Vets resilience, wellbeing and managing in a complex environment
There are two ways we can view the world: optimistically or pessimistically.

When you are optimistic, you expect to be successful in what you do. As a result, you transmit a positive attitude that rubs off on what you do and on those around you. Conversely, when you are pessimistic, you expect failure and, unsurprisingly, you are likely to get it.
Introduction

Much has been written about resilience and its place in maintaining wellbeing.

Psychological resilience is that ability that allows some people to be knocked down by life events and come back stronger than ever. Some of the factors psychologists have identified that make someone resilient include a positive attitude, optimism, the ability to regulate emotions and the ability to see failure as a form of useful feedback.

Resilience does not remove stressors or adverse life events. Rather it gives people the ability to manage these issues and move on with their lives. Resilient people are able to utilise their skills and strengths to cope and recover from problems and challenges, which may include job loss, financial problems, illness, natural disasters, medical emergencies, divorce or the death of a loved one.

Some people have these abilities naturally but they are not just an inborn attribute found in some individuals. Resilience, according to some experts, is quite common and the skills needed to become more resilient can be learned.

Finding a work/life balance and learning how to stay composed in stressful environments such as those often experienced by veterinarians is a skill that needs constant attention. Learning an adaptive approach to managing may be the difference between well health and an undesirable way of being in the world.

Sincerely

Carol Galloway
Vitae
National Psychological Services Manager

If you can’t fight and you can’t flee – flow.
The provision of health and related services is a demanding, challenging, rewarding, and sometimes stressful career.

Veterinary science, particularly clinical practice, is not exempt. Veterinarians operate under unique constraints not faced by their human medical counterparts and other professions. Financial, diagnostic, communication and therapeutic constraints can limit the accurate diagnosis of, and the full and correct treatment of, some clinical cases. Despite these constraints, clients will often expect the same results of veterinarians at a cost that the human medical profession can offer through a state funded health system, when in reality this is just not possible.

As well, veterinary practitioners must always take into account and deal with the human-animal bond, and the emotional response associated with damage to that bond.

A very potent source of claims and complaints (in health provision across all species!) comes from the anger stage of the grieving process, arising out of unexpected outcomes of medical and surgical interventions.

The public perception of a “good” health practitioner more often than not relates to the communication skills of the clinician. Better communicators by and large are able to “carry” clients with them when dealing with cases; setting out the various diagnostic pathways, differential diagnoses, treatment options, prognoses and costs, in ways that maintain the confidence of the client.

Despite the most skillful communications and diagnostic and treatment abilities, it is inevitable that from time to time things will go wrong with cases, or there is a perception that something went wrong. In some of these cases clients will complain, or make a claim, against the provider of those services. This can be the individual (in our case, veterinarian) and it may also involve the business in which the veterinarian is working (vicarious liability for the error). Litigation, or the threat of, can be stressful, and while reflecting on practice is a good thing, being overly critical of ones own practice and questioning competence is something to avoid.

Veterinary science is not for the faint hearted. It requires robust mental health for success on the part of its practitioners. At times, workplace and non-work related stressors combine to put extra pressure on veterinarians.

The New Zealand Veterinary Association (NZVA) recognises this and has put a number of programmes in place to help members. These include the Vets Wellbeing and Mentor programmes, and seminars for new and recent graduates.

This booklet also provides some guidance to identifying and managing your own response to stress. It contains a wealth of wisdom that we hope you’ll find useful.

And never feel you’re alone. If you need to talk to someone, call Vitae on their free phone helpline at any time of the day or night. They’re there to help.

Julie Hood
NZVA
Chief Executive Officer
The secrets of people who cope well

Winsborough and Allen have written about people who manage life well. Their information is soundly backed by recent research and they focus on resilience as a way of managing in an ever complex world.

These six bullet points are useful pointers to assist you in managing whatever life delivers as well as you can.

1. Believe that you have some control over what happens to you, and control only those things you can.
2. Be involved in what is important to you and find meaning in things other than paid work.
3. Respond to anything life sends as a challenge, be energetic and resourceful in coping.
4. Understand the rules for living: Life makes sense even if it is not sensible.
5. Know what to do to cope and how to get the resources needed.
6. Know your reasons for living.

—Winsborough and Allen
Choice of focus

Of all the good suggestions in *The 7 Habits of Highly Effective People*, “Habit 1: Be Proactive” is particularly useful when you feel powerless against life’s forces.

Stephen Covey (Thought Leader) recommends you examine what you can do instead of focusing on worries over which you have no real control. First note all your concerns. Then, among other concerns, determine where you can take action.

