

Improving help-seeking for mental health among veterinarians and veterinary students

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Concerns about the mental well-being of veterinary professionals is increasing amidst research conveying that the mental health of veterinarians and veterinary students is poorer than the comparable general population. Survey results measuring the mental health of 10% of Canadian veterinarians demonstrates higher mean scores for anxiety and depression, and markedly higher 12-month prevalence of suicidal ideation, compared to the general Canadian and United Kingdom veterinarian populations (1). Likewise, a large survey study measuring depression among North American veterinary students, 10% of whom were from Canadian veterinary schools, reported that approximately 2/3 of veterinary students had mild to moderate symptoms of depression, with higher depression scores among female and second- and third-year students (2). Research among United States veterinary students also demonstrates associations between depression and suicidal ideation (3). With above average rates of mental illness and suicidal ideation among veterinarians and veterinary students, providing access to and encouraging use of mental health resources and support is essential to mental health and well-being among veterinary professionals.

Evidence suggests that fewer veterinarians and veterinary students seek mental health treatment compared to the number who experience mental illness or mental health problems. A large survey of veterinarians in the United States revealed that 19% of survey respondents were currently receiving treatment for a mental health condition or problem. However, only 41% of veterinarians classified as having current serious psychological distress were actively receiving mental health treatment (4). In comparison, a survey of 573 veterinary students in the United States indicated that 69% had at some point used some form of mental health service including individual counseling (63%), family counseling (15%), group counseling (8%), or crisis intervention (5%). More than 42% of students reported using mental health services at some point during the past year and approximately 78% of students who scored above the clinical cut-off rate for depression or anxiety had accessed mental health treatment (3). Determining the reasons for not seeking treatment and overcoming those barriers is crucial to increasing mental health support among those most in need.

Several obstacles to seeking help for mental health problems have been identified previously. A large study surveyed individuals in the general United States population with common mental illnesses to determine barriers to the initiation and continuation of treatment and discovered that attitude or evaluative factors were much more prominent than structural barriers for initiating or continuing treatment. Indeed, the largest barrier was wanting to handle the problem on one's own, followed by a low perceived need for care (5). Likewise, a systematic review of barriers and facilitators to mental health help-seeking among young people located mostly in the United States and Australia showed that key barriers were a preference for self-reliance, poor mental health literacy (*i.e.*, problems recognizing symptoms), and perceived stigma (6). A recent study surveying veterinary students in the United States identified several additional barriers to seeking mental health services including lack of time to attend appointments, cost of mental health services, difficulty scheduling an appointment, lack of knowledge about available services, lack of availability of services, lack of trust in mental health professionals, concerns about providers' sensitivity to diversity issues, lack of transportation, concerns about confidentiality, concerns that mental healthcare does not work, and stigma about seeking mental health services (7).

Understanding stigma

According to the Oxford Dictionary, a stigma is "a mark of disgrace associated with a particular circumstance, quality, or person." Accordingly, a mental health stigma is a negative attitude or belief toward a person or group of people with a mental health problem. Many types of stigmas have been identified and are outlined in Table 1. A systematic review of studies mostly conducted among adults in the United States and Canada investigated barriers to seeking help for mental health and discovered that stigma overall had a moderately negative impact on help-seeking. Stigma was typically reported as a barrier to help-seeking by 21 to 23% of individuals in the context of shame or embarrassment, negative social judgment, or employment-related discrimination. The systematic review also reported that stigma was especially deterring ethnic minorities,

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men, and those in military or health professionals from seeking help (8).

Stigma among veterinarians

Concerns regarding stigma among veterinary professionals were identified following a large study conducted in the United States in 2015 that anonymously surveyed more than 11 000 veterinarians. In comparison with the general United States adult population, surveyed veterinarians exhibited a larger prevalence of treatment and perceived stigma. Specifically, in comparison to 93% of adults in the United States, 89% of veterinarians responding to the survey somewhat or strongly agreed that treatment helps people with mental illness lead normal lives. Furthermore, in comparison to 60% of adults in the United States, only 32% of veterinarians surveyed somewhat or strongly agreed that people are caring towards others with mental illness. These stigmas were more prominent among veterinarians experiencing serious psychological distress who were less likely to somewhat or strongly agree that mental health treatment helps people lead normal lives and that people are caring toward persons with mental illness (4).

