



# Australian Veterinary Association Veterinary Wellness Strategy

Final report

September 2021

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## Acknowledgements

This report on Veterinary Wellness is part of a joint initiative between the Australian Veterinary Association (AVA) & SuperFriend to address the mental health and wellbeing of the veterinary profession.

The Australian Veterinary Association (AVA) engaged SuperFriend to begin the process of developing a mental health strategy and framework for the profession, the scope of which extends to all people and all roles involved in the profession, not just the veterinarian role.

This stakeholder report represents the 'voice of the profession' and aims to validate findings from the phase 1 literature review completed by SuperFriend, but also to draw out new and unique findings from those that work in the profession every day. It is therefore important first and foremost to acknowledge and thank all current and former individuals who have worked in the veterinary profession.

Special thanks to the 2,540 current and former people involved in the profession that completed the national survey, as well as the 82 that participated in the seven focus groups and one-on-one interviews. Every individual who contributed to this important stakeholder research openly shared their mental health experiences, insights related to workplace risks and protective factors, as well as ideas for the future of the profession.

For the purpose of this stakeholder research, the survey was open to all individuals involved in the veterinary profession regardless of role, tenure, or location. While the focus groups and one-on-one interviews aimed to cover a wide range of groups within the profession including – the AVA workforce challenges group, thought leaders, those with a lived experience of mental illness, industry and non-practising stakeholders, practice managers, employees, university representatives and veterinary board representatives.

Thank you to everyone involved for their valuable contribution to this important piece of work and commitment to veterinary wellness.

Thank you to the Australian Veterinary Association (AVA) for initiating this piece of work, assisting in the research, and making this report possible. Acknowledgement for the cover image of this report must go to Austimner Veterinary Hospital (courtesy of the AVA).

## Executive summary

### Veterinary wellness

There is growing evidence from academic research, industry bodies and professionals that the veterinary industry is in a mental health crisis. Over the last three decades the risk of suicide in veterinary professionals has been reported to have steadily increased: with some research reporting veterinarians are four times more likely to die by suicide than the general population, and two times more likely than any other healthcare profession (6). This research has been publicised widely and supported by anecdotal evidence, however further work is required to validate this and truly understand not just the impacts of suicide on the profession, but the holistic state of mental health and wellness.

The mental health landscape across the Australian veterinary profession is complex and varied, suggesting that a holistic yet integrated approach is needed to positively impact the mental health outcomes of veterinary professionals. This research aims to dig deep into the issues impacting veterinary wellness and provide a national picture of the current state of mental health in the Australian veterinary profession – this, in turn will pave the way for the sustainable and effective change the profession has been calling for.

This seminal research provides a contemporary picture of mental health and wellness for veterinary professionals in Australia. For the first time, direct experiences of work and contribution by industry professionals, as well as attitudes towards mental illness and help seeking have ever been measured. Over 2,500 people participated, which pleasingly provides a solid status of the mental health experiences in the profession and informs useful insights to guide future work.

Some of the findings through this research confirmed what we may already know – such as high workload and long hours are challenging, poor remuneration impacts many and that veterinary work is getting more and more difficult with the impacts of client abuse, staff shortages and financial stress. However, there are many new insights gathered in relation to at risk groups, specific challenges with the generational divide and a genuine desire to talk openly and honestly about mental health.

Through this research we have been able to gather some initial data to contribute towards a baseline of national prevalence data, impacts of work including key risk and protective factors experienced by veterinary professionals as well as attitudes and behaviours relating to help seeking and importantly appetite for future mental health initiatives and activities. This research indicates that the mental health impact is two-fold for veterinary professionals. Not only do professionals face the unique challenges that come with veterinary medicine – such as dealing with traumatic events, regular abuse by the general public, exposure to death and a heavy load of emotionally taxing work, they are faced with common workplace challenges that present as risks such as excessive work demands, interpersonal conflict, poor leader support and work design challenges.

When assessing and addressing workplace or workforce mental health it's important to recognise that not all risks can always be removed, some risks go with the territory per se, however, workplace

conditions, culture and environment can be impacted and changed, this combined with leveraging key protective factors provides the best opportunity for positive change.

This research tells us that more people rate their mental health as good or very good as opposed to poor or very poor. However, a significant proportion of individuals have experienced a mental health condition, in particular in the last 12 months. Over half (66.6%) of respondents said they have or are experiencing a mental health condition. In comparison SuperFriend's Indicators of a Thriving Workplace national survey (2021) which is an annual workplace survey, that draws from a representative sample of over 10,000 workers across industries, found that 61.8% of Australia's working population has, or are experiencing a mental health condition. SuperFriend's multi-year research shows the prevalence of self-reported mental ill-health has increased during the recent years of the global pandemic, the veterinary profession sits 4.8% above other industries.

Those self-rating their mental health poorly as well as experiencing a mental health condition were more likely to be female, students, veterinary nurses or those aged between 25-29. This was supported through stratifying data to account for differences in age and aligns with national data which indicated prevalence of mental health conditions is higher for women in the community also and is not just relevant for the profession. This provides valuable insights into at-risk groups for targeting future interventions as necessary. Poor mental health self-rating and experiences of mental health conditions decreased with age across the cohort. This is in line with national, full age-range data, as reported by Beyond Blue and Mindframe, that reports the prevalence of mental illness decreases with age, with highest prevalence being between 18-24 years old. This is slightly below the veterinary cohort.

Work and non-work factors contributed to the development of mental health conditions. For most individuals who participated in this research, feel that work has more of a negative impact on their mental health than positive. This self-reported experience decreases with age, which poses an interesting question around the relationship between length of service and mental health. Interactions with colleagues and clients proves to be an interesting dynamic, as they act as both a risk and protective factors, depending on if the interaction is positive or negative. Positive relationships with colleagues proved to be the single most important protective factor identified, while challenging or negative interactions with clients proved to be the number one risk factor. The inverse also proves true for both factors.

Another key finding is that the majority of individuals say they are leaving work feeling emotionally drained and the impacts of excessive workloads proves to be especially taxing. The impacts of COVID-19 were reported to be particularly challenging and although people were open about having taken time off for their mental health over the last year, few were likely to tell their employer the real reasons for needing time off or disclosing their situation. Although 2 in 5 people reported seeking help or support for their mental health, with most preferring formal psychology services or a conversation with a colleague, time to engage in services was a barrier as was the associated stigma that comes with reaching out for help. People did however feel that having role models or mentors share their stories and talk openly about their mental health would be helpful in encouraging them to seek support.

All of the themes identified in this research, as well as having national data to lean on provides a great opportunity now for the veterinary profession to take a well-informed leap forward in addressing veterinary wellness by taking action. The AVA is encouraged to consider these findings in the creation of a *national veterinary mental health strategy*, while individuals are encouraged to use the findings to influence change in their own workplaces where possible.

We now understand from both the qualitative and quantitative research findings, what the key issues are that need to be addressed and how the veterinary profession can act upon to influence change. The next phase of this research will be to work with the AVA to prioritise and execute some of the key recommendations across the whole profession and within workplaces as appropriate.

These rich insights gained from people working across the profession supports the need for urgent action and change to improve the mental health and wellbeing of the veterinary profession.

### Time for action

This important stakeholder research, through the voice of 2,540 individuals involved in the veterinary profession told us:

- Many individuals working in the veterinary profession report **good mental health and wellbeing** with more people (27.8%) self-rating their mental health as good versus one in six people rating their mental health as poor.
- Over half of people (66.6%) said they have or are experiencing a **mental health condition**, in which 60% had been diagnosed by a medical professional. This figure was 4.8% above national data collected in SuperFriend's 2021 *Indicators of a Thriving Workplace Report* which found 61.8% of people said they have or are experiencing a mental health condition.
- **Women, students, and those aged between 25-29** were more likely than men and older individuals to rate their mental health poorly and experience a mental health condition.
- Almost half (46%) of individuals said that **work had a negative impact** on their mental health with high workloads, negative client interactions, staff shortages and lack of work life balance contributing. Worryingly, 72.5% of people said they have left work feeling emotionally drained.
- Majority of people (74.6%) believed that their **colleagues** had the biggest impact on their work experience being a positive one and enhancing their mental health as well as having positive interactions with pet owners (70.1%).
- Women and those between 25-35 years old are most likely to **seek help or support** for their mental health, and although getting time off work proved to be challenging, it was felt that work to decrease stigma around mental health and having positive role models would encourage help seeking.

This data paints a picture of a profession with multiple and varied risks to mental health with individuals who are deeply impacted by their workplace experience and feeling the effects – at times more than other industries as shown in comparisons to SuperFriend's national data. There is work to be done to make headway in addressing these issues. By taking a strategic and collaborative approach, utilising evidence-based and best practices in workplace and workforce mental health, the veterinary profession can thrive, and the people that work tirelessly each day to serve our community, our pets and the broader animal population will thrive with it.

## Background

SuperFriend was engaged by the Australian Veterinary Association (AVA) in 2021 to assist in addressing the mental health and wellness of the veterinary profession by undertaking an extensive research project and developing a profession-wide mental health strategy and framework.

This strategic piece of work is made up of five phases:

- **Phase 1 – desktop and literature review:** a review of the current existing research in the area of veterinary mental health and wellbeing. An in-depth analysis of the current state of mental health in the profession was undertaken through Australian and international studies as well as a gap analysis of existing supports and interventions to address the issue. A literature review paper was provided to the AVA with a summary report provided to the broader profession outlining the current state on mental health in the profession, workplace impacts on mental health including psychosocial risk and protective factors as well as an in-depth analysis of global strategies and interventions to address veterinary wellness mapped against the integrated approach to workplace mental health.
- **Phase 2 – stakeholder research:** a 3-part approach to gathering the voice of the profession on a range of topics related to veterinary wellness. Focus groups across seven representative groups from the profession were conducted, one-on-one interviews with interested or influential individuals and a profession-wide survey combined to represent the voice of the profession. This stakeholder research provides a national picture of the mental health status of individuals, contributing factors to mental illness both work and non-work-related, and work-related impacts on mental health including psychosocial risk and protective factors, help seeking prevalence, attitudes, and behaviours as well as insights into practical solutions to improve the mental health of the profession.
- **Phase 3 – problem definition and solution:** through the delivery of an in-depth stakeholder report key problems or issues were identified and prioritised with proposed solutions. Solutions were reviewed and prioritised prior to final recommendations being delivered to the AVA board and wider profession.
- **Phase 4 – recommendations:** final recommendations will be prioritised in line with the strategic objectives of the national veterinary wellness strategy and presented to the wider profession through a presentation to all involved stakeholders and the wider profession.
- **Phase 5 – implementation and evaluation:** the AVA and wider profession will be supported to implement key recommendations and translate this research into action to positively impact the mental health and wellness of the profession. Key evaluation metrics will be defined to determine what success looks like prior to implementing a national veterinary wellness strategy.

This research serves as the first step in strategically addressing the mental health and wellness of the veterinary profession and is a positive step in ensuring the sustainability of the profession is maintained, while ensuring those that work in the profession are enabled to thrive as people and as veterinary professionals. Next steps will be guided by the Australian Veterinary Association (AVA) in collaboration with the wider profession.

## Methodology

The stakeholder research component of the Veterinary Wellness initiative is comprised of 3 key components:

1. Stakeholder focus groups
2. One-on-one interviews
3. Voice of profession survey

This was the first comprehensive national stakeholder research undertaken in the area of veterinary mental health and wellness, giving a voice to the profession on this important topic. Stakeholder research was conducted between May 2021 and August 2021 by SuperFriend on behalf of the Australian Veterinary Association (AVA). The focus groups and one-on-one interviews included 82 participants while the survey was completed by 2,540 participants.

## Scope and coverage

### Focus groups

The scope of the focus groups included individuals across a range of sectors within the profession who were invited to participate by the AVA. Across the seven (7) focus groups individuals represented the following stakeholder groups.

- **Group 1: workforce challenges group** - this group was an AVA group made up of veterinarians who are passionate about resolving the ongoing workforce issues concerning the profession (group mostly representative of practice employers and academics).
- **Group 2: thought leaders** – this group was made up of mental health champions who provide leadership in the mental health space and included no AVA members.
- **Group 3: lived experience** – this group was made up of individuals who have had experience with mental illness themselves or cared for someone who has and were willing to share their story as well as individuals who provide mental health support to the veterinary profession.
- **Group 4: industry & non-practising** – this group was made up of companies that demonstrate an interest in mental health and wellness. It included representatives from companies that share a responsibility for ensuring the safety of the profession.
- **Group 5: practice managers** – this group was made up of senior leaders in veterinary practice, decision makers and employers.
- **Group 6: employees** - this group was made up of all veterinary staff working in a practice regardless of role, including veterinarians, vet nurses, vet technicians etc.
- **Group 7: universities & vet boards** – this group was be made up of industry leaders, academics and researchers, veterinary board representatives and veterinary students.



## One-on-one interviews

A series of one hour one-on-one telephone interviews were conducted with interested parties who were unable to attend focus groups. These were sourced through both AVA contacts as well as on a volunteer basis. A total of five (5) one-on-one interviews were conducted with individuals from a range of roles and specialisations across the profession. For the purpose of this report all opinions and insights shared in one-on-one interviews have been incorporated and coded with verbatim comments for each topic covered.

## Survey

The survey was open for four weeks between July and August 2021 to all individuals both currently and previously working in the veterinary profession, as well as students currently studying. All roles and specialities were invited to participate in the survey to gain a holistic view of wellness across the entire profession irrespective of role.

In total, 2,540 individuals completed the survey. The respondents represented 2,197 participants actively working in the veterinary profession in a wide range of roles and specialities, 83 current students, 61 individuals now working in another field, 125 retired individuals and 74 individuals currently unemployed, not working or on extended leave.

Participation in the survey was completely voluntary and all responses were anonymous.

## Aims

The **focus groups and one-on-one interviews** aimed to:

- Determine and understand *motivations* for involvement in the veterinary profession.
- Identify and understand individual and organisation *psychosocial risk factors* that exist when working in the veterinary profession.
- Identify and understand individual and organisation *psychosocial protective factors* that exist when working in the veterinary profession.
- Identify and understand barriers and enablers that influence *help seeking behaviours* for supporting mental health and wellbeing.
- Gather opinions and insights on *potential future initiatives, interventions, and solutions* to improve the mental health and wellbeing of the profession at an individual and organisational level.

The **survey** aimed to:

- Understand the *mental health and wellbeing* among the veterinary workforce.
- Explore the *impacts of veterinary work* on workers' mental health.
- Examine actions around and attitudes towards *help and support seeking*.
- Receive suggestions about potential *future initiatives*.

## Topics

Participants across the focus groups, one-on-one interviews and survey were asked a range of questions to cover a holistic view of mental health and wellbeing experiences individually and in the workplace. They were asked:

- Basic demographic questions including their type of work, location of work and work status.
- To self-rate their mental health and wellbeing, including if they have experienced or been diagnosed with a mental health condition and what factors have contributed to their mental health condition.
- About their work experiences and work culture, as well as things that have negatively impacted their mental health at work (risk factors) and those that have positively contributed (protective factors).
- Questions about help seeking behaviours, including any barriers and enablers to seeking support.
- For their opinion on future initiatives to address the mental health of the profession in all areas from prevention through to support.

## Limitations

The stakeholder research has the following limitations:

- To ensure the survey was user friendly while being mindful of the workload challenges faced by the profession the survey was designed to be completed in approximately 20 minutes. Therefore, not all topics could be covered as in depth as warranted. Potential future research could address this through tailored research for students and retired veterinarians for example.
- To ensure data could be collected to cover a broad range of roles across the profession some questions were quite general in nature and required the participant to self-reflect on how this question applies to their role or their experiences, this may have caused some drop off in responses if participants could not draw an immediate and direct correlation between the question and their unique circumstances.
- The survey was sent out via the AVA's database and through AVA publications and advertising, this may have impacted reach of the survey more broadly in the profession outside of the membership base. Data however suggests that a large degree of participants were not in fact AVA members, therefore the survey's reach was greater than expected.