Think of ways to be more proactive and address the things you can do something about. Your circle of influence will enlarge and your circle of concern will shrink:
Pressure and stress are normal parts of today’s busy world of work. Enjoyment of your paid work and giving back to others is often something that veterinarians provide to their clients – both animals and their owners. Working at times in life and death situations, managing complex health issues, using skill, tenacity, experience and sometimes instinct often provides considerable satisfaction.

There are also times when overload, too many challenging situations, coupled with personal life issues make the usually positive stimulus turn into a negative stressor that needs to be managed.

The term stress is used to describe any demand that requires some kind of physical or emotional adjustment. A “stressor” is an event that produces a stress reaction.

Stress is a natural part of living. Moderate levels of stress and stimulation are necessary for healthy functioning. Stress moves from being a positive influence to a negative one when it restricts normal healthy living.

Stress is different things to different people.

- To the endurance athlete it is the challenge of pushing physical resources to the limit by striving to achieve a demanding goal.
- To the commuter in rush hour traffic it can be the hassle of slow moving vehicles.
- To the finance adviser it is the overload of invoices stacking up while another employee is on leave or sick.
- To the checkout operator it is the long queue of customers with full trolleys half an hour before finish time.
- To the IT worker it is the incessant requests for help while they are working on a detailed project.

We need to strike a balance – allow ourselves to accept the challenges in life that fulfil us while avoiding or adapting to sources of negative stress.

Don’t sweat the small stuff and it is all small stuff.

–Dr Robert S Eliot
Managing stress, fatigue and critical incidents in the workplace has changed, especially since the introduction of the Health and Safety Amendment Act in 2003.

Stress and fatigue in the workplace is now recognised as an identifiable hazard. This has been heightened again after the report on safety at the Pike River Coal Mine. New Zealand can expect to see further changes if the Taskforce on Workplace Health and Safety April 2013 establishes a new workplace health and safety agency with a clear identity and brand, and statutorily defined functions.

Dual responsibility
The manager/employer has the responsibility for the health and safety of employees. For veterinarians who are in small practices this is a clear responsibility for management, or in fact any veterinarian who has concerns about another worker.

Employees (veterinary nurses, technicians, administrators and others) have a responsibility to advise the employer of sources of stress and access tools and remedies made available. Both parties must take all practicable steps to identify and manage work related stress. Employers must give staff reasonable opportunities to participate in health and safety decisions.

He korowai āta raranga
He korowai whakaruruhau,
Mō tātou katoa

A carefully woven cloak, is a protective cloak for us all.

– From “The report of the Independent Taskforce on Workplace Health & Safety” April 2013
Important coping resources

These shouldn’t be ignored when things go wrong!

Mental
• Having a positive sense of self-worth
• Feeling good about yourself
• Having a positive outlook towards others.

Social
• Being embedded in a network of family, friends and supportive colleagues that you feel able to call on for practical or emotional support.

Emotional
• Being able to recognise, accept and express a range of emotions (positive and negative).

Spiritual/Philosophical
• Having an understanding of life or a stable set of values which help you to define the meaning of events, and suggest strategies for responding to them.

Physical
• Living a healthy lifestyle – this can buffer effects of stress and enable faster recovery.

Behavioural
• Having personal and social skills to help us cope with potentially stressful events.
Tips for building resilience

- Renew your warrant of fitness regularly
- Exercise regularly
- Get sufficient sleep
- Follow a balanced diet
- Drink alcohol in moderation
- Maintain a healthy weight
- Spend quality time with family and friends
- Increase levels of self-awareness and self-care
- Use the power of choice
- Control what you can and let go of what you can’t control or influence
- Keep a positive attitude and nurture optimism

- Develop trust and openness
- Change what’s not working
- Have a backup plan
- Take your psychological health seriously; seek help if needed
- Gratitude
- Maintain balance
- Prioritise
- Value flexibility
- Develop a world view that is manageable, meaningful and coherent
- Lastly, don’t underestimate the health benefits of playing with your pet!
The ability to bounce back

While veterinary work is very rewarding, it is often very stressful, and carries a range of potentially negative stressors that can affect your everyday life. You can take responsibility for how you deal with it.

Here are eight ways to increase your resilience.

1. Slow down, breathe and move more slowly.
2. Stretch – to reduce muscle tension – and do regular exercise.
3. Chunk your work – one task at a time rather than too much multi-tasking.
4. Minimise interruptions – turn off your mobile for a period of time.
5. Take regular breaks – to be and stay refreshed.
6. Cross-train – mix your activities from high intensity to less taxing work.
7. Schedule treats – have something reliably pleasant to look forward to each week.
8. Ensure you know what your real problem is eg. heavy drinking, gambling – obsessional behaviour needs professional help.

