional and social isolation, alcohol / drug misuse and suicidal thoughts with knowledge of, and access to, means (Bartram and Baldwin 2010).

It is important to recognise that it is not necessarily “being a vet” that is causing high levels of stress and other negative outcomes. As a profession, we are high-achieving folk who set themselves high standards, we probably become over-committed with work and other activities (just say no!), we care deeply for our clients and patients and may also become entangled in other people’s problems. I have already mentioned that there might be other things going on in people’s personal lives that might be the main source of stress, in which case it is likely that going to work and achieving good outcomes is going to be a positive influence in our life. Mental health parameters are better in the employed than the unemployed! Therefore, it is important to emphasise the positive aspects of veterinary work and building resilience in businesses and individuals to cope with the inevitable times when problems arise. Dianne Gardner (an organisational psychologist at Massey University’s Albany campus and from a veterinary family) has published numerous VetScript articles in the past 10 years as well as reporting (with

Darren Hini) findings from a postal survey of NZ veterinarians in NZVJ in 2006. Search Sciquest with author “D Gardner” and VetScript as the publication for a full list of publications but I have listed three in the references at the end of this paper.

Suicide is only the tip of the iceberg representing mental health problems but tends to be an aspect that is focused on. For every suicide, there are likely to be hundreds of people suffering depression, unhappy in their work and lost to the profession. One study has reported that veterinarians in New Zealand do not have a higher risk of suicide than other occupations (Skegg *et al.* 2010). However, that analysis of coronial records identified only three cases of veterinarian suicide over the period 1973 – 2004 which is a lot fewer than those known of personally by this author, suggesting that there was misclassification bias of occupation in the records as the study included both suicide and “open” verdicts. That conflicts with similar studies in England, Wales, Scotland, Norway, Western Australia and the state of Victoria (Platt *et al.* 2010). Internationally, health professionals have a high suicide risk which probably reflects knowledge of, and access to, means. This is not a category that we want to “win”. Hopefully a change in the nation’s culture towards mental illness in addition to better recognition of the problem, resources for diagnosing and treating and a willingness for people to share their stories will help to overcome the stigma associated with depression. Providing effective strategies to support mental health within the workplace will assist with keeping all employees safe (as with other OSH issues), make you a preferred employer and hopefully reap financial benefits (or at least reduce the manager’s levels of stress).

## Workshop process

Think about the positive (protective) and negative or contributing factors in your workplace for the following mental health problems: suicide, high stress, mental disorders and burnout.

<b>Your organisation</b>		
	<b>Protective factors</b>	<b>Contributing factors</b>
Suicide		
High stress		
Mental disorders		
Burnout		

For each contributing factor, categorise as high, medium or low under the headings of impact, prevalence and “growth” (i.e. is the problem apparently worsening) and then decide whether the overall risk is high, medium or low.

<b>Your organisation</b>				
<b>Theme</b>	<b>Impact</b>	<b>Prevalence</b>	<b>Growth</b>	<b>Overall rank</b>

Rank the contributing factors to identify the top 5-10 issues for your workplace.

Brainstorm actions, policies or procedures that could be undertaken to minimise the worst of the contributing factors. Consider how well they measure up as SMART goals (specific, measurable, achievable, realistic and time-bound). It might be useful to use the Australian document “Workplace prevention of mental health problems: guidelines for organisations” as a starting point for ideas.

Prioritise the areas for implementation in terms of relevance, feasibility and impact by categorising them as high, medium or low and then rank the top 1 - 6 actions.

<b>Your organisation</b>				
<b>Suggested action</b>	<b>Relevance (H / M / L)</b>	<b>Feasibility (H / M / L)</b>	<b>Impact (H / M / L)</b>	<b>Rank (1 – 6, other)</b>

## Summary of outcomes from the Melbourne workshop

The attendees were grouped according to their type of workplace. These consisted of large organisations, small rural clinics, small suburban clinics and universities. The work-based stressors that were identified as potentially contributing to mental health problems (in no particular order) were:

- Workload/work-life balance.
- Lack of support/social isolation.
- Profession being undervalued/low salary.
- Client expectations.
- Your own expectations.
- Career transition (mainly new grads).
- Gender issues (managing maternity leave, women being accepted in rural communities).
- Mental health issues/perfectionism.
- Poor leadership/business management.

There was surprising agreement on the identification and ranking of contributory factors between the four groups.

The following areas were suggested as things that could be developed to promote mental health in the workplace:

- **Development of a positive work environment.**
- Balance job demands with job control.
- **Provision of workplace support/fair workplace.**
- **Development of management and leadership skills.**
- Effective management of performance issues.
- **Appropriately rewarding employees' efforts.**
- Mental health education/policies.

Specific actions to address some of the areas that could be improved were fleshed out. The aim was to put in place some relatively easy things that would mean quick wins on the board.

### Creating a positive work environment

- Staff satisfaction surveys.
- Good staff induction procedures.
- Regular catch up with (middle) manager.
- Welcoming new ideas.
- Open door policy.
- Regular team meetings/team building activities.
- Good role models.

### Appropriately rewarding efforts

- Positive feedback.
- Opportunity for employees to provide feedback.
- Clear and transparent bonus/rewards schemes.
- No group specifically stated that salaries needed to be higher.

### Job/work organisation

- Regular and inclusive staff meetings, staff consulted about major decisions.
- Coordination about rosters/annual leave etc. – needs to be fair.
- Appropriate use of technology to reduce workload.

- Finding appropriate help for dealing with issues of underperformance (esp. when related to mental health issues).
- Adequate staffing levels (may need to increase fees to increase resources).
- Timetable lunch breaks into the daily schedule.
- Clarify roles and responsibilities (teamwork, appropriate use of nurses/techs).
- Training for leadership and management or employ people who have this capability.

### Provision of support

- Encourage mentoring (NZVA level).
- Encourage attendance of local meetings and community involvement/social events.
- Include mental health as topics for CPD especially wellness.
- Mental health policy (at business level?) – NZVA/VCNZ could develop a template.

## Summary from the workshop

Developing a positive work environment was the highest ranked solution across all types of employment. The NZVA and VCNZ could be involved with the development of guidelines, policies, templates etc. Information about mental health could be included in CPD and regular communications to veterinarians. Veterinary undergraduate education is also very important particularly around managing expectations and preparing for the transition to the workforce.

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Chris Thomson from NZVA brought this workshop to my attention and we both participated then reported to NZVA and VCNZ about the outcomes. Kathryn Page, Nicola Reavley, Allison Milner and Irina Tchernitskaia from the School of Population and Health at the University of Melbourne and Anthony LaMontagne from the School of Health and Population Development at Deakin University for organising, facilitating and reporting on the workshop. The Institute for Safety, Compensation and Recovery Research at the University of Melbourne had previously developed a document “Workplace prevention of mental health problems: guidelines for organisations” and this was used to help formulate specific actions to provide a safer workplace:

(<https://www.mhfa.com.au/cms/wp-content/uploads/2013/07/GUIDELINES-for-workplace-prevention-of-mental-health-problems.pdf>).

## References

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