## Data analysis

Bias in data has been accounted for by considering confounding variables such as age, gender, location, workplace type and role type. Stratifying the data made it possible to drill into the specifics of the entire data set to ensure balance across the population. Data comparisons have also been made between this population and national mental health data and statistics from Australian Bureau of Statistics (ABS), Beyond Blue, Lifeline and Mindframe.

## Part 1 – Demographic overview of the veterinary profession

### Overview

The veterinary wellness stakeholder research aimed to understand the state of mental health and wellbeing in the profession including mental health status, contributing factors to mental illness as well as good mental health, attitudes towards help seeking and support and insights into future initiatives. Through focus groups, one-on-one interviews, and survey data the voice of over 2,500 individuals working in the profession was heard. This section highlights the demographic characteristics of those involved in the stakeholder research.

### Results

#### Focus groups

Seven focus groups were conducted over four weeks between May and June 2021. Seventy-eight (78) individuals took part in these focus groups from a range of backgrounds, roles, and parts of the profession. Details are outlined further in table 1.

**Table 1 – focus group details including groups, descriptions, and number of participants.**

Group #	Group name	Group description	Participants
1	Workforce challenges group	AVA working group focused on addressing workforce challenges	9
2	Thought leaders	Leaders and champions in the veterinary mental health space	14
3	Lived experience	Individuals with a lived or living experience of mental illness or carer	10
4	Industry & non-practicing	Companies with an interest in mental health and safety for the profession	11
5	Practice managers	Senior leaders and leaders currently working in the profession	12
6	Employees	Veterinaries, vet nurses and vet technicians currently working in the profession	11
7	Universities & vet boards	University and veterinary board representatives & students	11
<b>Total</b>			<b>78</b>

## One-on-one interviews

Five one-on-one interviews were conducted. For the purpose of this report individuals will not be personally identified. Participants either volunteered or were identified as interested parties by the AVA and came from a range of backgrounds from practising veterinarians, veterinary surgeons board representatives, academics/university lecturers and mental health practitioners.

## Survey

There were 2,540 people who responded to the survey. On average it took participants 14 minutes to complete the survey. The survey was open to all people currently or previously working in the veterinary profession across all roles. The survey was distributed via the AVA's database; however, it was open to both members and non-members through the AVA website, digest, and other communication channels.

### Gender, age, and geographical location

The significant majority of the 2,540 respondents identified as female, being 1,828 (72.2%). There were 682 male (26.9%) participants, 10 non-binary/gender diverse (0.4%) and 1 person identified as Transgender Female (0.04%). Eleven people preferred not to disclose their gender. Due to the small representation of non-binary and gender diverse participants it was not possible to provide detailed survey results for these groups.

From an age perspective, 50-64 was the most common age group, accounting for 25.2% of participants, followed by 40-49 years old (19.8%) and 30-35 years old (16.9%).

From a geographical location breakdown, NSW (29%), Victoria (28%) and QLD (20%) were the most represented states. In total, 56.4% worked in metropolitan locations, 40.0% regionally, and 3.5% overseas.

### Employment status and role

The majority of respondents worked full-time (62.5%), with 27.7% who worked part-time and 9.7% casual.

Respondents could make multiple selections for their role, and the main focus of their work. The majority (33.7%) of respondents identified as a veterinary employees working in private practice. Practice owners or partners in private practice was the next most common (19.8%), followed by veterinary employees working for a company with multiple practices (11.8%).

The majority (74.5%) of respondents worked with small companion animals. Equine was the next most common (10.2%), followed by cattle (8.2%).

32.2% of respondents reported planning to retire in the next 10 years (45.1% No, 22.7% unsure). However, nearly half (47.0%) planned on reducing involvement in the profession in the same period (31.5% No, 21.5% unsure).

A demographic snapshot is shown below in image 1.

Image 1 – demographic snapshot of survey respondents.

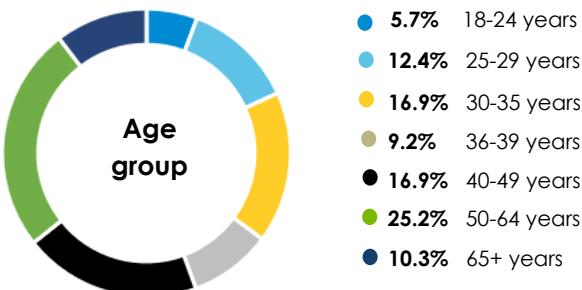
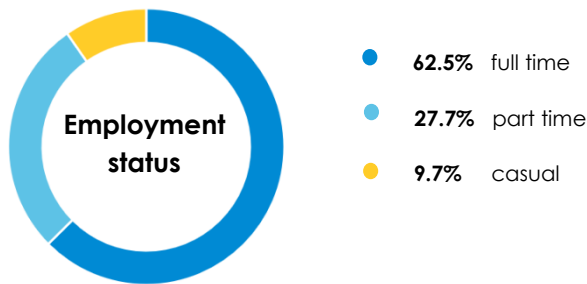
Figures

**2,623** PARTICIPANTS

**72.2%** IDENTIFIED AS FEMALE

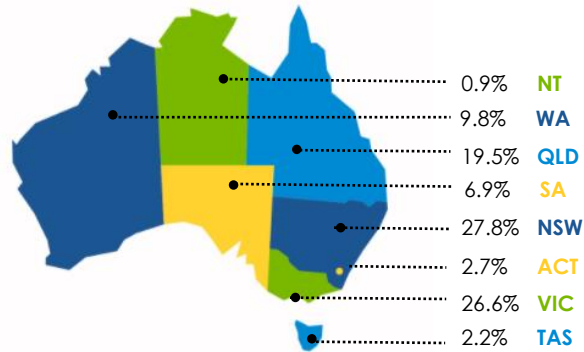
**26.9%** IDENTIFIED AS MALE

**0.4%** IDENTIFIED NON-BINARY OR GENDER DIVERSE



\*\* note – some percentages may not add up to 100% due to rounding

Main work location



\*\* 0.1% selected 'other', 3.5% selected overseas

Role

- 3.27% currently studying veterinary science
- 33.70% veterinary employee in private practice
- 19.80% practice owner/partner private practice
- 11.77% veterinary employee in company/corporate
- 1.89% veterinarian employed as manager
- 4.17% veterinarian employed in government
- 4.88% veterinary educator or academic
- 0.98% veterinarian working in lab or pathology
- 1.81% veterinarian working in industry
- 2.60% veterinarian working in not-for-profit
- 9.80% veterinary nurse or nurse supervisor
- 3.78% veterinary practice or business manager
- 2.40% working in another field
- 4.92% retired veterinarian
- 0.79% unemployed
- 2.13% not currently working (on extended leave)
- 6.61% other occupation in veterinary profession



Area of expertise

- |                                  |                                 |                              |
|----------------------------------|---------------------------------|------------------------------|
| • 74.54% small companion animals | • 3.33% animal behaviour        | • 0.59% conservation biology |
| • 5.52% unusual pet & avian      | • 8.22% cattle                  | • 5.69% dental               |
| • 6.70% education & research     | • 10.58% equine                 | • 0.59% acupuncture          |
| • 1.35% public health            | • 2.70% sheep, camelid, goats   | • 0.93% integrative          |
| • 2.19% industry                 | • 1.14% greyhounds              | • 2.53% reproduction         |
| • 2.57% government (state)       | • 0.59% poultry                 | • 6.91% business             |
| • 0.30% government (local)       | • 0.59% pig                     | • 3.20% student              |
| • 1.43% government (federal)     | • 4.43% animal welfare / ethics | • 7.93% other                |

## Summary

- There were **2,623 respondents** that took part in the focus groups, one-on-one interviews, and voice of the profession survey.
- The majority of survey respondents were **female** (72.2%) and aged between **50 – 64 years old** (25.2%).
- Most respondents worked **full time** (62.6%) as **veterinary employees in private practice**.
- **Small companion animal** work was the most common area of specialty.

## Part 2 - Mental health and wellbeing among the veterinary profession

### Overview

One of the main aims of the stakeholder research was to understand the mental health and wellbeing among the veterinary workforce and provide a comprehensive picture and potential benchmark for all roles across the profession. This section highlights the perceived mental health self-rating of participants, personal experiences of mental health conditions and factors contributing to mental health conditions.

### Results

#### Focus groups

Individual perceptions of or experiences of mental health and wellbeing were not explored in the focus groups.

#### One-on-one interviews

Individual perceptions of or experiences of mental health and wellbeing were not explored in the one-on-one interviews.

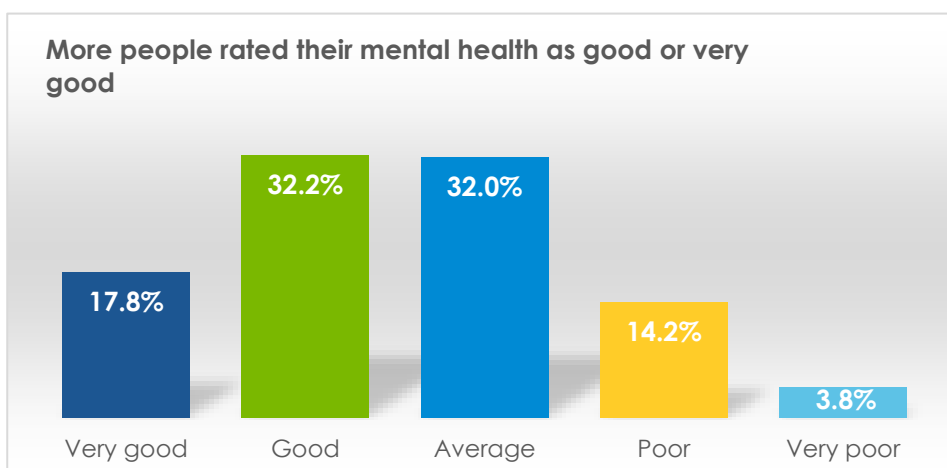
#### Survey

Respondents were asked about their perceived rating of their current mental health status as well as if they had personally experienced a mental health condition. They were also asked if they had ever been diagnosed with a mental health condition and what factors had contributed to this.

#### Mental health self-rating

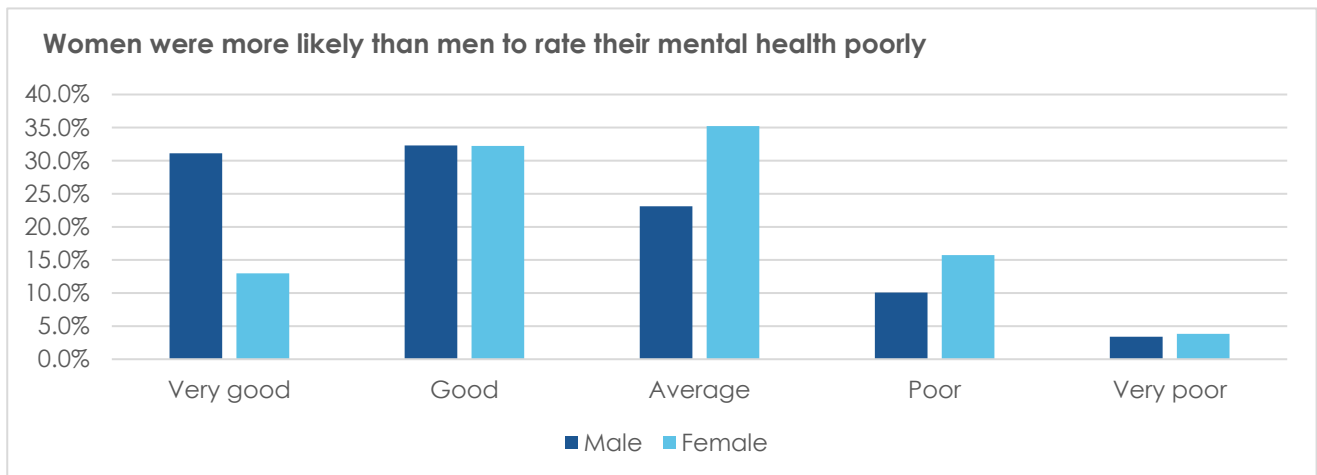
Respondents were asked to self-rate their current mental health status. Half of all respondents rated their current mental health positively with 17.8% saying it was very good and 32.2% saying it was good. While 1 in 6 people reported their mental health as poor or very poor (Figure 1).

Figure 1 – Mental health self-rating: response to the question ‘In general, how would you currently rate your mental health?’



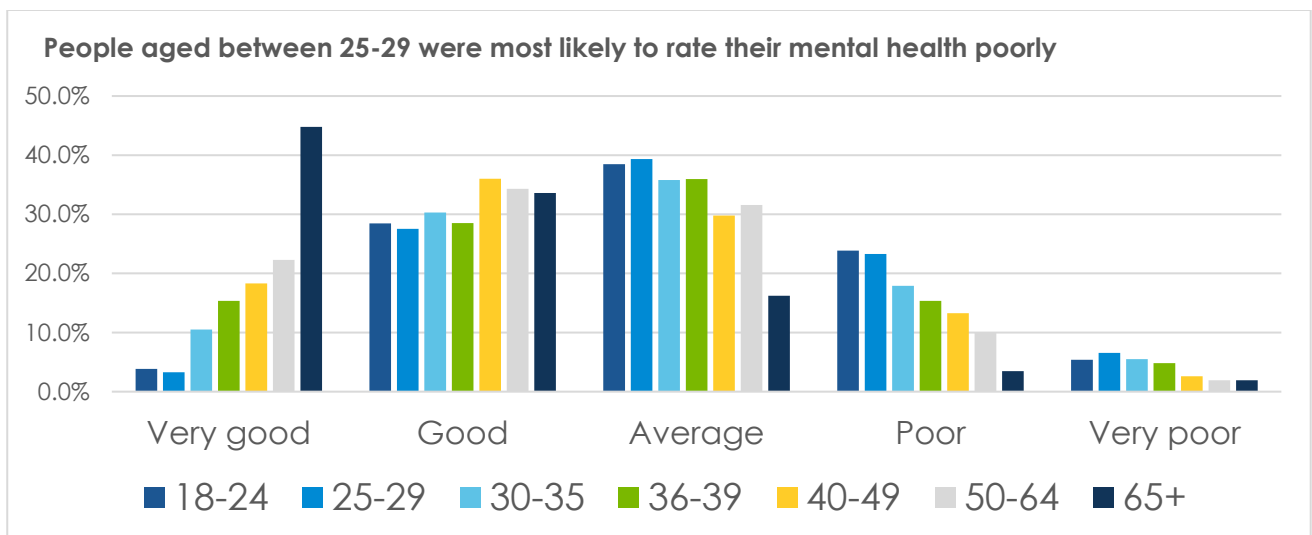
There were substantial differences in mental health self-rating depending on both age and gender (see attached snapshots). Overall men were more likely to rate their mental health as very good (31.1%) compared to women (13.0%). Women were more likely than men to rate their mental health as average, poor and very poor (figure 2). People who identified as students were also more likely to rate their mental health as poor or very poor (36.5% combined) as were Veterinary Nurses (33.3%).

**Figure 2 – Mental health self-rating by gender**



When it comes to age, people aged 65 or older were far more likely than any other age group to describe their mental health as 'very good' (figure 3). Respondents aged between 25-29 had the highest proportion (29.9%) of poor and very poor responses when self-rating their mental health, followed by the 18-24 year old group (29.2%) and the 30-35 year old group (23.4%). National mental health data supports the fact that prevalence of poor mental health decreases with age.