–From Dave Winsborough on Resilience Training
Further information

**Articles**

Wellbeing in the Workplace
www.rph.org.nz/content/56e07020-2778-4e9c-8140-c531b993584c.cmr

Promoting Health and Wellness in the Workplace
www.rph.org.nz/content/1d41b4ce-a15f-4fea-b40b-61c5b4f5a545.cmr

Mental Health and Wellbeing
www.rph.org.nz/content/890242c9-07b7-4ef3-afe3-0e1f8bfe8c01.cmr

Get Your Workplace Moving
www.rph.org.nz/content/fda8b4ad-8401-4471-9a25-cd8fee9a8014.cmr

http://hbr.org/2012/01/positive-intelligence/

**Books**

*Positive Intelligence* – Shirzad Chamine, Greenleaf Book Group Press, 2012


**Websites**

www.nzva.org.nz/vet-wellbeing

www.resiliencei.com

http://psychology.about.com/od/crisiscounseling/a/resilience.htm

www.blackdoginstitute.org.au

www.depression.org.nz/home/

www.depression.org.nz/staywell

www.depression.org.nz

www.youtube.com/watch?v=0o5pLPVnI-4

http://stress.about.com/od/understandingstress/a/resilience.htm

www.eappartners.org/WorkLife/Stress_and_Resilience/Build_Resilience_to_Stress.asp

www.game-changer.net/2012/04/23/positive-intelligence-book/
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Appendix 1:

Vets are stressed but it’s preventable and treatable

“It was the first light at the end of the tunnel I saw that wasn’t a train.” This is the opening line of my first book, Healthy Thinking, Turning Life’s Lemons into Lemonade. It describes the day I discovered that my thinking was unhealthy and causing my misery.

Ten years on, 500 lectures later, after starting a television and radio show, an e-learning programme on emotional fitness and doing a study on stress levels in the United Kingdom and New Zealand vets, the light still shines – even in the tunnels that dot all of our journeys through life.

Sadly, many don’t make it out of their tunnels.

Previous research has shown that veterinary surgeons have a suicide proportional mortality ratio around four times that of the general population and that veterinary surgeons reported higher levels of anxiety and depressive symptoms than a non-clinical normative UK population.

Our research shows that a normative New Zealand occupational population reports stress symptoms around 33 percent of the time over a month, independent of time of year. Our study in the United Kingdom showed that vets self-reported stress 46 percent of the time compared with our study of more than 300 New Zealand vets who reported feeling stressed 36 percent of the time.

Recently, when doing a shift as a doctor at Auckland City Hospital, I could not help but observe the enthusiasm and wide-eyed wonder of fourth-year medical students as they waited at handover. Every story of the night’s patients sounded like something out of House or St Elsewhere, but to the tired registrars who had been up all night and those of us who had been in the game for 20 years or more, some of the gloss and wonder had certainly worn off.

So what happened to that wide-eyed and bushy-tailed vet student?

Having surveyed almost 10,000 people across a range of continents and occupations, I am mindful of the effect of more triggers on pressure and load. It took an enormous amount of self-control at one workshop when a twenty-something single accountant fresh out of university working 45 hours a week tried to tell me he didn’t have a life and work was stressful. Try being on call, up all night, having a mortgage, sick kids, a parent in a rest home … then you will know what stress is!

On the speaking circuit, many people, such as lawyers, dentists, vets and yes, even accountants, try to tell me how stressful their life is. They have “the highest suicide rate in the world”. It’s not a competition.

Having survived being hit at 2am by a tsunami, divorce, being stabbed, having teenagers, running a business and doing long hours on call as both a city hospital doctor and rural general practitioner, I have had to develop strong tools to operate on the triggers, beliefs and behaviours that activate my amygdala, or as I call it, “The Grumpy Unit”.

While stress, depression and suicide have many contributing factors, there is one overriding message: stress and depression are treatable and preventable and suicide is a long-term solution to what is usually a short-term problem. It is not a platitude when I say that, in my experience, those who take their own life can see no way out of their predicament, so ending their life is the only option.

While teenagers often get the most press, the person at greatest risk is a middle-aged man with a job with a recent relationship breakdown. Throw in other factors such as rural isolation, lack of sleep, worry and rumination, it’s no wonder that our software (mind) and brain (hardware) can get corrupted and at times melt down.

