

Addressing the Veterinarian Mental Health Crisis through an ACT-Based Program



Cohort:
2020-2023

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Location:
Kent, Ohio

Focus Areas:
Behavioral and Mental Health
Occupational Health
One Health

Short Project Summary

Veterinarians are experiencing a mental health crisis, with higher suicide risk and poorer well-being compared to other high-risk professions, including dentists, pharmacists, and other medical practitioners. Mental health stigma in the field prevents treatment-seeking, resulting in an unexpected health disparity. Local veterinary medicine job growth in Northeast Ohio makes this an at-risk and growing group in our community. Our team has identified specific types of client interactions that predict veterinarian stress and burnout, with veterinarian reaction to these interactions being a more important predictor of negative outcomes than frequency of such interactions alone. We have developed an Acceptance and Commitment Training (ACT)-based educational program tailored to reduce reactivity during these veterinarian-client interactions. We plan to implement our program in veterinary clinics throughout our community, assessing program feasibility and acceptability, and monitoring use of techniques taught. Formal measures of burden transfer, stress, burnout, and mental health stigma will be measured using an online survey format at baseline (prior to ACT training) and follow-up (upon completion and 3 months later). A subset of clinics will be randomized to a wait-list control group, receiving the program after data collection. Data will be analyzed by comparing baseline data to follow-up, as well as program versus control conditions. Using feedback from

community stakeholders, we will develop a training module for use in clinical psychology and veterinary social work training programs to make this program sustainable beyond the funding period.

Wicked Problem Description

Veterinarians are in crisis. Veterinarian deaths by suicide occur at rates far above the national average, and suicidal ideation has been reported as being up to 5.5 times more likely in veterinarians compared to the general population. Between 1/3 and 2/3 report history of depression, and 80% describe their occupation as stressful or very stressful. While psychological distress is common in human health care providers, poorer wellbeing is found in veterinarians compared to most other professions and the relative suicide risk is greater in veterinarians than other high-risk professions, including dentists, pharmacists, and other medical practitioners. Many occupational hazards have been identified as contributors to stress and burnout in veterinary medicine, making it an emotionally challenging workplace environment. Increased support and feedback, encouragement of open communication about the importance of mental health, and even mindfulness-based stress reduction training have been proposed. Despite efforts, levels of distress remain high.

There are approximately 3,300 veterinarians in Ohio, with our region seeing a particularly fast job growth rate (34% since 2007). Similar to published data, a small pilot project in our region showed veterinarians (n=25) report greater stress and burnout relative to the average adult. Veterinarians in our community are an at-risk and growing group, representing an unexpected mental health disparity. This disparity may in part be due to attitudes in the field toward mental illness. Relative to the average adult, veterinarians are less likely to believe mental health treatment is effective, and half as likely to believe that people are sympathetic toward those with mental illness. Efforts to address the veterinarian mental health crisis in our community are needed, but mental health stigma contributes to reluctance to seek treatment. An interdisciplinary approach is needed to bring palatable solutions directly to this group, in order to address this health disparity and facilitate a culture of health in the field.

Proposed Project Plan

We have developed an Acceptance and Commitment Training (ACT)-based educational program tailored to reduce reactivity during difficult client interactions. We propose to implement and evaluate the effects of our program within our community and to create and implement a training module for our program to make it sustainable. We will approach local veterinary clinics, requesting to schedule our program during staff meeting times. We will assess acceptability of the program and monitor use of techniques learned. Burden transfer, stress, and burnout, and mental health stigma will be measured at baseline (prior to program) and follow-up (upon completion and 3 months after). A subset of clinics will be randomized to complete measures during a "wait list" period to provide a control, receiving the program after data collection.

The program will be delivered in each clinic through 3 total sessions, spaced approximately 1 month apart, with homework between sessions. The structure of our program is based on the ACT framework: Session 1 will provide an overview and rationale for the ACT program, placing it in its scientific context. Session 2 will provide techniques for being mindfully present, for identifying and accepting stressful thoughts, feelings, and urges in the context of difficult client interactions, and for separating the self from these inner experiences to more neutrally observe them. Session 3 will include value clarification and how to take committed action to focus on alternate values when needed. Sessions will be recorded for fidelity and acceptability checks.