**Figure 3 – Mental health self-rating by age.**



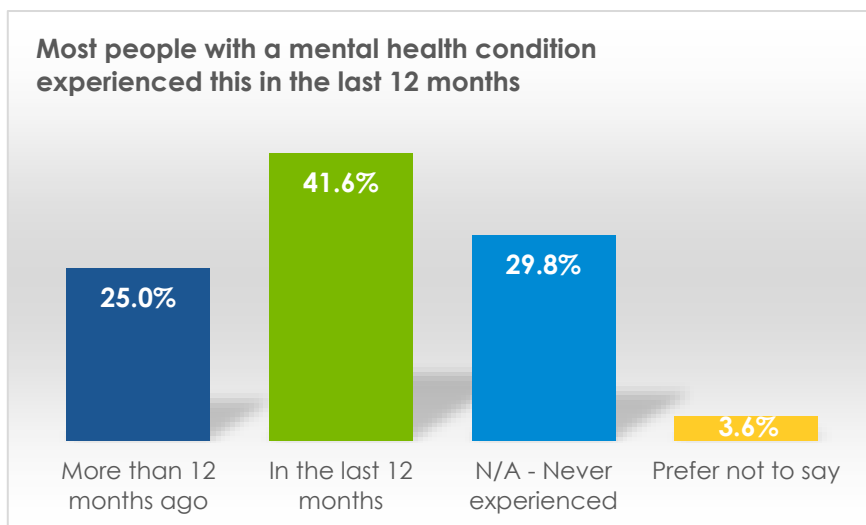


### Mental health conditions

Respondents were asked if they have personally experienced a mental health condition including but not limited to depression, anxiety, bipolar, schizophrenia or eating disorder. If they had experienced a mental health condition they were asked when this occurred and if they were diagnosed by a health professional, as well as the factors they felt contributed to the condition.

Over half of respondents (66.7%) said they had in fact experienced a mental health condition, with the majority (41.6%) experiencing this in the last 12 months (figure 4). Of the respondents that had previously experienced, or currently were experiencing a mental health condition, 60% said this condition had been diagnosed by a medical professional.

Figure 4 – Personal experience of a mental health condition.

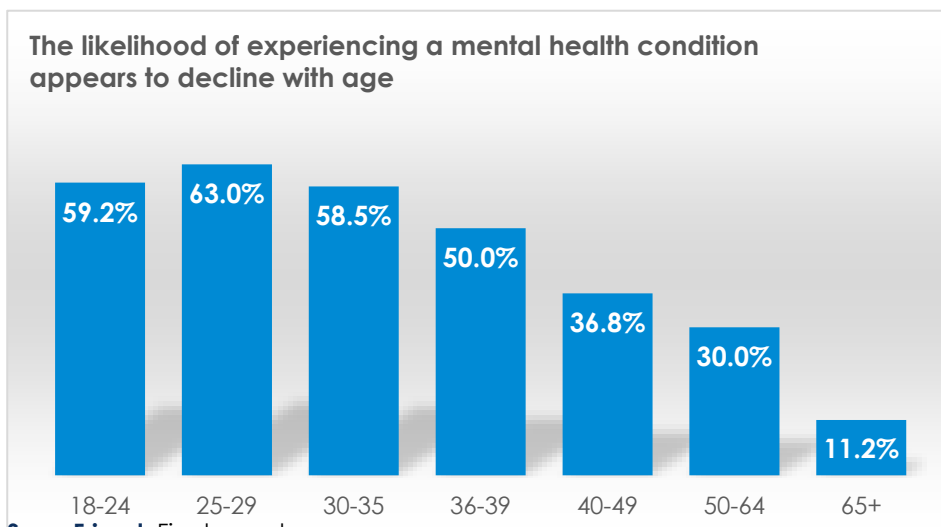


“Overworking for many years because I didn't have another option caused an imbalance. I was spending too much time as a vet, not as a person.”

Women were far more likely than men (72.1% vs 53.0%) to have experienced a mental health condition, and more likely to have done so in the past 12 months (47.3% vs 27.0%) which is consistent with the responses related to mental health self-rating. 65.4% of veterinary nurses reported a mental health condition in the last 12 months, as did 62.2% of students.

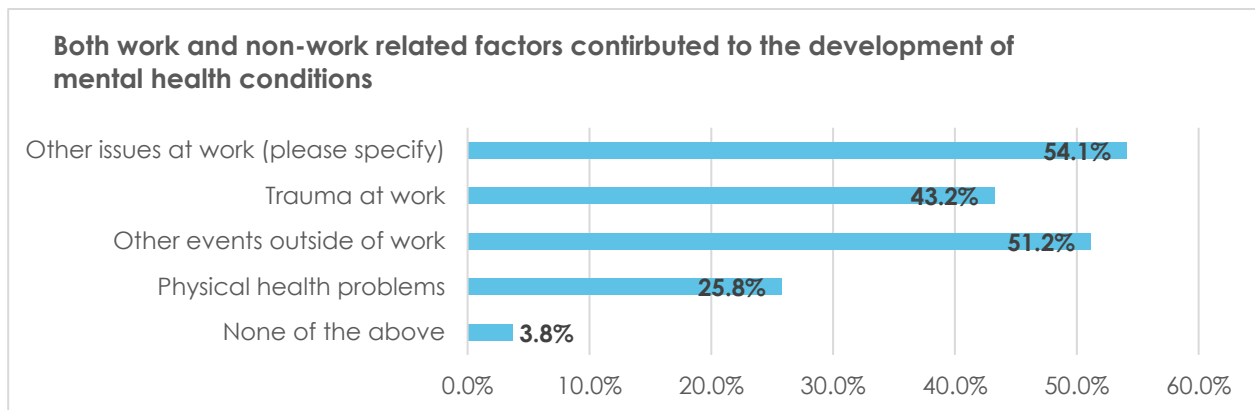
Older participants were far less likely to have experienced a mental health condition in the past 12 months, while those aged between 18-35 were most likely (figure 5).

Figure 5 – Mental health condition by age.



People who had experienced a mental health condition in the past year were asked about broad factors that may have contributed. Multiple selections were allowed enabling participants to select all factors they believe contributed to their mental health condition. Both work, and non-work-related issues were commonly cited (figure 6).

**Figure 6 – Factors contributing to a mental health condition.**



Respondents who selected 'other issues at work' were given the opportunity to elaborate on their response related to factors contributing to their mental health condition. Client interactions and expectations was the most cited response, with workplace bullying, long hours, workload, and staff shortages rounding out the top 5 contributing factors. The top 10 responses highlighted by participants in verbatim comments are outlined in image 2 in order of prevalence.

All respondents were asked if they had taken time off work due to stress or an un-diagnosed or diagnosed mental health condition in the last 12 months. Over a quarter (26.6%) of all respondents had taken time off work, with over one third (37.1%) of those people not disclosing the reason for time off to their employer.

**Image 2 – Issues at work contributing to mental health condition.**

**Contributing workplace factors**

1. Client interactions
2. Workplace bullying
3. Long hours
4. Workload
5. Staff shortages
6. Poor leadership
7. Covid-19 impact
8. Remuneration
9. After hours/on call work
10. Poor workplace culture

“

**Most of the mental health issues have been associated with being chronically overworked, understaffed, and underfunded....**

**It's one thing to say get more work/life balance, but it can be impossible to leave work or have breaks when the workload does not allow it....**

**You can't go home and leave animals untreated or when there is still a lot of work to be done that cannot wait.**

”

## Summary

- Half of the participants **rated their mental health** as good or very good (50%), while 18% rated it poor or very poor, with women, students, veterinary nurses, and people aged between 25-29 more likely to rate their mental health poorly.
- **Mental health conditions** were common with over half (66.7%) of people having experienced a mental health condition. Important to acknowledge is the majority (41.6%) of people who experienced a mental health condition in the last 12 months.
- Women, students, veterinary nurses, and people aged between 18-24 years, were most likely to have experienced a **mental health condition in the last 12 months**. National mental health supports these findings in particular that women and those aged between 18-24 in the community have a higher prevalence of mental health conditions.
- Work and non-work-related factors were reported to have contributed to the development of mental health conditions.
- Client interactions and expectations was the most commonly cited contributing factors to poor mental health.

## Part 3 – The impact of veterinary work on mental health

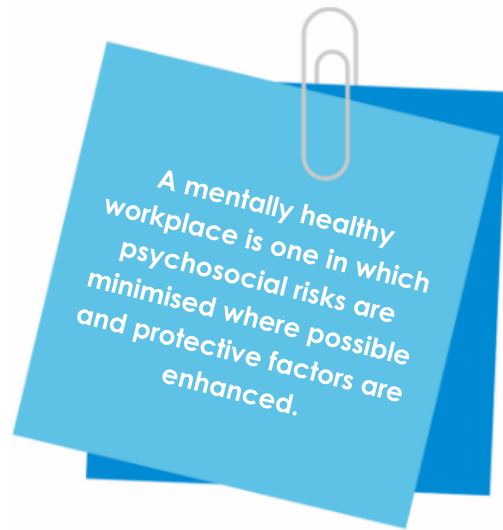
### Overview

Work plays an important role in our lives. Depending on the characteristics of work, environment, associated risks, and the protective factors, work can either contribute to improving people's mental wellbeing or impact it negatively. The psychological and social aspects concerning work and the work environment are important in how work contributes to people's individual state of mental health and wellbeing, often referred to as psychosocial factors. This section explores the impacts of work upon mental health, psychosocial risk factors, psychosocial protective factors, and barriers to addressing mental health in the workplace.

The psychosocial factors which exist in the workplace are many and varied and impact each individual's workplace experience in different ways. SafeWork Australia (11) recognises the most common psychosocial factors that can act as risks to mental health if managed poorly or can protect one's mental health if managed well. These factors can exist in any profession or industry and have been used as a framework to assess psychosocial risk in the veterinary profession for the purpose of this report. Psychosocial risks and factors unique to the veterinary profession have also been explored. The following outlines the broad psychosocial factors that have been explored:

- **Job demands** – high or low work demands can impact wellbeing. Sustained high or low physical or psychological demands required to complete the job include, working hours, workloads, emotional effort, shift work or long periods in challenging environments.
- **Job control** – the level of control and autonomy a worker has over how and when they do their job influences stress levels. Having a say, decision making latitude and the level of oversight of tasks are examples.
- **Support** – whether workers have adequate support including emotional support, information, and training as well as tools and resources will inevitably impact the workplace experience.
- **Workplace relationships** – jobs where there is workplace bullying, aggression, harassment, discrimination, interpersonal conflict, injustice or other unreasonable behaviour between colleagues and leaders will impact one's experience. The quality of workplace relationship will either act as a risk or protective factor.
- **Role clarity** – uncertainty around work tasks or standards as well as conflicting job roles, responsibilities or expectations will increase stress for workers.
- **Organisational change management** – the way change is handled is important in minimising risk to workers including consideration of consultation, communication, and practical support during things like relocations, downsizing, new processes or technology, job, and role changes.
- **Reward & recognition** – how staff are recognised and rewarded through feedback, skill development, utilisation of expertise and formal remuneration and rewards will have either have a positive or negative impact on the work experience.

- **Organisational justice** – fairness, equality, consistent application of policies and processes and appropriate management of performance.
- **The work environment** – the physical environment including safety standards such as noise, temperature, equipment, air quality and hazards.
- **Remote & isolated work** – work at locations where access to resources and communications are difficult or travel time is lengthy, as well as work where there are few or other people around.
- **Violent or traumatic events** – exposure to abuse, the threat of or actual harm that causes fear or distress will impact on ones mental and physical health. Emotional trauma and vicarious trauma are also included.



## Results – impacts of work upon mental health

### Focus groups

Focus group participants were asked about their initial motivators for entering the veterinary profession. They were asked to reflect on what drove them to choose a career path within the veterinary profession irrespective of current role. This information is important in understanding not only the 'good' elements of work and motivational drivers of those working in the profession but also helps to leverage and build on potential protective factors for the sustainability of the profession. These factors will be critical in building a mental health strategy that reflects what those working in the profession love and value about their work, in turn promoting the positive aspects of work.

In drawing out key commonalities across all focus group participants three main motivators were evident in majority of responses.

1. **Working with animals** – all seven focus groups cited working with animals or a love of animals in their top 3 motivators for choosing to work in the veterinary profession.
2. **Meaning & purpose** – making a difference and having a strong sense of meaning and purpose in the work being done was the second most common motivator for choosing to work in the profession.
3. **Science based work** – an interest in science based work and study rounded out the top three motivators for choosing to work in the profession.

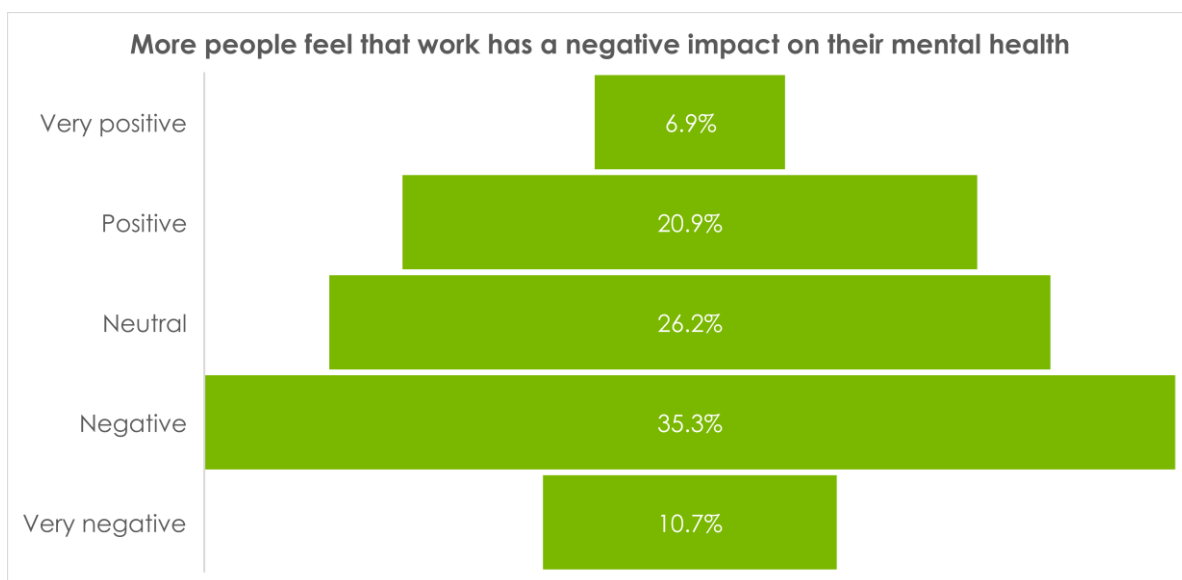
## Survey

In this section respondents were asked about their workplace experiences and the impact these experiences had on their mental health. They were asked about their perception of the overall impact of their work on their mental health, as well as some of the factors they believe have the most negative and positive impacts on their mental health. It's important to acknowledge that work and non-work-related factors impact the mental health status of individuals, for the purpose of this report the work impacts are the focus.

### Impact of work aspects on mental health

The impact of the veterinary profession upon workers' mental health was approached from a few different angles. Respondents were asked to assess the overall impact of their work on their mental health by answering the question 'overall how would you rate the impact your work has had on your mental health?'. Nearly half (46.0%) believed this impact was negative or very negative. Just over a quarter (27.8%) believed it was positive or very positive (Figure 7).

**Figure 7 – Overall perceived impact of work upon mental health.**

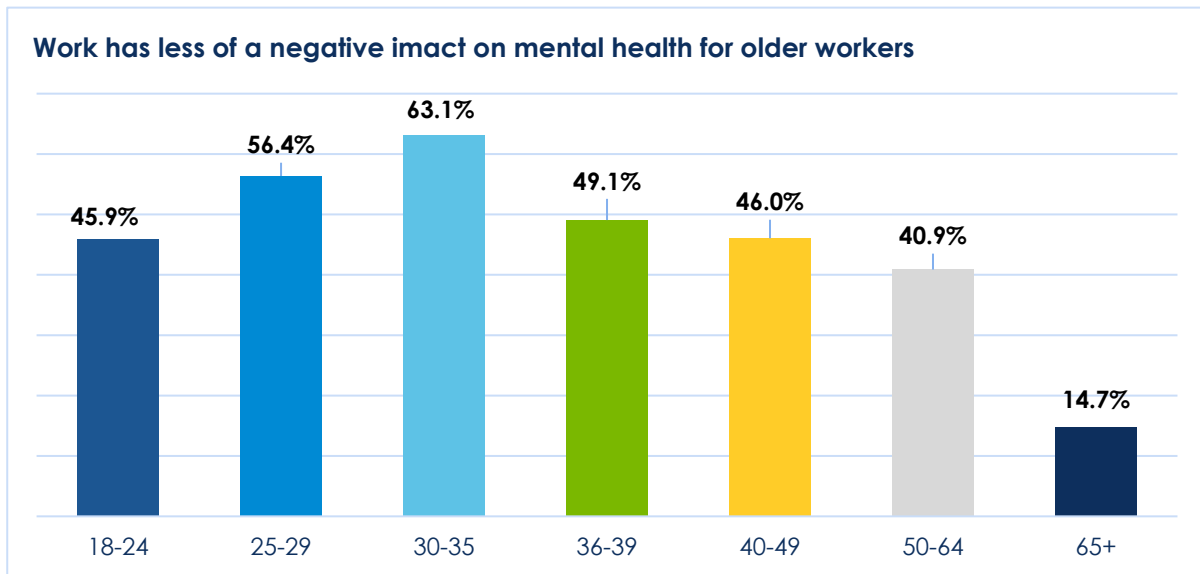


There were again differences by age and gender when it comes to the relationship between work and mental health. Women were more likely to believe work has an overall negative impact on their mental health than men (50.3% vs 34.1% respectively).