Looking after your neurotransmitters, thoughts, beliefs and attitudes is just as important as looking after your animals, patients and clients. As clinicians, we often put others first and neglect the basics of diet, exercise, rest and appropriate socialisation for ourselves.

The study of mood and emotional control has been my major interest over the past decade. It’s a fascinating science, philosophy and, at times, art.

If your staff have issues with mood and emotional control it affects their performance and the culture of your practice. When we are stressed, our right frontal cortex tends to shut down, we lose situational awareness and make clinical mistakes. It also increases our risks of heart
attack or stroke and affects our immunity. Try Googling “psychoneuroimmunology” – you will get 341,000 results.

We can choose to be well, we can choose our thoughts, our reactions and we can reprogramme our software. Turning those lemons into lemonade may at times be difficult, but it is possible if you are running the right anti-virus software between your ears. Getting a check up from the neck up is a useful exercise.

As some of the stories in this issue articulate, adversity can hit you at any time. Having the tools to deal with adversity, stress and pressure is as important as having the tools to operate on your patients.

Just like we wouldn’t let an animal suffer with abdominal pain, why do we let ourselves suffer with stress, frustration and anxiety when it is so treatable?

In our survey of New Zealand vets, about 25 percent reported high levels of stress. That means 75 percent didn’t and so function well. Why some vets are stressed and others not is an interesting question. Having looked at 304 sets of data there is a mix of unhealthy beliefs, attitudes and reactions to the many triggers the profession, individuals and families face.

While some of this can be addressed using a cognitive approach, there are real behavioural issues as well. In some ways, current vet practice resembles how primary health care functioned about 15 years ago. You can’t have your cake and eat it too. To want to be on call and provide 24-hour cover without sharing of patients is a flawed, unsustainable strategy. Like it or not, younger vets do not wish to work so hard; times change, as do expectations and attitudes.

Burnout is an issue and the consequences can be severe. The single overriding trigger for stress in our survey was a perceived lack of time. As there are multiple causes of stress and burnout there are several evidence-based treatments – cognitive behavioural therapy, mindfulness, exercise and medication, for example – that make a difference.

The aim of the profession should be to reduce the morbidity and mortality of stress, depression and self-harm to zero – even if it’s just for a day, then maybe a week ...

How do we know we can’t do it if we don’t try? The cost of not reducing stress is too high.

www.healthythinking.co.nz

– From Vetscript December 2011

About the author
Dr Tom Mulholland is a Senior Medical Officer at Auckland City Hospital, an Honorary Lecturer in Psychological Medicine at the University of Auckland and an international best-selling author. He hosts his own television show on Heartland TV, Dr Tom the Attitude Doctor, and has a weekly radio talkback show on health on Radio Live on Sundays at 7pm. The Institute of Healthy Thinking has developed an e-learning programme on Emotional Fitness and Attitude Control, which is available through VetLearn.

Tom was a keynote speaker at this year’s NZVA conference in Hamilton and surveyed 304 New Zealand vets. A summary was published in the proceedings of the Veterinary Business Management Group.
Appendix 2:
Be your own ambassador

Being a New Zealand veterinarian in practice can present wonderful opportunities. Few occupations allow such an extraordinary variety of daily experiences. Intriguing medicine cases, challenging surgical procedures, herd or flock investigations and, of course, an interesting range of clients can all make for a rewarding professional life.

There can also be a sombre reality behind the job, however. Busy caseloads, difficult clients, lengthy days and onerous after-hours rotations can quickly take their toll on personal wellbeing. This toll can be even heavier on certain personalities. The sorts of people referred to in this article have a vigorous work ethic, strong sense of integrity, thorough application of technical skills, valuing of evidence-based medicine, high expectations of their own performance, readiness to critically evaluate their own efforts, a tendency to easily accept all responsibility, rightly or wrongly, for case outcomes and a deep and genuine personal investment in what they are doing.

Does this sound like anyone you might know? These sorts of qualities can make vets highly dedicated to their chosen profession but the flipside can potentially create a ticking time bomb. Feelings of self-loathing, regret, self-doubt, isolation and being overwhelmed can start piling themselves on to the emotional wheelbarrow in certain circumstances. Having once stumbled into a period of profound personal anguish and desperate anxiety, I can speak from direct experience. I do so because I was able to find a way to not only reverse this tide but also set a completely new course in my development as a human being.