We will send a survey link at baseline and follow-up timepoints to participants. The survey will begin with a consent form (baseline only), followed by the Burden Transfer Inventory, Perceived Stress Scale, Copenhagen Burnout Inventory, and Attitudes toward Mental Illness. Follow-up assessments include questions addressing program acceptability and monitoring use of ACT techniques. Responses will be collected via Qualtrics, a confidential online platform, and will be automatically scored to reduce potential for error or bias in scoring. Those completing measures will be sent a gift card for an online retailer. Data will be analyzed using descriptive statistics and analysis of variance comparing within (baseline data vs follow-up) and between (program vs “wait list” control) conditions.

Of note, while mental health research in veterinary medicine to date has focused on veterinarians, turnover rates for other clinic personnel are more than twice the average of other industries, suggesting these individuals struggle with similar issues. As such, any clinic employees who routinely interact with clients will be invited to participate in the program, and all will be encouraged to complete online measures; any differences in outcomes by position of employment will be examined. Due to COVID-19 restrictions on meetings at the time of beginning this project, our team will develop remote delivery capabilities for the program to mimic in-person delivery, so that clinics may choose the most appropriate modality; we will also examine for any differences in outcomes by modality (face-to-face versus remote).

Anticipated Outcomes

Our project will provide an ACT-based program tailored to veterinary client interactions that is feasible, acceptable, and provides usable techniques that are incorporated into the daily practice of veterinary medical personnel in our community. Short-term goals include having 20 Northeast Ohio veterinary clinics either scheduling or agreeing to schedule our program in their clinic and presenting our program in 5-8 local veterinary clinics each year. Long-term goals include having 250+ veterinary personnel complete our program, with 90% of program attendees rating our program as “above average” or better in overall usefulness and 75% of program attendees endorsing use of at least one technique introduced in our program on a daily basis. We also expect that average burden transfer, stress, burnout, and mental health stigma in attendees will be one standard deviation lower than baseline at the end of the project. In addition, long-term goals include

development of a training module to make this program sustainable beyond the funding period, with practicum implementation at Kent State University and the Veterinary Social Work Program at the University of Tennessee College of Veterinary Medicine.

Timeline

Year One

File for Institutional Review Board approval to collect data from veterinary hospital participants. Train team members in program delivery, fidelity, and acceptability checks. Obtain 2020-2021 CE approval from Ohio Veterinary Medicine Board. Create recruitment materials to describe program to potential sites. Develop parallel version of program for online delivery. Begin scheduling program delivery in clinics. Collect baseline and follow-up information from program participants. Consult regularly with Advisory Board. Hold a meeting with primary stakeholders who have attended the program to encourage discussion and request feedback. Team will present at a minimum of 1 national conference.

Year Two

Obtain 2021-2022 CE approval from Ohio Veterinary Medicine Board. Continue program delivery with the goal of 5-8 clinics in year two. Continue to collect baseline and follow-up information from program participants. Consult regularly with Advisory Board. Begin developing training materials to educate new generations of clinicians. Team will present at a minimum of 1 national conference.

Year Three

Obtain 2022-2023 CE approval from Ohio Veterinary Medicine Board. Continue program delivery with the goal of 5-8 clinics in year three. Continue to collect baseline and follow-up information from program participants. Complete development of training materials and implement in at least one practicum. Consult regularly with Advisory Board. Team will prepare results as a manuscript for a high tier veterinary journal. Team will present at a minimum of 1 national conference.

Partnerships

Advisory Board members include leaders in the field of veterinary social work (Dr. Aviva Vincent, Dr. Elizabeth Strand), experts in burden transfer research (Dr. Mark Carlson) and ACT interventions (Dr. Michael Twohig), and Community Partners including key personnel at the Stow Kent Animal Hospital group (Dr. Mark Carlson, Dr. Eric Brooks), the MedVet group (Dr. James Vogt), and the Veterinary Center of Hudson (Dr. Daniel Bestic).

Evaluation Strategies

Feasibility of program implementation will be tracked by measuring percent of clinics agreeing to implement our program. Acceptability, usability, and formal outcome measures will be tracked using online surveys to collect feedback from program participants. Program fidelity checks will be performed for each session using a measure developed in consultation with our ACT expert. Evaluation of completion of development of the training module will be demonstrated through trainee implementation of the program.

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