The perception of negative impact also varied with age, with the perception of work negatively impacting on one's mental health decreasing with age. The negative impacts of work appear to peak for people aged between 25-35 years old, the highest for people between 30-35 years old (63.1%) before steadily decreasing through the age groups (Figure 8).

There were no major differences between workers in different states or between metropolitan and regional workers.

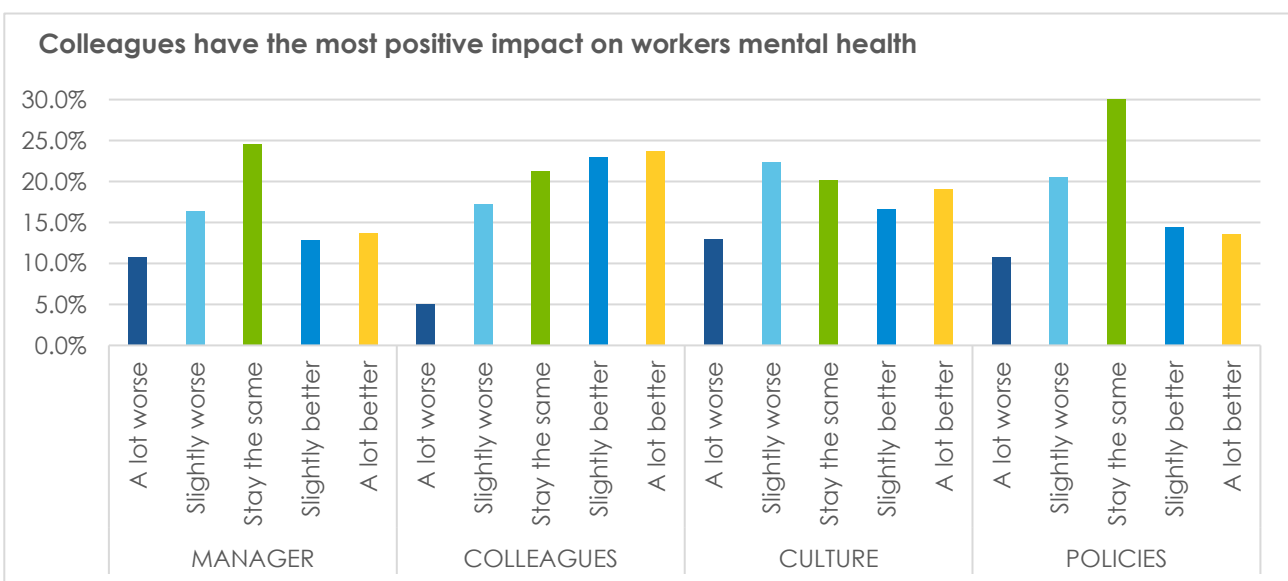
Figure 8 – Impact of work on mental health by age.



As well as the overall impact of work, different aspects of work were explored. Figure 9 below shows how respondents chose to complete 4 statements about the impact of different aspects of their work on their mental health. Both positive and negative impacts of work were explored. Colleagues appear to have the most positive impact, with policies and managers the least positive. Opinions were most divided on culture, with the highest proportion of people believing work had made their mental health a lot worse (12.9%), but also the second highest believing work had made it a lot better (19.1%).

“ In my career of 33 years there have been amazing changes in support. The culture of many clinics has improved out of sight related to mental health & wellbeing – but we are not finished yet. ”

Figure 9 – Aspects most and least likely to impact workers' mental health.



## Results – risk factors

### Focus groups

Focus group participants were asked to identify common psychosocial risks in the work that they do in the veterinary profession. For the purpose of this research psychosocial risk factors were described as *anything in the design or management of work that increases the risk of work-related stress*. Psychosocial risk factors are those factors that exist that may detract from the workplace experience, cause stress, and increase the likelihood of one's mental health being negatively impacted. Individual perceptions of common psychosocial risk factors will vary depending on a range of factors, despite the varying roles and characteristics of participants the aim was to find commonalities in risk factors across the entire profession.

There were five key risks that were consistently represented across all seven focus groups (image 3):

1. **Client interactions & expectations** – difficult interactions with human clients and the unrealistic expectations of the public was the most commonly identified risk factor causing stress to people working in the veterinary profession. This includes day-to-day verbal abuse, poor treatment and disrespect as well as more complex interactions like dealing with distressed clients and those clients re-directing grief. The unrealistic demands, expectations and pressures of human clients was a focus, as well as dealing with guilt, manipulation and the perception that vets are 'in it for the money'.
2. **Interpersonal conflict with colleagues** – the relationships between staff, in particular when they are not positive, when conflict exists and when there is a general incivility between staff were identified as the key risk factors. Some of the identified behaviours in this risk category included general incivility and disrespect, bullying, discrimination, regular conflict and 'toxic' relationships.
3. **Working long hours** – regularly working long hours and not getting enough breaks was attributed to a sense of burnout and fatigue. Long hours included not just long shifts, but also encapsulated on call and after hours work, 24/7 availability and an inability to be able to switch off and detach, as well as the regular occurrence of unpaid overtime.
4. **Financial strain** – financial strain was two-fold including both low remuneration and the constant pressure associated with cost of treatment and sustainability of running a clinic or practice. Cash flow concerns, client expectations around cost and willingness to pay, absorbing costs and the perception of the cost of vet care versus vet pay were commonly cited.
5. **High workload and pressure** – high work demands inclusive of volume of work and high pressure work was common. Articulating this further identified an imbalance between too much to do with not enough time, the high pressure nature of emergency cases, overscheduling and overbooking versus a duty of care to animal patients, cognitive overload, as well as high self-expectations and a sense of responsibility to get everything done.



Image 3 – Top 5 psychosocial risk factors identified in focus groups

“ The public needs to be more aware of positions vets find themselves in – trapped between compromising patient care and meeting the financial needs of clients. No one would ever walk into a doctor’s clinic and say ‘you are supposed to love people, but you’re only after my money’ ... yet this is commonplace in vet practice. ”

“ Client abuse is the number one thing most of my colleagues are stressed about, complain about, and feel the least supported with. The culture is that it is not just to be tolerated but endured. It’s exhausting and demoralizing – all while trying to care for their animals. ”

**Top 5 Psychosocial risk factors**

1. Client interactions & expectations
2. Relationships with colleagues
3. Long hours
4. Financial strain
5. Workload & pressure

“ The fear of bad reviews and need to ‘retain’ clients has led to an industry wide expectation that veterinary staff should tolerate abuse from the general public. This has created a culture that places no value on the health and safety of veterinary staff. ”

“ Clients and the way they treat us is the main negative impact. They expect us to be perfect and cost nothing, otherwise they will put in a complaint... People need to understand that it is not ok to treat us like emotional punching bags. The manipulation and abuse on a daily basis really grinds you down. ”



## Survey

In this section respondents were asked to rate the extent to which they agreed or disagreed with 11 statements about the workplace representing well-known 'psychosocial risk factors' (11) These risk factors have the potential to be present in a range of workplaces across many industries and professions and are general 'common risks'. Dependent on whether participants agree or disagree with these statements can indicate whether these factors have potential for harm or act as positive factors in the workplace.

Participants were also asked to comment on whether some more specific risks or experiences were present in their day-to-day work in the veterinary profession.

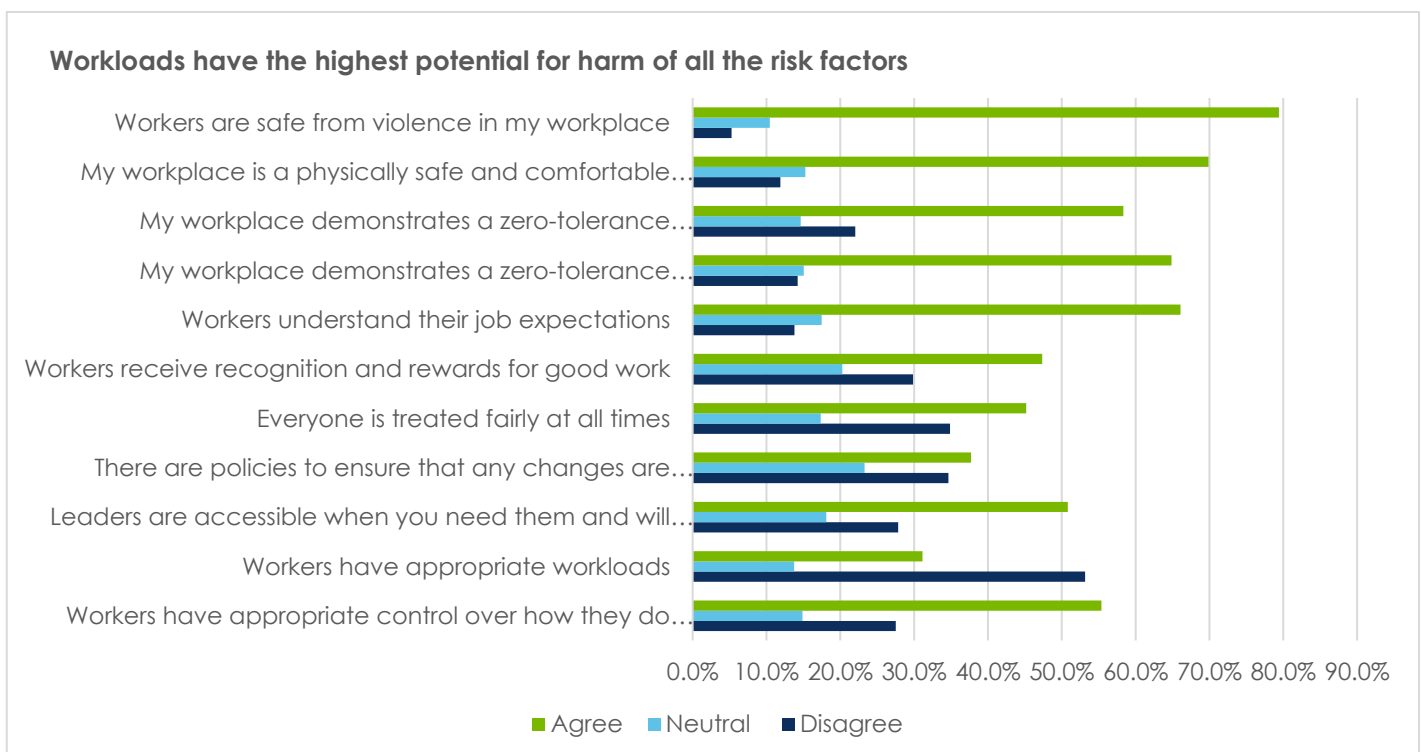
### Common psychosocial risks

In rating the common psychosocial risks, the respondents cited workloads (53.2%), equitable treatment (34.9%) and change management policies (34.6%) as the areas with the most potential for harm, with appropriate reward and recognition (29.9%) and leader accessibility & support (27.8%) rounding out the top 5.

On the positive side, the vast majority agreed workers were safe from violence in the workplace (79.4%). Respondents agreed that their workplace was physically safe and comfortable (69.9%), and workers understand their job expectations (66.1%). Over half of participants also agreed that their workplace demonstrates a zero-tolerance approach to discrimination (64.9%) and bullying (58.3%). Figure 10 below shows how respondents felt about each of the 11 statements.

*Note: for simplicity 'strongly agree' and 'agree' (and the inverse) responses have been grouped together.*

**Figure 10 – Rating of the most common psychosocial risk factors.**



### Veterinary profession specific risks

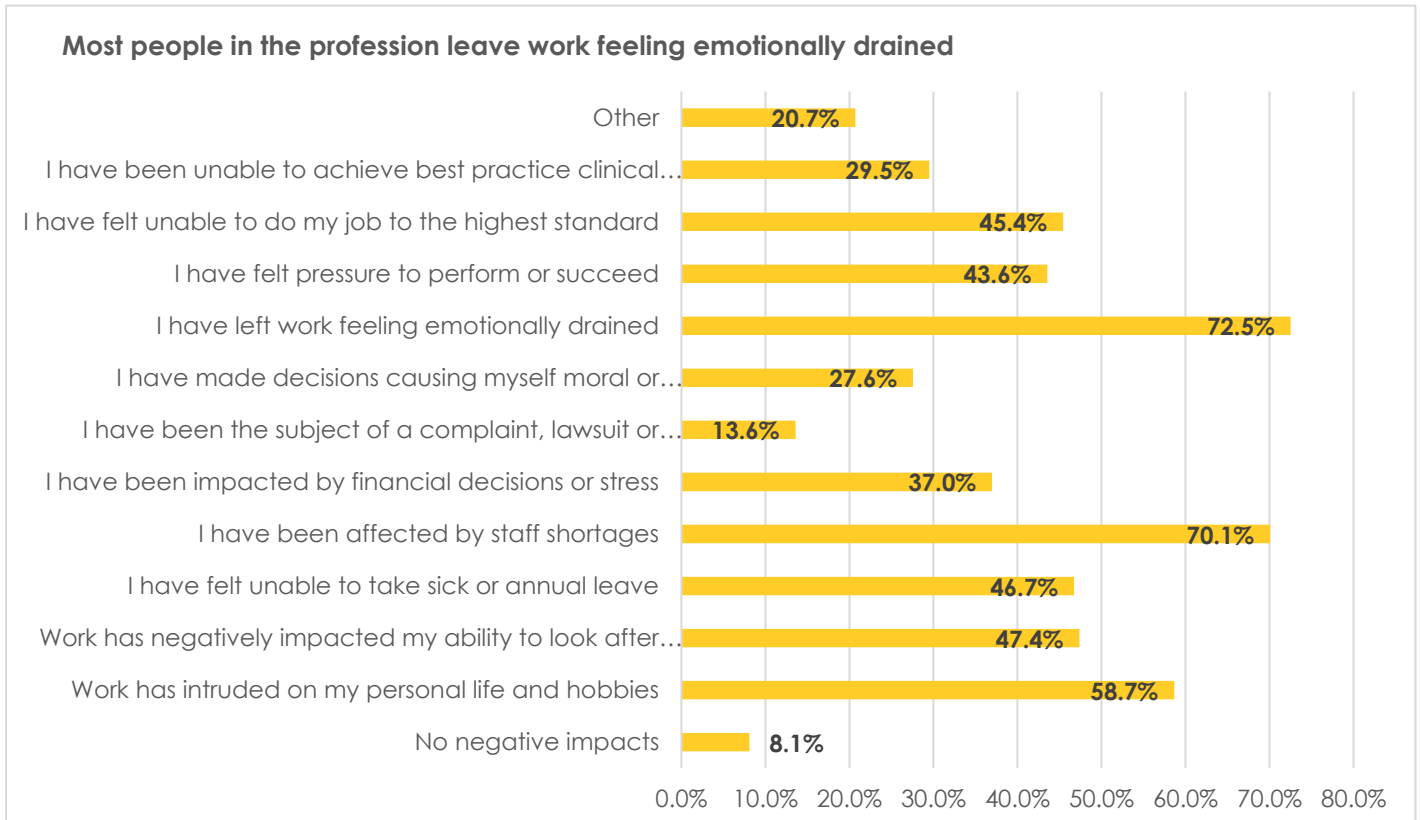
Respondents were also asked to identify negative impacts their work has upon their mental health, related specifically to veterinary work. The 11 options listed are risks identified through the literature and research (13) that may be present in veterinary work and have a potentially negative impact on workers mental health. The selection of multiple answers was allowed, and figure 11 below shows the proportion who cited each.