Like any young student who has progressed through veterinary school and out into clinical practice, I found myself turned into a very intellectualised personality. This provides a sturdy platform for operating in a clinical setting but has limited application in terms of personal development. Having invested a great deal of time and money into shaping the foundations for a professional life, a natural progression was to start cultivating a sense of identity through the role as the local veterinarian. This identity provided a solid source of reassurance and sanctuary from one’s emotions. It can become easy to hide from the reality within by running to the fantasy without. You can run but you can’t hide. Human emotions tend to be highly buoyant, always returning to the surface regardless of how deep one tries to sink them. If enough of them erupt to the surface at one time, a “nervous breakdown”, “freaking out”, or “depression” can follow.

In life, you can see things as either a threat (danger) or a challenge (opportunity). Fortunately, I came across the resources that would allow me to see the situation as the latter – to grow my personal awareness and experience the richness of self-discovery. By personal awareness, I mean a deeper understanding of emotions and their significance – signposts, pointing the way to one’s inner self. This is much healthier and more constructive than to regard emotions with indifference or as weaknesses.

Every person is different, and our perceptions and reactions to life’s challenges vary widely. What will strike a chord for one individual may be irrelevant for the next. For me, the following advice has been valuable.

- **Cut yourself some slack.** Eliminate critical and negative self-appraisal (or at least minimise it to a point where it serves a constructive purpose rather than a regular psychological pattern) to cultivate and maintain self-worth. Positive affirmations are the key substitute here and provide a valuable tool.
- **Take time each day to check in and explore what you are feeling.** Practices such as yoga and meditation facilitate this nicely.
- **Share** – talk about your feelings with the right person. This could be a close and loyal friend or sibling, or a professional may be of real benefit. If you are not accustomed to openly expressing your feelings this can be scary – but therein lies the value of it, forcing you out of your comfort zone and into more self-awareness.
- **Breathe** – a regular pattern of full and cyclical breathing relaxes the body and sharpens mental focus. This is particularly useful if a stressful situation is unfolding rapidly.
- **Have fun** – recreational time nourishes the soul.

These are basic ideas but professional consultation may be necessary. The real benefit of this is that it allows people to connect with their feelings, gain new perspectives, shed
light on apparent darkness, relate to their experience in new and different ways and gain a sense of self-worth. By exploring these processes, somebody in apparent personal distress can evolve what they initially saw as a character flaw into a pillar of strength. Then, instead of looking for excuses and perceiving oneself as a victim, personal responsibility and a sense of being grounded begin to take shape. You can be your own ambassador.

The author, whose name has been supplied to Vetscript, has chosen to remain anonymous.

– From Vetscript December 2011
Appendix 3:
Stress and suicide in the veterinary profession

Significant levels of stress have been reported in veterinarians in New Zealand and many other countries. Twenty-four percent of New Zealand veterinarians who responded to a survey carried out in 1999 reported that they felt depressed at least “reasonably often” (Gardner & Hini, 2006).

Since then, further work reported by Dr Tom Mulholland at the 2011 NZVA conference found that, while New Zealand veterinarians self-reported higher levels of stress than the general population, the profession is not as badly off in New Zealand as is its counterpart in the United Kingdom (Mulholland, 2011). On the positive side, Gardner and Hini (2006) reported that most respondents had good networks of family and friends to help them deal with stress.

Not surprisingly, the most common sources of stress were competition between hours worked and family needs, unexpected outcomes and client expectations and communication. Higher levels of stress were reported by women – particularly young women – who reported that not meeting their own expectations and concerns about competency with technical skills were their biggest concern. Levels of stress generally decreased with age and experience. However, older men reported that the physical demands of the job and concerns about legal matters became increasingly important. Coping strategies that focus on positive psychology and minimising negative self-talk appeared to be worthwhile strategies for reducing this stress.

Fear of inadequacy and other stressors that veterinarians experience are common to many professions and are relatively normal concerns for high achievers. Veterinary undergraduates and veterinarians share many characteristics with “elite performers” in other fields (such as athletes). These are manifested as increased levels of anxiety, feeling inadequately equipped to cope with adversity, comparison with other high achievers and the “imposter syndrome” – concern about not belonging and fear of exposure as not being good enough to be part of the class or profession. All of these feelings can reduce self-confidence and emotional wellbeing while increasing cynicism. However, support at university and in the workplace to define goals and expectations promotes opportunities for personal growth and development and enhances coping resources.

Some veterinarians strive for perfection themselves but do not expect the same of others. Prioritising tasks and setting aside dedicated time for family and hobbies helps to achieve work–life balance. For those who find that they are not coping, it is important to seek help. Statistics suggest that around 20 percent of the population will suffer a mental health problem and, just as the profession promotes rapid attention for medical conditions in its clients’ animals, prompt treatment is likely to result in a more rapid cure for veterinarians’ own problems.

