

Health and Wellness for Our Students – The Problems of Depression and Suicide

Background: The rates of depression and suicide are disproportionately high for veterinarians and veterinary students in the US and worldwide. While one in 10 US adults are clinically depressed, 2/3 of veterinary practitioners report experiencing clinical depression. Similarly elevated are rates for veterinary students with 22-30% of UK students and 32-69% of US students reporting depressive symptoms in their first 1-3 semesters (compared to 15-17% in college students, medical students, and house officers).

Contributing factors: Positive mental health in students correlates with confidence in their financial status, regular contact with friends, and being married. Multiple individual stressors and interpersonal traits are associated with negative mental health. However, there are also factors that may be impacted by professional school such as financial stress, lack of perceived competence, a sense of isolation, rigidity of the academic program, lack of self-care time, and a disconnect between student expectations and their learning experience (e.g. focus on memorization, lack of clinical experience early in program). Over the past 2-3 decades, the face of the profession has become increasingly female. In general, women are found to express higher levels of stress, depression, anxiety, and physical symptoms than men. In addition, veterinary students are selected with expectations of high performance (can be interpreted as perfectionism). Veterinarians, and especially women, may set unrealistically high standards of excellence and put excessive pressure on themselves to perform in their careers.

Counseling services: Less than half of veterinary schools had exclusive counseling services for veterinary students, and mostly through part time counselors. Services include individual and group counseling, family counseling, stress management, biofeedback, and test anxiety reduction. While college administrators report a need for these services, students in professional schools, residents, young physicians, and veterinary practitioners are less likely to seek care than those in other fields. Approximately half of veterinary practitioners reporting clinical depression also report not seeking professional assistance. For those who do seek treatment, there is often a delay of 6-8 years between the onset of depression and initiation of treatment. Instead, students often use non-adaptive coping strategies to deal with stress. Approximately 30-40% of veterinary students are regular users of OTC stimulants and depressants, alcohol, and/or drugs. Interestingly, over 40% of veterinary students report a family history of alcohol or drug addiction. A significant proportion of those using alcohol report negative consequences to their alcohol use.

Suicide: The veterinary profession has, overall, also failed to acknowledge the problem of suicide. For white men in the US, 4/6 professions associated with the highest suicide rates are in the health professions. Veterinarians are ranked 4th below physicians and dentists. In the UK and in Australia, the rate for suicides amongst veterinarians is about twice that seen in physicians. Unfortunately, while 66% of veterinary practitioners in one study responded that they have been clinically depressed and nearly 1/4 admit that they had seriously considered suicide only 10-11% of students and these same practitioners believe that there is reason for concern regarding suicide rates within the profession.

Addressing the problem: potential areas for consideration

Increasing awareness: Prioritization of mental health education and awareness. An example would be the launch of website – vetlife.org.uk which provides information, hotline support, and openly communicates around issues of mental health and wellness. Because of the lag between the onset of depression and initiation of treatment, it may also be that we are missing the true impact by focusing on students. Similar to findings in physicians, we may find that depression that originates in veterinary school persists into their independent career.

Bridging the gap between student expectations and their experiences: “Research in psychology has indicated that the expectations an individual brings to a situation significantly influence how he or she experiences and copes with that situation” (LA Pervin, reality and non-reality in student expectations of college. J Psych 61:41-48, 1966). Anxiety and depression were both associated with the perception of unclear faculty expectations by veterinary students. In addition, disconnects between student and faculty expectations in areas of the intensity of the program, the required time commitment, the amount of information to learn, the amount of material to memorize and the paucity of clinically relevant experiences early in the curriculum, may exacerbate the stress of veterinary school.

Confidence and competence: Students note that being able to prepare well was associated with a positive experience while lack of self-confidence accentuated a negative response. Are there mechanisms we can improve upon to provide ongoing feedback that reinforces student perceptions of skills and knowledge gained?

Peer support and training in effective coping strategies: Peers are able to identify those who are ‘troubled’ (individuals with poor support and few outside interests) before supervisors are able to pick out those who are ‘troublesome’ (individuals with poor attitude or unprofessionalism). Support for social and peer groups may be used to increase linkages between students, interns, and residents. Coupled with increased awareness and training (especially in the area of adaptive and effective coping strategies), this may be a mechanism for identifying trainees at increased risk and to provide peer support.

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