“ I feel like I must treat cases I am not confident managing... being overwhelmed by complex or severe cases without being able to seek help... and running on adrenaline all day – it's very draining ”

The majority of respondents identified with leaving work feeling emotionally drained (72.5%) which in itself is a major contributing factor to compassion fatigue. 70.1% of respondents felt they had been affected by staff shortages while 58.7% felt work intruded on their personal lives and hobbies. Work impacting the ability to take care of physical health (47.4%) and being unable to take sick or annual leave (46.7%) rounded out the top 5 negative impacts (figure 11).

Interestingly there were significant differences in a few key risks between the whole population and students. More students felt pressure to succeed or perform compared to other cohorts (58.5% vs 43.6% respectively) and more also felt impacted by financial decisions and stress (47.2% vs 34.0% respectively).

Figure 11 – veterinary specific negative impacts.



A selection of respondents (8.1%) said their work had not had any negative impact on their mental health, while 20.7% selected 'other' and chose to elaborate in verbatim comments (image 4)

**Image 4 – Other negative impacts of work in the profession.**

**Other factors that have negatively impacted worker mental health**

1. Dealing with the impacts of Covid-19	6. Veterinary board experiences
2. Being bullied by colleagues and leaders	7. Excessive workload and pressure
3. Interpersonal conflict between staff	8. The impact of staff shortages
4. Difficult interactions with clients	9. Regular and disruptive turnover
5. Poor leadership and management	10. Being a leader and managing staff

**“ Contact with the public during the pandemic has been very problematic. There is more demand than ever, confrontations are common, workload is high & some clients are outright antagonistic. We go home completely drained & questioning whether to continue in this role. ”**

**“ It is far too easy for the public to make unfounded claims against our profession and subject us to months of anxiety and stress at the hands of the veterinary board while they investigate. This can be devastating and completely destroy us mentally ”**

Respondents were also asked what barriers to improving mental health they saw in their workplace. Lack of time was the biggest barrier identified by 43.8% respondents, whilst 34.1% thought lack of appropriate skills were held by managers, and 31.5% felt there were more important business issues to address. Of note, 24.9% saw a lack of understanding around mental health and wellbeing issues as being a barrier.

Participants were given the opportunity to elaborate on other barriers they believed prevented their workplace from improving mental health, the most common responses included:

- Dealing with staff shortages
- Prioritizing finances
- More focused on KPI's
- Managers just not caring

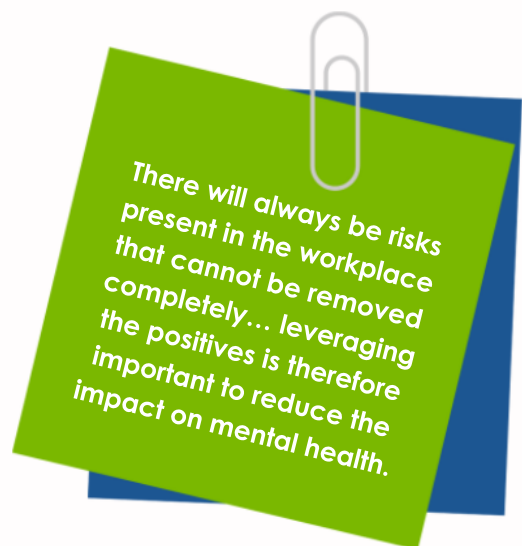
## Results – protective factors

### Focus groups

Focus group participants were asked to identify common psychosocial protective factors in the work that they do in the veterinary profession. For the purpose of this research psychosocial protective factors were described as anything in the design or management of work that protects workers from experiencing work-related stress. Psychosocial protective factors are those factors that exist that may enhance the workplace experience, increase engagement, and bolster mental health. Individual perceptions of common psychosocial protective factors will vary dependent on a range of factors, despite the varying roles and characteristics of participants the aim was to find commonalities in protective factors across the entire profession.

There were five key protective factors that were consistently represented across all seven focus groups:

1. **Good workplace relationships** – good relationships between colleagues and staff was the number one protective factor across all seven focus groups. Good workplace relationships have the potential to have huge positive impacts on mental health through collegiality, team work, positive interactions, support between colleagues and friendships at work.
2. **Reward & recognition for work effort** – formal and informal reward and recognition for work effort inclusive of positive reinforcement and feedback, recognition and appreciation for good work and celebrating successes was cited often as a protective factor. Recognition by both the workplace/employer and clients was important, and although inclusive of appropriate remuneration a simple thank you or showing appreciation was just as beneficial.
3. **Mentally engaging work** – being challenged through opportunities to innovate, problem solve and be involved in mentally engaging work was rated highly. This included the opportunity to use the full extent of professional skills, finding new ways to be challenged clinically and not partaking in mundane, boring or repetitive work.
4. **Clinical successes & good outcomes** – saving lives and having good clinical outcomes and successes was identified as a strong protective factor. This included being able to provide appropriate care and see the impacts of your work in improving the health and wellbeing of animals and pets as well as the flow on to serving the animal population and community.
5. **Good relationships with clients** – positive interactions with clients extends beyond common courtesy and respect. Being appreciated, thanked and being involved in the human-pet bond were seen as protective factors. Working with clients who care for and look after their pets and value the role of the veterinary team was also seen as rewarding.



## Survey

In this section respondents were asked to consider the positive impacts of the workplace on mental health and share their perceptions of the protective factors that exist within their work in the veterinary profession.

The 8 options listed are protective factors identified through the literature and research (13) that may be present in veterinary work and have a potentially positive impact on workers mental health. It should be noted that research is limited on protective factors within the veterinary profession, therefore stakeholder input in this section is particularly important. The selection of multiple answers was allowed, with opportunities for verbatim comments also. Figure 12 below shows the proportion who cited each.

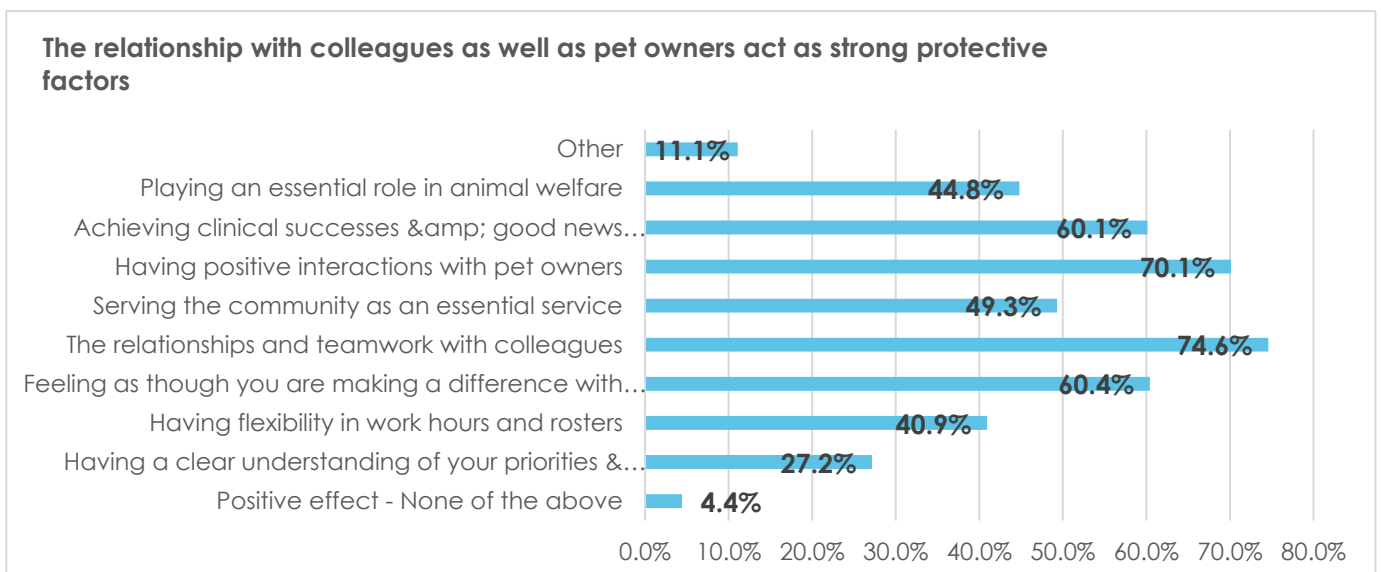
The majority of respondents highlighted the relationships and teamwork with colleagues (74.6%) as the biggest positive aspect of their work, closely followed by positive interactions with pet owners (70.1%) and feeling as though you are making a difference (60.4%). With clinical successes (60.1%) and serving the community as an essential service (49.3%) rounding out the top 5.

Some respondents (4.4%) said their work had not had any positive impact on their mental health, and 11.1% selected 'other' and chose to elaborate in verbatim comments. Good leadership, learning and development, flexible work, being social at work and mentoring and helping others grow were all common themes in verbatim responses.

**I enjoy coming to work every day. Being a vet, owning a veterinary business and striving to promote this great profession to my colleagues is what I was born to do!**

**My career is extremely rewarding – the joys of helping and caring for the animals and being able to celebrate those small wins and successes with my team gets me through.**

**Figure 12 – veterinary specific positive impacts of work**



## Summary

- Dealing with difficult clients, poor interpersonal relationships with colleagues, long hours and excessive workload appear to have the biggest **negative impact on mental health**. These were overtly identified as key risks as well as represented through the reporting of staff shortages, lack of work/life balance and inadequate breaks and leave.
- Respondents felt lack of time was the most common **barrier** to improving mental health in their workplace. A general lack of understanding and skills as well as more important business issues to focus on were also noted.
- A significant number of respondents felt that they were safe from violence and their work environment was physically safe and comfortable, as well as the fact their workplace does not tolerate bullying or discrimination.
- Good working relationships between colleagues and teams was the biggest **protective factor** identified. Positive interactions with pet owners and clients were also important in terms of enhancing the workplace experience, with this in mind clinical successes and good outcomes was too seen as a protective factor.
- 72.5% of respondents said they often leave work feeling **emotionally drained**. This, combined with regular conflict with clients and colleagues, excessive hours, and workload as well as poor clinical outcomes and euthanasia, places those in the veterinary profession at high risk of burnout and compassion fatigue.
- More students felt impacted by **pressure to perform or succeed** as well as financial decisions and stress.

## Part 4. Help and support seeking

### Overview

A key aim of the stakeholder research was to understand the attitudes around and actions towards help and support seeking for those working in the veterinary profession, in particular those either self-reporting lowered mental health or those experiencing a mental health condition. This section examines help seeking behaviours including frequency of help seeking, willingness to seek help, types of help or support accessed as well as any barriers or enablers when it comes to seeking support.

### Results

#### Focus groups

Focus group participants were not asked about individual access to services and supports, instead they were asked to identify key barriers that might get in the way of help and support seeking as well as what would enable somebody to seek help or support for their mental health.

The **top 5 barriers** that may prevent those working in the veterinary profession from accessing help or support for their mental health included:

1. **Time** – for those that feel overworked and lacking work/life balance having to find time to access support or help to manage their mental health and wellbeing was the number one barrier.
2. **Cost** – the cost of services acted as a common barrier, in particular related to the reported poor remuneration and financial pressure and strain many in the profession are faced with.
3. **Stigma** – a reported large degree of stigma which exists in the profession as well as the extended community was cited often as a barrier to seeking help or support.
4. **Fear of the veterinary board** – with registration criteria requiring disclosure of mental health conditions/illness participants reported this as a barrier with associated fear of restrictions to registration or losing their job.
5. **Pride** – in a profession where competence, capability and respect are highly valued, pride was reported to get in the way of seeking help or support.

“ I don't want any record or trace of mental health related services on my file. I don't want it to be used against me as a professional, especially if I ever found myself in front of the board. ”

“ I do not talk about my mental health with other vets or my boss. I do not want to compromise my perception of competence, suitability, or employability – especially with the board. ”

“ The questions for board registration every year make you feel like admitting you need support for your mental health means you are not cut out to be a vet even though you've worked so hard for years ”



The **top 5 enablers** that may assist those working in the veterinary profession to access help or support for their mental health included:

1. **Real life stories** – being able to hear real life stories of others working in the veterinary profession, who have had a mental health condition or illness talk about their experience and their recovery journey openly and honestly was the most common enabler amongst participants.
2. **Good leaders** – having open and transparent leaders who support and empower their staff to talk openly about mental health and wellbeing, as well as being a role model themselves was commonly cited.
3. **Mentors** – access to good quality mentors who can guide others in not only the clinical aspects of the veterinary profession but also around concepts like work-life balance, personal challenges and dealing with different workplace challenges and impacts of veterinary work.
4. **Free or low-cost services** – just as cost was identified as a key barrier, having access to support and services that are free or low cost was identified to encourage greater access.
5. **Flexible format** – having access to a range of help, support and services in various formats was cited as a common enabler which would make access much easier. Having support and services that are suitable for all people, in all roles that are mixed between face to face, online and self-paced for some of the suggestions put forward.

## Survey

In this section participants were asked about their help seeking behaviours, in particular whether they had sought help in the past or recently, what types of support they sought, their awareness and opinions on services offered by the AVA, as well as what gets in the way and what supports help seeking.

### Help seeking behaviours

Nearly 2 in 5 (38.5%) of all respondents had sought help for mental health or emotional issues in the past 12 months with women (44.1%) twice as likely to have done so than men (22.0%), in national data men are also less likely to seek help than women for their mental health. There were again big differences by age, with more than half of 25-29- and 30–35-year-olds seeking help (55.8% and 51.2% respectively).

As might be expected, rates of help-seeking in the past year were higher among people who had experienced a mental health issue during this time. 65.3% of this group (1,030) had done so. Within this cohort, the differences by age and gender were largely replicated.

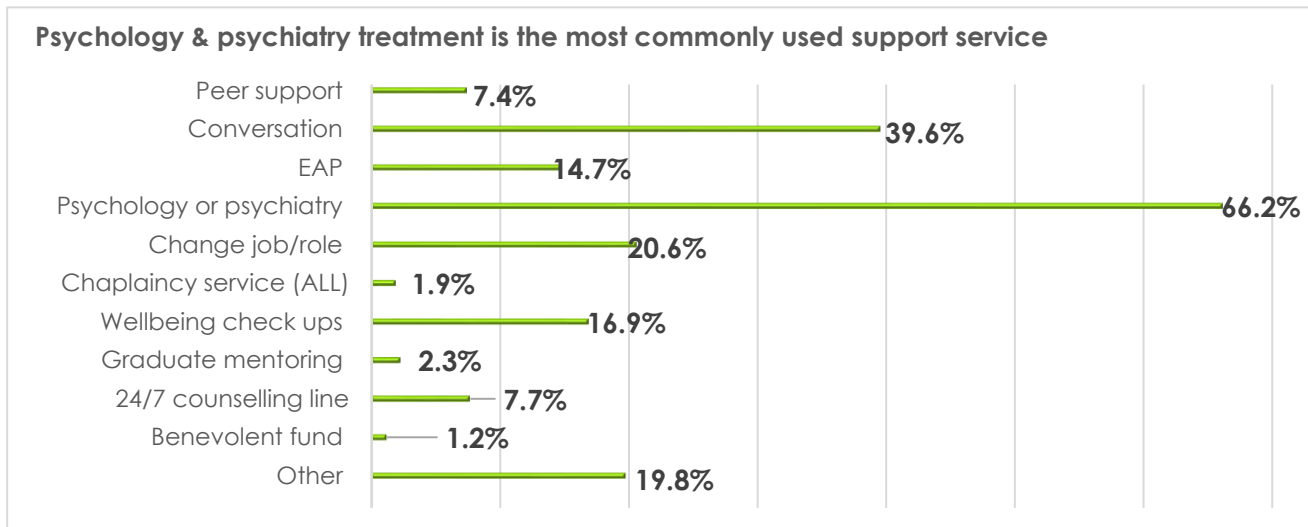
The most common type of support received among respondents was psychology or psychiatry (66.2%), followed by a conversation with a manager or colleague (39.6%) and a change of job or role (20.6%). Other supports noted in verbatim comments included seeking the advice of a general practitioner and medication management as the most common answers (figure 13)

### Experience of help seeking

Overall, respondents who accessed each of these supports said that they would recommend them. Among services accessed by more than 50 individuals, psychology or psychiatry was the most recommended (91.1%), followed by 'Other' (89.0%), wellbeing check-ups (88.6%), changing

job/role (85.5%), peer support (79.0%), EAP (75.6%), the 24/7 counselling line (73.4%) and a formal or informal conversation with a manager or colleague (72.7%).