Annual uptake of the Employee Assistance Programme funded by the Veterinary Council of New Zealand (VCNZ) and NZVA is low, at 0.8 percent of the registered veterinarians in New Zealand. Other groups have 3-to-6 percent of the eligible population using the service (source: Vitae). Recent campaigns raising the awareness of mental health services could reduce the stigma associated with seeking help. Anecdotally, veterinarians have generally found the VCNZ to be supportive of those who self-report issues that may affect their ability to practise.

The risk of suicide is higher in people with affective disorders such as depression. It has been recognised in many countries that the proportional mortality ratio of veterinarians for death by suicide is about four times that of the general population and twice that of other health professionals. When Skegg and others (2010) reviewed coronial records from 1973–2004, however, they found no greater risk of suicide among veterinarians than the general population in New Zealand. There was a trend for female veterinarians to have an increased risk of suicide, with a 3.2 standardised mortality ratio (3.2 times greater risk of death by suicide compared with the total employed population). The number of deaths in this period was small and the increased risk not statistically significant, however ($p=0.09$). Occupational groups that did have an increased risk were male and female nurses, male hunters and cullers and female pharmacists. Since that study period, there have
been further veterinary suicides, so this risk needs ongoing monitoring.

A variety of reasons have been proposed for why there may be an increased risk of suicide in veterinarians (Bartram & Baldwin, 2010). These may include:

- access to, and knowledge of, means
- attitudes to death and euthanasia
- suicide contagion
- cognitive and personality factors
- work-related stressors
- complaints at work
- perceived stigma of seeking help for a mental health problem
- high levels of anxiety and depressive symptoms.

The ease of access to drugs means that a single suicide attempt in a moment of despair is likely to be fatal and not become a recognised “cry for help”. It may be, then, that veterinarians have no more suicide attempts than the general population, but that attempts are invariably successful. It would seem almost impossible to limit veterinary clinicians’ access to these substances because they are used daily in most practices.

One strategy to improve mental health in the profession is to educate veterinarians and undergraduates to recognise signs of depression in themselves and those around them and to encourage referral to a medical professional or counsellor. Since staff at the Massey Counselling Service have been directly involved in the undergraduate curriculum and have emphasised to veterinary students the importance of early self-reporting and intervention, there has been an increase in the uptake of their service with around 40 percent of veterinary undergraduates using the service compared with 10 percent of the general student population. Developing a willingness to seek help when necessary among undergraduates will surely help improve the mental health of the veterinary population.

**Bibliography**


by Jenny Weston, Institute of Veterinary, Animal and Biomedical Sciences, Massey University

– From Vetscript December 2011
I wrote this article to share my experience of living with “bipolar affective disorder”. Bipolar is not the end of the road. It can be well managed and you can lead a normal and successful life just like anyone else around you. The keys to managing bipolar are self-acknowledgement, acceptance, the right support, correct medication and understanding.

I was first diagnosed in 2003 when I was in the United Kingdom. Alarm bells started ringing when I was displaying unpredictable behaviour at work and at home. My partner at the time and now wife, Carolyn, became concerned about my rapid changes in mood and behaviour from one day to the next. She became unhappy and never knew where she stood with me. At work, colleagues were finding it difficult to work with me – one day I would be happy and friendly and the next day I would be angry and dismissive. Clients complained about my behaviour in the consult room. My then boss, Richard, approached me and asked me to seek help. He felt that I was the best vet in the 10-vet practice in terms of overall knowledge and ability, but that was useless to the business if I was the least popular with clients and staff.

At this stage, I still rejected the notion that I had a problem and blamed everyone else around me. I agreed to see a psychiatrist and counsellor to keep Carolyn and Richard happy – I had not acknowledged or accepted that there was a problem even though I had attempted suicide.

The first psychiatrist prescribed lithium (a mood stabiliser) and sertraline (an anti-depressant). I later found out that lithium was the wrong medication for the rapid cycling bipolar that I have. I became angry and even attacked someone on the hockey field, which was totally out of character for me – my first red card in 12 years of playing the game. The counsellor spent time trying to blame my parents and my childhood, which I couldn’t handle, so I stopped seeing her too. I decided to leave my job and moved away from Carolyn. I was running away from the problem – well, that’s what I thought. I had decided that they were the problem, not me and started locuming around the country. I continued to self-medicate with sertraline, which I ordered through whichever vet practice as I working for at the time.