Data from that large survey was further analyzed in a follow-up study aimed at determining associations between demographic, occupational, and mental health characteristics, and treatment or perceived stigma among veterinarians. Of the subset of survey responses analyzed, approximately 3% slightly or strongly disagreed with the statement “treatment can help people with mental illness lead normal lives” (treatment effectiveness) and 47% slightly or strongly disagreed with the statement “people are generally caring and sympathetic to people with mental illness” (public support). The researchers determined that stigma related to treatment effectiveness and public support were more common among men, solo practitioners, those with serious psychological distress, and those reporting suicidal ideation after veterinary school (9).

Stigma among veterinary students

Stigma has also been recently investigated among veterinary students with attempts to characterize coping strategies and barriers to seeking mental health services. A cross-sectional analysis of Australian veterinary student responses to an anonymous survey revealed that female veterinary students reported most often using instrumental (*i.e.*, seeking help from others) and emotional (*i.e.*, seeking comfort from others) support as coping strategies. Self stigma among the surveyed Australian veterinary students was associated with less instrumental support and greater self-blame. Male veterinary students were more likely to demonstrate internalized stigma, especially those who used humor as a coping strategy (10). Another study surveyed veterinary and non-veterinary students in Australia and determined that veterinary students reported significantly higher levels of self stigma compared to non-veterinary students and that self stigma predicted depression symptoms (11). Likewise, a recent study investigated barriers to help-seeking among veterinary students in the United States and indicated that those with severe depression, compared to those with mild depression, were more likely to perceive barriers to help seeking related to structural

Table 1. Types of stigmas and their definitions.

Type	Definition
Anticipated stigma	Anticipation of being perceived or treated unfairly.
Experienced stigma	Experience of being perceived or treated unfairly.
Internalized (self) stigma	Stigmatizing views about oneself.
Perceived (public) stigma	The extent to which people in general have negative attitudes or behaviors towards people with mental illness.
Stigma endorsement	Stigmatizing attitudes of behaviors towards others with mental illness.
Treatment stigma	Stigmatizing attitudes or behaviors towards seeking or receiving treatment for mental illness.
Structural stigma	Societal level conditions, cultural norms, and institutional policies that constrain the stigmatized.

stigma in the context of veterinary medical. Specifically, cultural norms, perfectionism, ethos of autonomy, and presenteeism being barriers to seeking help (7).

Improving help-seeking behaviors

Several strategies must be considered to improve the attitudes towards help-seeking and access to treatment for mental illness among veterinary professionals. Suggestions for change shared by surveyed veterinary students include improving mental health literacy, addressing the hidden curriculum in school, shifting professional identity norms, changing the culture of veterinary medicine, ensuring diverse mental healthcare providers, prioritizing confidentiality, enhancing awareness of available mental health services, improving access to mental health services, making mental health services more affordable, allowing flexibility in the curriculum for time off, and making mental health check-ins mandatory (7). Similarly, interventions are necessary elsewhere in the veterinary profession, whereby veterinary team members must be encouraged to talk openly and seek help for mental health problems. The Working Mind (www.theworkingmind.ca) is a program offered by the Mental Health Commission of Canada to reduce mental health stigma, increase resiliency, and promote early help seeking among participants. Research indicates the program is effective at improving negative attitudes, encouraging help-seeking, and increasing readiness to deal with challenging or stressful events (12). The Working Mind is offered by the Canadian Veterinary Medical Association as daylong virtual workshops available for managers or employees. Additional online continuing education programs are available for human healthcare professionals aimed at destigmatizing healthcare settings and enhancing the care of patients with mental illness. An example is De-Stigmatizing Practices and Mental Illness: Nurses Working Together to Support Mental Health and Wellbeing, which is available free online (www.mdcme.ca).

Conclusions

An increased awareness of mental illness among veterinarians and veterinary students combined with prevalent barriers to

help seeking suggest that individual and collective steps must be taken to improve the mental health and well-being of veterinary professionals. Recognizing the barriers to help-seeking, understanding the impact of stigma, and acknowledging the predisposition of veterinary professionals to resist seeking help is an important first step to creating sustainable change. Access to programming and continuing education regarding mental illness and stigma reduction will also bring the profession closer to improved mental health.

Support

If you or someone you know are experiencing thoughts of suicide or self-harm, please know that help is available. Call Talk Suicide Canada 24/7/365 at 1-833-456-4566. Mental health awareness resources are also available on the Canadian Veterinary Medical Association website (<https://www.canadianveterinarians.net/veterinary-resources/veterinary-health-and-wellness-resources/mental-health-awareness-resources/>).

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