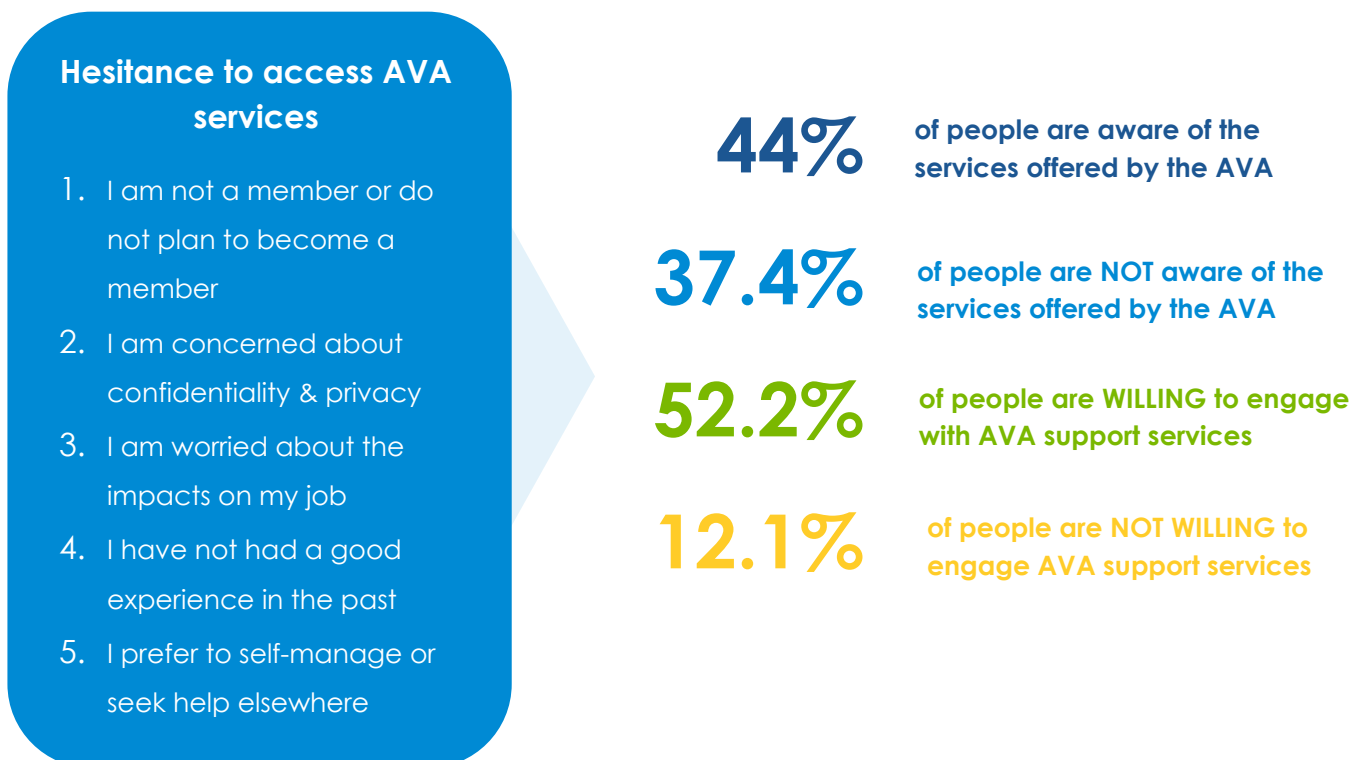
**Figure 13 – types of mental health support received in the last 12 months.**



**Support offered by the Australian Veterinary Association (AVA)**

Only 3.9% of all instances of help seeking happened via the AVA. 44.4% of respondents said that they were aware of the services the AVA currently offered (37.4% were not, 18.2% unsure). By and large, respondents said they would be willing to engage with AVA support (13.2% Extremely Willing, 39.0% Willing, 35.7% neutral, 9.5% Unwilling and 2.6% Extremely unwilling). Some hesitant respondents (neutral, or unwilling) offered reasons as to why through verbatim comments.

**Image 5– Reasons for hesitance in accessing AVA services.**



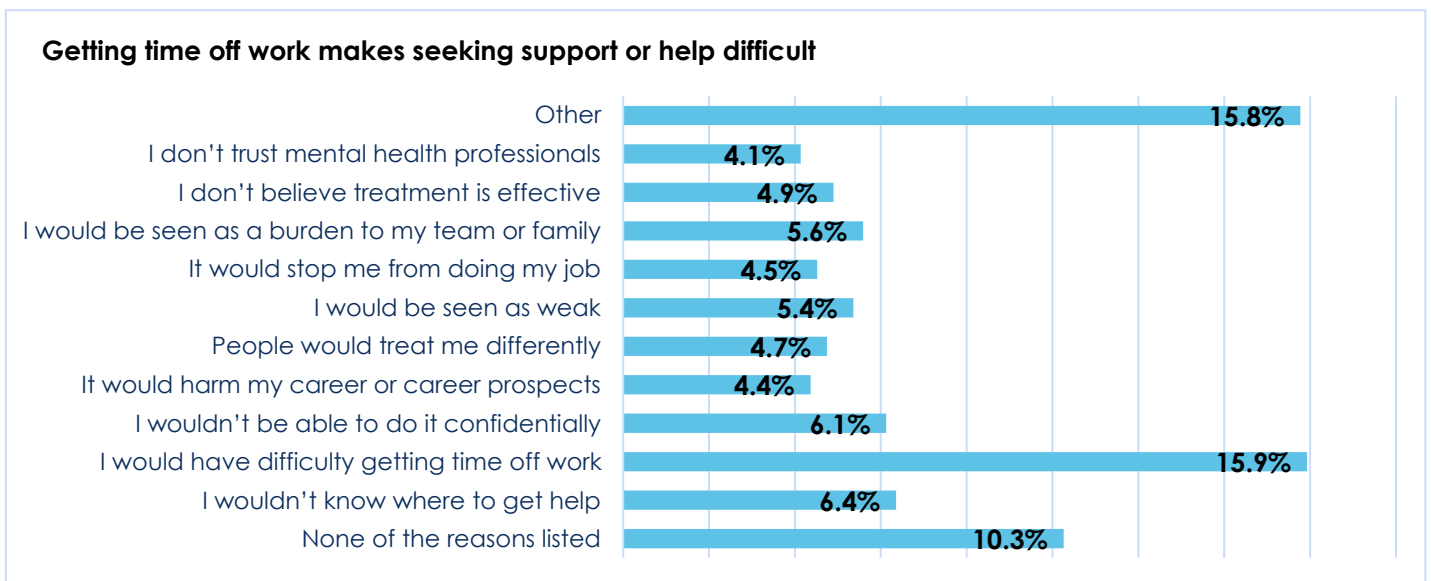
## Barriers to help seeking

The 1,306 respondents who had not sought help in the past year were asked why. Once again, multiple answers were allowed. Over half (56.5%) said that they had not needed help or support during this time.

The most common reason for not seeking help was related to having difficulty having time off work (15.9%), some people stated they wouldn't know where to go to get help (6.4%) and there were some concerns about confidentiality (6.1%).

The proportion of people choosing alternative reasons is shown below in figure 14.

Figure 14 – reasons for not seeking help.



A proportion (10.6%) of respondents provided alternative reasons for not seeking help through verbatim comments with the five most common reasons being;

- Feeling able to self-manage
- Being unable to afford help
- Not having the time to seek help
- Not considering the situation to be 'bad enough'
- Poor service availability

“  
**De-stigmatisation of mental illness and the normalisation of taking sick leave for mental health related issues as well as physical health related issues would make a big difference. I think if I had taken time off earlier, like I would for a cold, I would not be in such a bad place now. But I never wanted the hassle.**  
 ”

## Enablers to help seeking

Respondents also offered a number of ideas about what could be done to encourage help seeking, the most common response was to reduce stigma, the top 10 suggestions are listed in image 6.

Image 6 – what can be done to encourage help seeking?

### Help seeking enablers

1. Reduce stigma
2. Time to engage
3. Advertise available services
4. Easily accessible
5. Free or low cost
6. Personal story telling
7. Manager support
8. Manager education
9. Guaranteed confidentiality
10. Change to registration

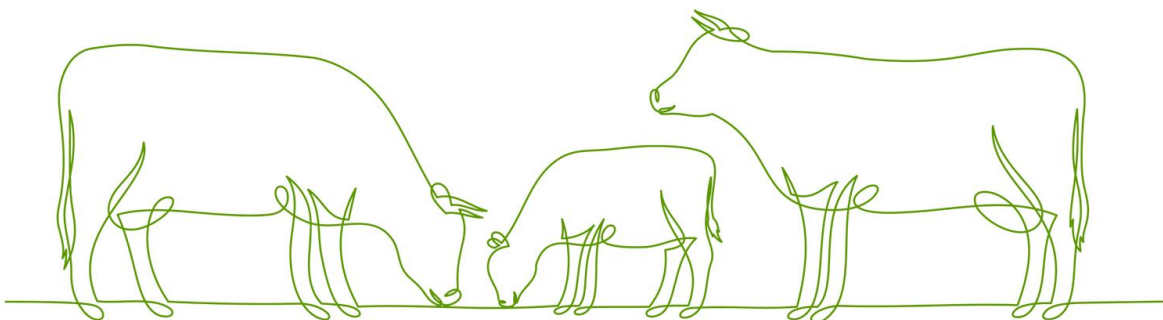
“

**Getting people to tell their stories. Openly discussing mental health in the profession, but not scaring new grads into thinking they will succumb to it...**

**Mental illness is still seen as a barrier to employment or something to hide...**

**It is possible to recover from burnout and compassion fatigue and still work in the profession. I am very open about my mental health, it's good to have these stories out there.**

”



## Summary

- Nearly 2 in 5 (38.5%) of all respondents had **sought help for mental or emotional health issues** in the last 12 months.
- Women (44.1%) were twice as likely to seek help than men (22.0%) in the last 12 months, while those aged between 25-35 were more likely to seek help than any other age group.
- **Psychology or psychiatry** services were the most commonly used (66.2%), however a conversation with a manager or colleague (39.6%) and changing job roles (20.6%) were also common. 91.1% of people that accessed psychology or psychiatry services said that they would recommend it.
- The biggest **barriers** to help seeking included time to engage, cost of services, stigma and fearing the impacts it may have on job and career prospects.
- Help seeking could be **enabled** by having role models, mentors and leaders sharing their stories, being affordable, having time to engage and making the services accessible and flexible. It was evident that work needs to be done to decrease the stigma associated with help seeking.

## Part 5. Future initiatives

### Overview

The voice of the profession is critical in determining the way forward in ensuring sustainable solutions to improve the mental health and wellbeing of those working in the veterinary profession. This research aimed to gather opinions and insights on potential future initiatives, interventions, and solutions to improve the mental health and wellbeing of the profession at an individual, organisational, profession and government level. This section explores solutions to address key risk and protective factors both at a support and service level as well as policy and workplace interventions.

### Results

#### Focus groups

Focus group participants were asked to brainstorm ideas about how to address some of the key risk factors and protective factors as well as thinking about some blue-sky ideas to be considered in an ideal world scenario (image 7).

#### Risk based solutions

**Risk based solutions are those that address a particular risk that is present in the workplace. Each focus group voted on a particular risk factor that they wanted to solve or ideate on. All solutions across the seven focus groups were collated to determine the most common solutions that were represented across all groups.**

Addressing client behaviour and expectations was the number one risk with focus group participants agreeing that **client and community education** focused on the role of the veterinary team, appropriate and reasonable behaviour, and the reality around the costs of veterinary care would be beneficial. Creating community understanding of the profession was seen as a good way to address the risk of challenging and difficult client interactions.

Formal and informal **learning and development** in areas such as conflict management, communication skills, business management, leadership, stress management and basic mental health education was identified to address some of the capability and skill gaps identified across the profession. In terms of addressing workload and pressure focus group participants suggested **addressing after hours** through setting consistent policies and standards around how this type of work is managed, as well as addressing the issue of being understaffed.

Having consistent **access to appropriate support services** was also identified as a solution. This included access to formal support through psychology and counselling as well as more informal support through debriefing and reflective practice type initiatives.

## Protection based solutions

Protection based solutions are those that enhance a particular protective factor that is present in the workplace. Each focus group voted on a particular protective factor that they wanted to solve or ideate on. All solutions across the seven focus groups were collated to determine the most common solutions that were represented across all groups.

Positive connections with colleagues were cited often as an important protective factor for those in the profession, focus group participants highlighted the need **to foster social connection** in their working environments to enhance this protective factor. Examples were given like team lunches, joint breaks, team get togethers and getting to know colleagues outside of the work environment.

Ongoing **learning and continued professional development** was identified in order to ensure those within the profession are challenged, developing in their roles, and growing. Formal and informal learning both in clinical skills and personal skills as well as support for CPD either in terms of funding or time to complete was identified as important. **Reward and recognition programs** both formally and informally were identified as a way to enhance the positives of veterinary work and celebrate the good outcomes and successes on a regular basis. Formal workplace recognition schemes, professional and team awards, board recognition and customer compliments programs were highlighted.

**Access to positive mentors** for all roles across the profession was highlighted as a key support mechanism. External mentoring, clinical and non-clinical, team mentoring and more informal mentoring by leaders were all raised as potential ideas.

**Building self-awareness and self-health skills** was also identified to build individual confidence and capability to manage mental health for those working in the profession. Self-awareness training, self-assessment and reflection tools and understanding personality styles were all considered important. While learning about and having time to allocate to personal wellbeing (mental and physical) was highlighted.

“ **What I need to support my mental health is better industry standards... less client abuse, reasonable work hours, better work/life balance and appropriate remuneration.**

**Whilst support is important if/when people may struggle with their mental health, this is a band aid fix if the workforce issues aren't addressed.**

**We need to address the cause, not the result – fix the things that break us... don't try to fix us after we are broken.** ”

## Blue sky solutions

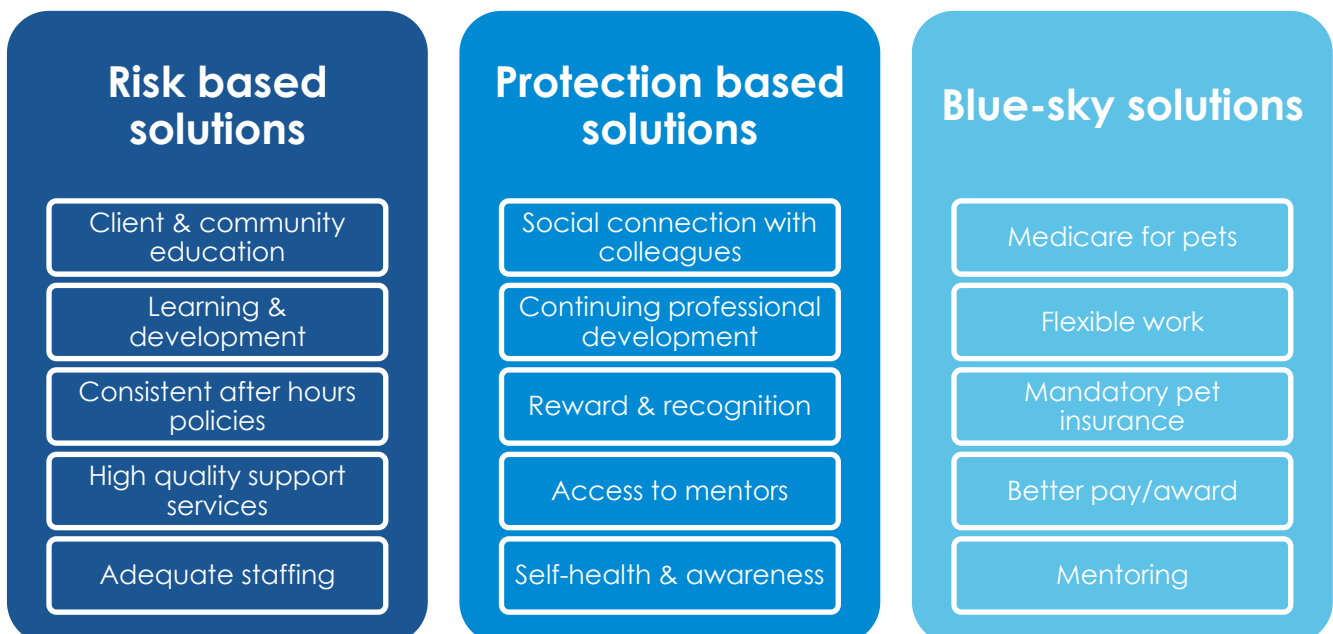
Blue sky solutions are solutions without limits. Participants were asked to brainstorm solutions they believe would address risk factors and enhance protective factors in an 'ideal world' without barriers and without limitations. All solutions across the seven focus groups were collated to determine the most common solutions that were represented across all groups.