After a year of locuming, I landed up going into partnership with a friend and started a new practice in May 2005. We had zero clientele, five staff to pay and a £180,000 loan. In our first week we made £100! The plan was to work our proverbial backsides off for five years, pay off the practice loan, build a respectable clientele, develop a good turnover and sell at a huge profit. In April 2006, I had a breakdown. One of the receptionists tried to sue me and the practice for bullying her and stressing her out. That was the straw that broke the camel’s back or, as a Dutch colleague says, “the drop of water that flooded the bucket”.

I finally acknowledged and accepted that I had a problem and sought help. I was exhausted and couldn’t see a reason to continue. I had lost all sense of purpose and didn’t understand why I was in this world or what the point of society was. I spent the next three months seeing a psychiatrist and counsellor two or three times a week and the rest of the time in bed. Fortunately, my brother and his girlfriend had just come over to the United Kingdom and were living with me. He couldn’t find a job so spent his time sitting at my bedside, not asking questions, just listening to me when I spoke and holding me while I cried. There would be days when I wouldn’t eat, wash or brush my teeth. I kept my curtains closed and just wanted the world to leave me alone.

Carolyn and I had got back together before my breakdown. She supported me as best she could, but unfortunately, or fortunately, she lived 80 miles away and worked every third weekend. There were times when I refused to see her and times I refused to answer her calls or return her messages, yet she believed in me and stood firmly by my side.

Friends tried to call and I ignored them. I didn’t want them to see me like that. They never gave up on me and continued to send messages of support even though I never responded. My business partner, Charlie, took on
the extra burden without question. He and his wife made many personal sacrifices to ensure that I would be okay.

There was a time when the psychiatrist wanted to admit me to The Priory, an institution for mentally unstable people where all the derailed celebrities in the United Kingdom go. Fortunately, it was not to be and I worked hard with the counsellor to rebuild my self-esteem, develop a sense of value and start understanding my place in the world and the purpose of society.

The psychiatrist had prescribed the right medication (carbamazepine) and sertraline for rapid cycling bipolar. Things gradually improved and before long, I was back at work. The major difference was that I was more aware of myself and my rhythms. Even though I was on medication, I could still feel the slight dips in mood and the slight manic phases. I soon developed strategies to overcome these periods and manage myself a whole lot better. I was more consistent at work, which improved relationships with my staff and clients. In 18 months, Charlie and I had managed to develop a turnover of £12,000 per week and a 4,500-strong clientele.

I had fears of going onto medication because I was scared that I would not be the same person and that my friends would no longer recognise and accept me. I was also scared to carry the label of bipolar as many people associate it with a mental disorder or mad person. I have overcome this stigma by openly communicating with people over the past six years. I have never had anyone treat me differently or treat me like a lunatic. In fact, the more I have spoken about it, the more supportive people have been. In addition, I have provided a lot of support to people who have experienced problems similar to mine. I am currently helping an ex-colleague who has reached out to me for support on how to deal with his mood swings, fears, paranoia and anxieties.

I believe I have been successful in my veterinary career thus far, despite having bipolar, and I look forward to contributing a whole lot more. I once tried to commit suicide; fortunately, I botched it. I am eternally grateful for the love and support that I have received from Carolyn, my brother Quentin and his partner Cindy, as well as my business partner, Charlie. Without their support in my darkest hour, who knows where I’d be today. I take my medication twice daily just like a diabetic would inject themselves with insulin. I have a fantastic support network – my wife, my family, my friends, my colleagues, NZVA, VCNZ and health professionals.

The first step in the process of recovery is to listen to people around you – if family, friends or colleagues think something is wrong, the chances are they’re right. Next, you need to seek help from medical professionals – if they don’t suit you first time round, try and try again as many times as it takes to feel comfortable with the people who suit you.

Don’t give up. Acknowledge and accept that there may be a chemical imbalance in your brain and be grateful that there is medication available to help manage the disorder. Never stop medication without guidance from your doctor or psychiatrist. And never self-medicate! Be open and honest with people and share your experiences. Surround yourself with understanding and supportive people. Get back to the things you’ve always enjoyed doing, like playing hockey!

by Doug Passmore, BVSc

– From Vetscript December 2011
Appendix 5:  
Compassion fatigue – when caring really hurts

Compassion fatigue is not a condition that veterinary staff think about much as they face the practical and medical challenges of their daily work.

But at this year’s NZVA conference in Hamilton, those who work with animals and their owners received a wake-up call in an address from Debbie Chesterfield, manager of the Small Animal Production Unit at Massey University. She reminded members of the Veterinary Business Group that veterinarians experience death at a higher rate than human doctors simply because the lifespan of most animals is shorter than that of humans. Many animal shelters are forced to euthanase animals due to overpopulation or poor animal health. SPCA officers witness neglected and abused animals every day. All of these professionals experience a great deal of grief, stress and trauma in their work.