Overwhelmingly the number one idea was to implement was a **subsidised pet care scheme** similar to that of Medicare in human medicine to address not only client conflict around the cost of care, but to also increase the opportunity to provide best practice care. **Mandatory pet insurance** for all pet owners was a common choice amongst all focus groups which also addresses similar issues around affordability of vet care in the community.

**Access to flexible work** for all roles and in all workplaces was also a popular choice, with a range of definitions of 'flexibility' from part time work, job share, alternative hours, compressed weeks etc. In the theme of working conditions, **improvements to pay standards** and in general a better award for the profession was commonly cited to have a big influence on the 'value' of the work done in the veterinary profession.

Although not an unachievable solution, **greater access to mentors** throughout the entire career lifecycle was also cited often through the blue-sky thinking process.

Image 7 – Proposed solutions by focus group participants





## Survey

In the final part of the survey, respondents provided ideas about what might improve mental health and wellbeing in the profession. This was approached in two ways:

- **Supports & services** – this refers to formal or informal supports and services that aim to support those that may be experiencing or are at risk of low mental health or a mental health condition or illness. These are reactive supports and services which aim to assist in directly improving mental health. These are often individually focused.
- **Initiatives & policies** – this refers to workforce and environmental factors that can indirectly impact on mental health. Addressing these factors through policies and initiatives is seen as a preventative measure in improving mental health. These are often profession or organisation focused.

Respondents were provided with a list of commonly used supports, services, policies and initiatives in addressing workplace/workforce mental health and were asked to select the '3 most important'. This was in order to gauge appetite for certain actions as well as to assist in prioritisation rather than ranking all options.

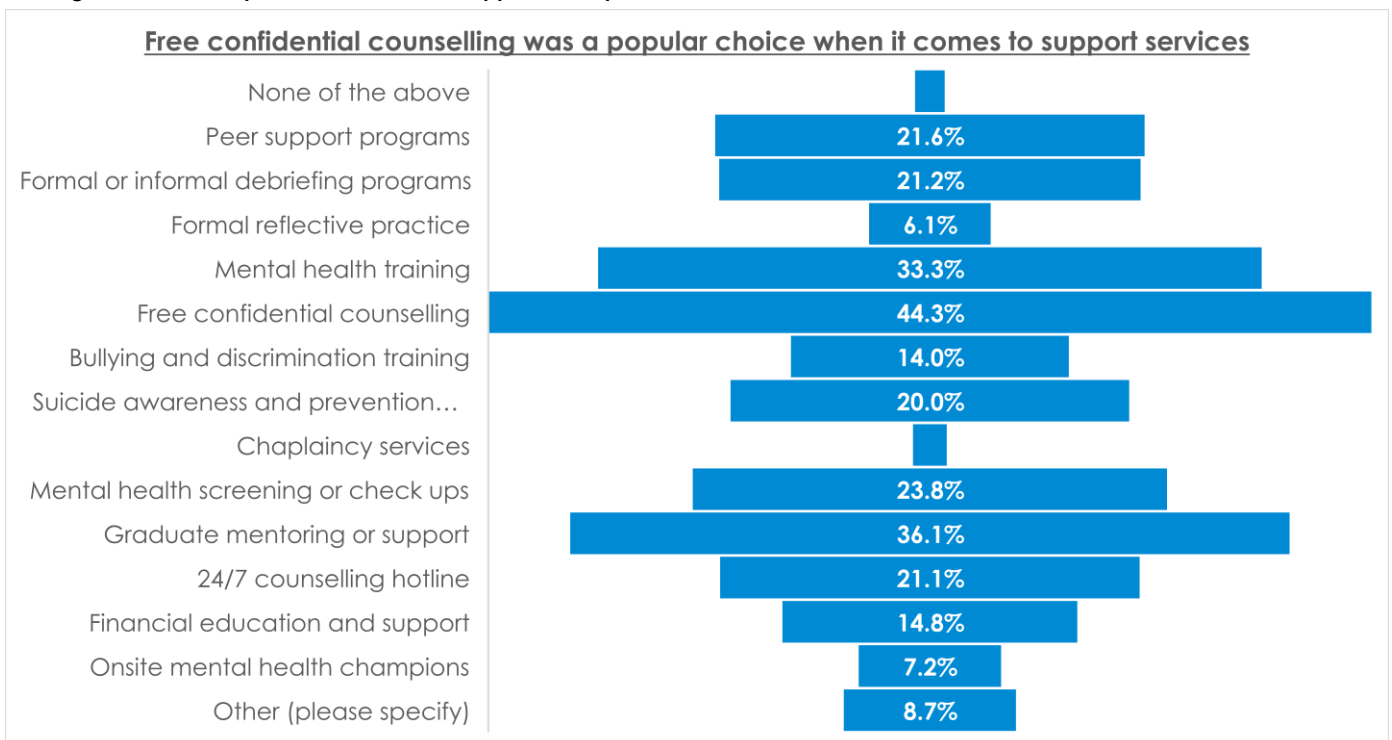
### Services & supports to improve mental health

In relation to services and supports respondents were firstly asked:

*'Which mental health and wellbeing services or supports do you feel is most important to improve access to in the veterinary industry? (Please select up to 3)'*.

Free confidential counselling was the most popular choice (44.3%), followed by graduate mentoring & support (36.1%) and mental health training (33.3%). Mental health screening & check ups (23.8%) and peer support programs (21.6%) rounded out the top 5.

**Figure 15– Most important services and supports to improve mental health.**



## Initiatives & policies to improve mental health

With regards to initiatives and policies, another list of possibilities was provided to select from, this time in response to the question:

*'Which initiatives or policies do you feel would be most beneficial to either implement or review, in order to improve mental health and wellbeing in the veterinary industry? (please select up to 3)'*.

Changes to the veterinary salary/awards was the most selected (44.1%), followed by community education campaigns (31.5%) and flexible work options (26.5%). Adding mental health and wellbeing education to the undergraduate degree (20.0%) and a government rebate and subsidy scheme for veterinary patient care (19.5%) rounded out the top 5.

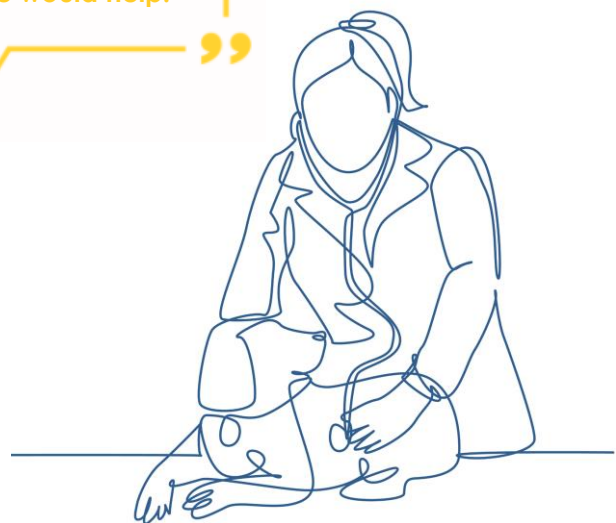
Image 8 – top 10 initiatives or policies to improve mental health

### Policies & initiatives

<ol style="list-style-type: none"> <li>1. Changes to the salary &amp; award</li> <li>2. Community education campaigns</li> <li>3. Flexible work options</li> <li>4. Mental health education for students</li> <li>5. Government rebate/subsidy for pet care</li> </ol>	<ol style="list-style-type: none"> <li>6. Vet specific mental health resources</li> <li>7. Upskilling veterinary nurses clinically</li> <li>8. Communication &amp; interactions training</li> <li>9. Health &amp; wellbeing subsidies</li> <li>10. Recruitment &amp; staffing support</li> </ol>
--	--

“  
**Financial constraints mean vets can't practice best medicine, which is mentally taxing – it makes things very difficult. Government subsidies for veterinary medicine would help.**  
 ”

“  
**Subsidized pet care would stop vets from having to make morally compromising decisions, while being able to provide top quality care. Emotional blackmail from clients would also stop.**  
 ”



## One positive change to the veterinary profession

Lastly, the survey asked respondents to answer one final question:

'If you could make one positive change to the veterinary industry that you feel would have the biggest impact on the mental health and wellbeing of the workforce, what would it be?'

This question was aimed to draw out any final thoughts from respondents that perhaps hadn't been captured throughout the survey, but also to determine prioritisation of actions through the eyes of the profession.

The **top 10 responses** included:

1. Improve the pay and award standards
2. Client and community education
3. Improve the workload and hours (including after hours)
4. Access to more vets and more staff in general
5. Align student selection and suitability for profession
6. Medicare scheme for pets
7. Clear standards and policies related to breaks and leave
8. Mandatory pet insurance
9. Upskill and registration for veterinary nurses
10. Fair and just veterinary board processes

**Vets do not do their job for money. The fact that there is that stigma has a negative effect on vets. We have one of the longest & most challenging tertiary courses & reap very minimal financial reward. Not to mention the countless amounts of abuse.**

## Summary

- **Free confidential counselling** was the most preferred support service to be considered for the future (44.3%).
- **Graduate mentoring & support** (36.1%) mental health training (33.3%), mental health screening (23.8%) and peer support (21.6%) were also prioritized as worth considering in the future.
- Changes to the veterinary award and **salary** was the most preferred initiative or policy to consider for the future (44.1%), this is rated top of the list when considering 'one positive change' to have the biggest impact on the mental health and wellbeing of the workforce.
- **Community education campaigns** (31.5%), flexible work options (26.5%), mental health education in the undergraduate degree (20.0%) and a government rebate scheme for pet care (19.5%) were all prioritized as initiatives or policies that could indirectly influence the mental health of the profession.

## Conclusion

### Overview

This research into veterinary wellness aimed to understand not only the current mental health status of those working in the veterinary profession, but also the factors that affect mental health. This included a differentiation between work and non-work-related factors with a deep dive into the work-related factors. The research also examined psychosocial risk and protective factors, prevalence of and attitudes towards help seeking and finally the appetite for future initiatives and actions to improve mental health and wellbeing.

This was achieved through a combination of stakeholder focus groups, one-on-one interviews, and a voice of profession national survey. These activities served to verify but also challenge what is known through published research, but also anecdotal evidence that the profession is in the midst of a mental health crisis. This research is the first of its kind in the profession and paves the way for effective and sustainable change for the long term

### Mental health and wellbeing among the veterinary profession

The research gave a voice to over 2,500 people in the veterinary profession and allowed them to not only self-rate their mental health status but share their experiences when it came to mental health conditions.

Across both of these areas there were consistent findings to suggest that although more people self-rated their mental health as very good or good, there was a large amount of ambivalence in self-rating and choosing to be neutral on the topic, with 1 in 6 also rating their mental health as poor or very poor. In terms of mental health conditions over half of the cohort reported experiencing a mental health condition, with many finding the last 12 months particularly challenging, Covid-19 was cited commonly as having contributed to poor mental health or the development of a mental health condition.

Through the assessment of mental health related data some at risk groups were identified which will assist in the targeting of interventions, but also creates an opportunity for future research into these groups and specific drivers. Women, students, veterinary nurses, and those aged between 25-29 were most likely to identify with having poor mental health or a formal mental health condition.

Men however should not be forgotten, because although women overall rated their mental health more poorly, men self-rated worse across multiple age groups. Although women also reported higher prevalence of experiencing a mental health condition across every age group, national data from Beyond Blue suggests men are 3x more likely to die by suicide, with only 32.8% of these deaths are linked to a diagnosed mental health condition. This could pose a further research question into potential lifestyle and non-work impacts on mental health for men in the profession, as well as supports required in managing life's challenges such as relationships and finances etc.

These results highlight a need to address the mental health and wellbeing of the profession through the development of a nationally consistent mental health and wellbeing strategy.

## Impact of veterinary work on mental health

While the veterinary profession is extremely diverse and varied in the types of workplaces, roles and ways of working, this research aimed to find commonalities irrespective of these factors. Irrespective of where within the profession one works evidence-based approaches to creating mentally health and thriving workplaces are applicable and relevant. This research found many common themes when it comes to the impact of veterinary work on mental health, giving valuable insights into the challenges and positives of veterinary work.

People reported that although work and non-work-related factors contributed to mental health conditions quite equally, the overwhelming majority of respondents felt that work had a negative impact on their mental health, and they often left work feeling emotionally drained. Some felt they needed to take time off work due to their mental health, but there was still some reluctance to disclose the real reasons for this time off to their employer. This reinforces some of the views reported in the verbatim comments that stigma continues to be present in the profession, with an attitude of 'just get on with it' remaining quite strong.

Negative interactions with the general public and challenging client behaviour was cited often as having the biggest impact on mental health and many felt this has gotten worse in recent years, in particular due to Covid-19. The constant flow of abuse, manipulation, emotional blackmail, and disrespectful behaviour creates a negative workplace experience and often grinds veterinary staff down. This combined with an excessive workload and at times poor working conditions such as long hours, poor pay and lack of breaks proved at times to be too much, with some respondents sharing they have chosen to leave the profession to find work with better basic conditions and less stress.

Relationships with colleagues had a two-fold effect, proving to be a huge risk factor if things like incivility, bullying and poor culture were present, whereas positive relationships with colleagues was the single most important protective factor when teamwork, camaraderie and collaboration were actively present. This creates a huge opportunity for individual workplaces to use this research and data to ensure the culture of their individual workplaces is one where relationships between colleagues are promoted, valued, and bad behaviour is not tolerated.

The impacts of the veterinary shortage were certainly felt, with many reporting long hours and excessive workloads meaning they did not have a good level of work/life balance and where work often intruded on their personal lives meaning they were not looking after their physical health as well as they could be. This ability to be able to detach from work is important in ensuring veterinarians in particular are able to maintain an identity outside of being a vet as well as safeguarding them from burnout. This culture of overworking and neglecting personal health and wellbeing must be addressed.

Interestingly, there appears to be somewhat of a generational divide within the profession, not only with differences in findings, but expectations within the workplace. Younger people reported poorer mental health status and higher levels of reported mental health conditions, as well as rating the impacts of work on mental health more negatively than older workers. Through many of the

verbatim comments it appears there is a view that the older vets 'had it harder' and the younger vets 'have it easy' and just need to 'build resilience', there are differing perceptions when it comes to appropriate working conditions, ways of working and what a mentally healthy workplace should look like. This friction will be important to work through in order to get any kind of traction in building a thriving veterinary profession.

## Help and support seeking

Seeking support or help is a critical step in the recovery process not only for those experiencing a mental health condition, but also for others to maintain good mental health. Help and supporting seeking is not only for when issues arise, and this research indicated that although most people seeking help or support did in fact have a mental health condition there were certainly individuals who sought help proactively without formally experiencing a mental health condition.

In the last 12 months almost 2 in 5 people had sought help or support for their mental health, although formal psychology treatment was preferred and recommended by the vast majority, people were also open to having a conversation with a manager or colleague. Although stigma was reported as a reason why people may not seek support, this is positive that some feel comfortable confiding in their manager or colleagues. Majority of people felt that the profession needed good role models and leaders to speak openly about their mental health and experiences as this would encourage others to be open, seek help and ultimately decrease the stigma that continues to exist around mental health.

Some felt they would be seen as weak if they sought help or support, that their situation was not 'bad enough' or that they would be a burden. While others felt they were risking their career by seeking help. This view was closely linked to the requirement to report mental health conditions through the professional registration process. A sense of fear was reported to exist in relation to the veterinary board processes for registration as well as complaint handling, with many reporting they would not risk their reputation, career, or livelihood by seeking help, they would just instead 'push on'. This is concerning, as this is not addressing the issue of mental ill health, it is hiding it, which in turn could be more detrimental in the long term. A move towards functional capacity over prevalence could be considered by veterinary boards to address this.

## Future initiatives

The voice of the profession has never been so important in terms of paving the way for the future than now. Opinions and insights were sought on what the future looks like for improving the mental health of the profession, this information was extremely valuable in providing key recommendations back to the AVA in order to determine next steps. A national profession wide approach will prove to be the most effective in addressing this important issue and this has been front of mind in forming recommendations.

When it comes to addressing mental health across a workforce or workplace it's important that an integrated approach is taken, meaning that a multi-level view is required. Initiatives to prevent mental illness are of highest priority and proactive, promotion of the positive aspects of work is also required, followed by initiatives that manage illness when it arises. This approach will be particularly crucial for the veterinary profession to thrive, because without taking a proactive approach to addressing the workforce issues that 'break people' no amount of support or help will 'fix them'.

First and foremost, increasing the visibility of the challenges faced by the veterinary profession at a government and state health and safety regulator level will be critical in terms of funding, advocacy, and support. At a profession level addressing the impact the general public has on the mental health and wellbeing of those working within the industry should be considered a key priority through community education campaigns and behaviour change mechanisms. Advocating for and working towards appropriate workplace standards and working conditions such as improved remuneration, veterinary shortage, working hours and policies relating to management of after hours and overtime to address issues such as overworking, fatigue and lack of work/life balance will also be important.

Addressing some of the financial stressors which exist in relation to veterinary care through potential government subsidies or other financial models will have a two-fold effect on financial stress and prevalence of customer abuse and disrespect.

Addressing some of the issues that exist within the identified at-risk groups could prove beneficial, this could include improving the student experience starting with selection, through to reviewing the undergraduate degree and post-graduate supervision and support. For women being open minded about diversity and inclusion as well as flexible work could prove positive in addressing some of the staff shortage issues and for younger people working in the profession creating mentally healthy and thriving workplaces that align with the values of the modern vet, while maintaining the positive legacy that those who have been in the profession for so many years have worked hard to build. The role of the veterinary nurse also warrants review and transformation for the benefits of those doing the role, but also the wider team.

Lastly, putting thought and effort into effective support mechanisms for when issues do arise is certainly a key requirement of a good mental health strategy. Access to counselling and support, mental health training, lived experience networks, peer support, reflective practice and debriefing should all be considered for the future.

## Summary

Most people who work in the veterinary profession find their work extremely rewarding and meaningful, this should not be discounted. However, it also has its challenges and can be stressful, while some of the negative impacts and the way they are managed can certainly contribute to the development of mental health conditions.

This research has provided invaluable insight into the current state of mental health in the veterinary profession and the next phase will inform the path forward in addressing some of the issues that have been identified through the voice of the profession.

Those working in the veterinary profession do this job because they love it, they love animals, they love to care for others and they play an essential role in making the community a better place, and sometimes it can be tough and thankless. SuperFriend thanks not just those who took part in this research, but every person involved in the profession for the role you all play in creating a thriving profession into the future. SuperFriend are committed to continuing to support the AVA and bring these findings to life to make veterinary wellness a reality.



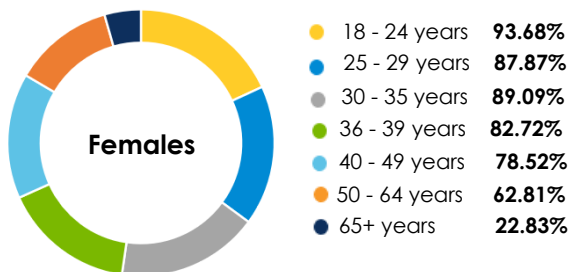
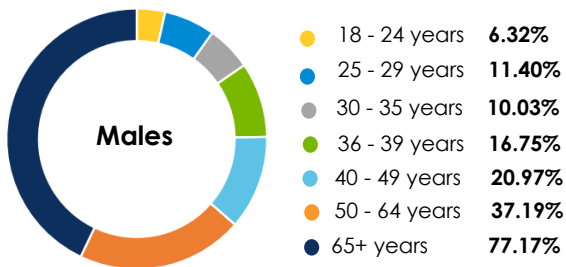
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# Mental health snapshot: Age

This snapshot provides an overview of key data broken down by age for those who identified themselves as **currently working in clinical practice**.

## Gender & age breakdown



Male participation is higher in the older age brackets, whereas more females participated in younger age groups.

## Work experience

### Workload

was the most common risk across all ages, rating first across the board.

### Emotionally draining

Work rated in the top 3 most significant risks for all age groups.

### Colleagues

were important across all age groups, as was the relationship with pet owners.

### Pressure to perform

and being unable to perform at a high standard was an issue for younger staff, while work/life balance was for older staff.

### Free Counselling

was preferred as a future support service for all ages, with those aged 36 & above feeling graduate support was critical also.

### Salary

needs to be reviewed according to all groups as well as community education.

## Mental health status

### Mental health self-rating

**29.3%**

of 25-29-year-olds

rated their mental health poor or very poor, followed by...

28.6% of 18-24-year-olds

24.8% of 30-35-year-olds

21.1% of 36-39-year-olds

15.7% of 40-49-year-olds

11.7% of 50-64-year-olds

1.0% of 65+ year-olds

### Mental health conditions

**79.4%**

of 30-35-year-olds

have ever experienced a mental health condition, followed by...

77.1% of 25-29-year-olds

74.7% of 18-24-year-olds

72.4% of 36-39-year-olds

62.1% of 40-49-year-olds

59.4% of 50-64-year-olds

27.4% of 65+ year-olds

### Impact of work on mental health

**63.2%**

of 30-35-year-olds

say work has negatively impacted their mental health, followed by...

55.1% of 25-29-year-olds

52.3% of 36-39-year-olds

50.0% of 18-24-year-olds

44.7% of 40-49-year-olds

41.9% of 50-64-year-olds

6.5% of 65+ year-olds

# Mental health snapshot: Gender

This snapshot provides an overview of key data broken down by gender for **all roles and workplaces across the profession.**

## Males

- 682 participants took part in the survey
- 21.1% were aged between 18-29 years old
- 78.6% were aged 40 and over
- 35.9% were practice owner/partners in private practice
- 17.6% were veterinary employees in private practice

### Mental health status

**13.5%**  
Rated their mental health as poor or very poor

Overall men were **less** likely to rate their mental health poorly, however accounting for the variable of age men rated worse in 18-24, 30-35, 40-49 and 50-64 year age groups.

Mental health prevalence **decreased** with age, which is consistent with national data.

**53.0%**  
Have ever experienced a mental health condition

Men were however **less** likely to have experienced a mental health condition, this was consistent across every age group and consistent with national data.

**34.1%**  
Say work has negatively impacted their mental health

Men were **less** likely to report that their job had a negative impact on their mental health.

### Mental health support

- ➔ 51.2% of men had their mental health condition diagnosed by a professional.
- ➔ 22.1% of men sought help or support for their mental health.
- ➔ Getting time off work, feeling like a burden & not thinking treatment is effective were the main reasons men did NOT seek help.

Overall men were less likely to be formally diagnosed as well as to seek help or support. These findings are also consistent with national data.

## Females

- 1,828 participants took part in the survey
- 53.11% were aged between 18-29 years old
- 46.72% were aged 40 and over
- 39.8% were veterinary employees in private practice
- 13.9% were practice owner/partners in private practice

### Mental health status

**19.6%**  
Rated their mental health as poor or very poor

Overall women were **more** likely to rate their mental health poorly, accounting for the variable of age women rate more poorly within the 25-29, 36-39 and 65+ age groups in particular.

**72.1%**  
Have ever experienced a mental health condition

Mental health prevalence **decreased** with age, which is consistent with national data.

**50.4%**  
Say work has negatively impacted their mental health

Women were **more** likely to have experienced a mental health condition, this was consistent across every age group and consistent with national data.

Women were **more** likely to report that their job had a negative impact on their mental health.

### Mental health support

- ➔ 62.1% of women had their mental health condition diagnosed by a professional.
- ➔ 44.1% of women sought help or support for their mental health.
- ➔ Getting time off work, confidentiality concerns & not knowing where to go were the main reasons women did NOT seek help.

Overall women were more likely to be formally diagnosed as well as to seek help or support. These findings are also consistent with national data.

# Mental health snapshot: Gender continued

## Mental health data explained

Despite women overall **self-rating** their mental health more poorly, age played a factor, with men self-rating more poorly across multiple age groups. This included those aged between 18-24, 30-35, 40-49 and 50-64. However, this does not tell the whole picture. Women were more likely across every age group to have experienced a **mental health condition** ever and in the last 12 months, with a higher rate of **formal diagnosis** as well as **help seeking**. This is in line with national data by Beyond Blue and Mindframe which suggests that women in the community report higher rates of anxiety, depression, and PTSD than men and are also more likely to seek help, therefore this is not unique per se to the profession.

National data suggests that men are 3 times more likely to die by **suicide** than women, and often (in 32.8%) of cases this is not linked to a mental health condition, but rather life factors such as employment, relationships, and finances. Importantly in the profession, men should not be forgotten. Given the relatively poor self-rating of mental health across multiple age groups, lack of formal diagnosis and lower help seeking, men too remain an at-risk population. This combined with the fact that men have reported through this data less of a negative impact from their work, there could be outside employment factors which should be considered.

### Males

#### Work experience

**Workload** was the most common risk factor for men in the profession.

**Staff shortages** rated in the top 3 risk factors for men across the profession.

**Colleagues** were important for men to maintain good mental health.

**Positive pet owners** played a role in protecting the mental health of men.

**Clinical success** rated in the top 3 protective factors overall for men.

**Community education** and graduate support were rated highly to improve mental health in the profession.

**“We base our value on our service to the community and the community values us less than we expect. This is hard to deal with”**

### Females

#### Work experience

**Workload** was the most common risk factor for women in the profession.

**Emotionally draining** Work rated in the top 3 risk factors for women.

**Colleagues** were important for women to maintain good mental health.

**Positive pet owners** played a role in protecting the mental health of women, as did making a difference.

**Salary & flexibility** were rated as high priorities to improve mental health, along with community education.

**Counselling** Services & mental health training were rated highly to improve mental health.

**“Managing workloads, having flexibility, and taking basic breaks would go a long way. Chronic unpaid overtime needs to stop”**

# Mental health snapshot: Veterinary nurses

This snapshot provides an overview of key data broken down for those who identified as veterinary nurses or supervisors.

## Demographic overview

249

PARTICIPANTS

97.6%

IDENTIFIED AS FEMALE

75.1%

AGED BETWEEN 18-35

“There is inconsistent support for veterinary nurses, with no chance for professional development. Vets often disrespect nurses, making them feel underappreciated for the work they do”

“The attitude of clients really makes me feel disrespected. My job has greatly impacted my mental health & my compassion for people is at an all-time low”

## Mental health status

33.3%

Rated their mental health as poor or very poor

In terms of mental health support 70.9% of veterinary nurses said that their mental health condition had been **diagnosed** by a professional.

81.9%

Have ever experienced a mental health condition

Over half of veterinary nurses (56.2%) had **sought help** for their mental health which was significantly higher than the overall population.

54.5%

Say work has negatively impacted their mental health

Of those that did not seek support for their mental health (42.3%) most agreed that they would find it difficult to get **time off work**, they were not sure where to go to seek help as well as also feeling like a burden by seeking help.

## Work experience

64.6%

said they were unable to do their job to a high standard on a regular basis

- Workload & leaving work feeling **emotionally drained** also proved to be high mental health risks for veterinary nurses.
- Good relationships with **colleagues** and **pet owners** were identified as important protective factors.
- Over half of veterinary nurses reported playing an important role in **animal welfare** as a strong protective factor.
- After improved **salary** veterinary nurses believed **upskilling veterinary nurses** & **community education** were the most important initiatives to improve mental health.

“When the vets have time to teach me something they are passionate about it’s great. It would be nice to valued like nurses in human medicine, both in the workplace & community”

# Mental health snapshot: Retired veterinarians

This snapshot provides an overview of key data broken down for **those who identified as retired veterinarians.**

## Demographic overview

**125** PARTICIPANTS

**81.6%** IDENTIFIED AS MALE

**85.6%** AGED OVER 65 YEARS

“I worked in clinical practice for over 35 years, it can be stressful, and the workload is high, but there are many good things about the profession that are often overlooked”

## Mental health status

**9.7%**  
Rated their mental health as poor or very poor

Retired veterinarians **self-rated** their mental health significantly better than the overall cohort, while those who ever experienced a mental health condition was approximately 12% lower than the overall cohort.

**54.0%**  
Have ever experienced a mental health condition

Retired veterinarians also appeared to reflect and have more of a positive view of their works contribution to their mental health, with almost over a 40% difference in those saying work had a negative impact on their mental health (61.5% vs 23.9%).

**23.9%**  
Say work has negatively impacted their mental health

This can potentially be explained by the fact that the prevalence of poor mental health decreases with age and the large percentage of males in the retired veterinary population.

“The profession is not for everyone – many get warm and fuzzy thinking about dealing with animals every day and ignore the workload that comes with it”

## Work experience

**Workload**  
was reported as the biggest risk to mental health.

**Personal life**  
being intruded on was also rated highly when it comes to risks.

**Making a difference**  
was a strong protective factor for retired vets.

**Graduate support**  
and mental health training in the undergraduate degree were seen as important initiatives.

**Retirement support**  
and career transition planning were rated high to improve mental health.

**Community education**  
also proved popular for the future benefit of the profession.

# Mental health snapshot: Students

This snapshot provides an overview of key data broken down for **those who identified as currently studying veterinary medicine.**

## Demographic overview

**82** PARTICIPANTS

**81.7%** IDENTIFIED AS FEMALE

**81.9%** AGED BETWEEN 18-29

## Work experience

### Workload

was reported as the biggest risk to mental health.

### Pressure to succeed

was a risk to mental health for students as well as work/study intruding on their personal life.

### Animal welfare

is high on the priority list for students, feeling like they are contributing to animal welfare served as a popular protective factor.

### Graduate mentoring

free counselling & mental health screening were all supports students would like to see

### Medicare for pets

was a popular future initiative that students believe would have an impact, as well as increased salary & flexible work.

## Mental health status

**36.5%**

Rated their mental health as poor or very poor

**79.7%**

Have ever experienced a mental health condition

**48.5%**

Say work has negatively impacted their mental health

The majority (62.6%) of students fall into the **18-24-year-old** bracket and are also female (81.7%).

According to national data those in the 18-24-year-old age bracket have the **highest prevalence** of mental health conditions, therefore this fact alone makes students an at-risk group and aligns with these findings. Men are also less likely to experience depression and anxiety than women in the general community.

Only around half (47.2%) of students reported **seeking help** for their mental health and although getting time off work and confidentiality concerns were the main reason, students report not wanting to be seen as weak as a barrier to help seeking.

“New grads are burnt out before they even start working. Nothing is done about the extreme stress of vet school. This should be addressed”

“Student success should not be driven by fear of failure. We need better, more understanding role models in our universities”

“Our value as a student & vet is measured on a knives edge, with no room for human error, and no room to seek support as it will affect your reputation”