And veterinary staff are far from immune, with compassion fatigue being a major occupational hazard, much of it around the euthanasia of animals.

“Compassion fatigue affects those working in caring professions,” Chesterfield told her audience. “So if we give more than we replenish ourselves with, it’s only a matter of time before we fall short and it’s this shortage that leads to high levels of stress and suffering from compassion fatigue. It’s subjective so what overwhelms me is not necessarily going to overwhelm you.”

The message, in short, is to look after yourself.

Stress is a common concern, with long hours, deadlines, client expectations and unexpected outcomes all adding to the mix. Mortgage, finances and family issues can add to this workplace stress. Most of us cope well most of the time but problems arise when we see no end in sight and have stopped caring for ourselves.

Compassion fatigue has been described as stress resulting from wanting to help a traumatised or suffering person. This form of fatigue arises when the caring for others is at the caregiver’s expense. Veterinarians, animal technicians, vet nurses and shelter workers are all caring people in a caring profession. But that caring has a downside – they are vulnerable to this form of stress.

Chesterfield said that in recent times, pets have often been elevated to a status equivalent to humans and as such the pet’s life is highly important to the pet owner. For example, animal shelters routinely speak of rehoming pets as “adoption”. Pet owners often want to prolong the lives of their pets at all costs. This development has brought its own stresses to the veterinary profession. With a deep commitment to the welfare of their patients and clients, vets can often feel they have failed if they cannot heal or prolong quality of life. This defeat can be taken personally and if not dealt with can be bottled up and magnified in the vet’s mind.

Chesterfield said veterinarians in large animal practices have their own unique stresses to deal with. Large-scale dairy farms can put tremendous pressure not only on farm staff but also on the veterinarian who visits to treat sick animals. Lame cows, calving difficulties and thin cows are but a few of the ongoing issues seen on the farm. It can be difficult tending to lame cows (on large-scale dairy farms these could be as many as 200 – 400 cows) often on a weekly basis and watching the slow, often painful recovery of these animals. We have yet to elevate the cow to the status of family pet but for farmers the monetary value of each cow is very important. So the veterinarian is again under pressure to maintain the health of each animal. Repetitive care and treatment on such farms can certainly take its toll, said Chesterfield, especially if the veterinarian is working in isolation a lot of the time.

The symptoms of compassion fatigue can creep up on a vet insidiously and over quite a long period. Chesterfield listed the main symptoms as:

- depression
- anxiety
- exhaustion
- anger
- feelings of being ineffectual
- detachment.
The last symptom when she first encountered it – at the SPCA – made her really sit up. “There was a bunch of kittens in the window and I remember thinking they were really, really cute and I remember the manager saying she was going to euthanase them in a few minutes. And I went, what?” Chesterfield told her audience. “But she was just so switched off about it all and I was blown away and thought she was so cold. But she wasn’t. Detachment was her mechanism for dealing with a constant overload of animals and the work environment. If you are not dealing with it and have so much stress most of the time that you’re going to kill, perhaps you ask, what am I doing wrong? Why do I feel like this? Maybe I’m not doing something right.”

Carers suffering from compassion fatigue may be irritable and suffer from mood swings. Other symptoms such as sleep loss can lead to poor work performance. Exhaustion also makes it difficult to have a normal life outside work. An important coping strategy is to strive for a healthy balance in life.

So what coping mechanisms does she recommend?

For Chesterfield, peer support is an important way of coping with the stress that leads to compassion fatigue. It’s a case of professionals talking to each other in a relaxed environment.

“Use support networks”, said Chesterfield. “This is really important. At the university I run a support group for technicians and that’s working really well, particularly now that we’re going to the pub – that certainly improves attendance. This acts as a debrief and allows us to speak with others about what we deal with.”

Summing up by talking about other coping mechanisms, she reminded employers in the audience that organisations have a responsibility to care for staff. Ensuring a safe work environment, manageable workloads, making staff aware of risks associated with their work and rotating staff in areas recognised as stressful are a few of the employer’s responsibilities. Fostering a culture of care within the work environment is important, she said. Peer support groups, creating a culture of fun and sense of belonging and the development of other support networks are other ways in which organisations can take responsibility for staff in a stressful working environment.

But the final responsibility rests with the veterinary staff themselves.

by John Stewart

– From VetBiz September 2012
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