

Stigma, coping, stress and distress in the veterinary profession – the importance of evidence-based discourse

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What you need to know:

- *Discourse about mental health and wellbeing in the veterinary profession must be informed by critical consideration of appropriate evidence*
- *It is important that we do not 'normalise' ill-health or 'pathologise' short-term stress*
- *Chronic stress, however, has negative implications for psychological and physical health*
- *Coping with stress requires both addressing the problem and managing the related emotions*
- *The Coping Circumplex Model integrates a number of different stress management theories and may be a useful framework for conceptualising approaches to coping with stress*

Mental health stigma is a well-recognised and much discussed problem. Perceptions of public stigma (negative stereotypes and prejudice) contribute to the development of self-stigma (the internalisation of these negative stereotypes), which can cause reduced self-esteem, wellbeing, health and self-efficacy, including belief in one's own ability to cope. These in turn affect attitudes to help-seeking and willingness to seek help^{1,2}.

In a study summarised in this issue of the Veterinary Record, McArthur and colleagues investigated self-stigma and strategies employed by Australian veterinary students for coping with stress. While stress in itself is not an illness, chronic stress has negative implications for psychological and physical health. Students in the study primarily used adaptive (those which help to reduce stress) rather than maladaptive (those which may actually increase stress) strategies to cope with stress, with variations in approach identified by gender and by degree of self-stigma; male students had a higher tendency towards self-stigma and less inclination to seek support.

The development of adaptive strategies for managing stress and reducing the likelihood that it becomes chronic or ill-health is important not only for wellbeing and learning³ while at university, but also for our wider professional and personal lives. Recognition of which coping strategies are adaptive and which are maladaptive is important, but the terminology relating to this often overlaps and can be confusing⁴. A recent model proposed by Stanislawski⁵, the Coping Circumplex Model, integrates a number of different theories of stress management, based on the assumption that effective coping with stress requires both dealing with the problem and managing the related emotions. Problem-focused and emotion-focused coping are therefore not regarded as mutually exclusive. For example, some approaches, such as procrastination, escapism or humour, might deal with the emotion but not the problem, while directly focusing on or becoming preoccupied with the problem might not address the related emotion. Developing our awareness of the ways in which we naturally tend to address stress, with an appropriate theoretical framework in mind, can help us to explore new approaches.

The development of coping strategies in individuals is just one tool in the toolbox and does not override the need to work on the systems and culture required to nurture and support healthy student and professional populations. A number of ongoing efforts and initiatives within the veterinary profession have already done invaluable work to raise awareness of, and challenge stigma relating to, mental ill-health and to provide help and support. However, recurring features of the discourse surrounding the topic in the popular veterinary and wider press give some cause for concern. For example, it is often assumed that the frequently-cited proportional mortality ratio figures, indicating a higher suicide risk in the veterinary profession than in other professions and the general public⁶⁷⁸ mean that the veterinary profession is inherently mentally unhealthy. However, the relationship between mental ill-health and suicide is complex, and at the population level, an increased risk of suicide is not directly indicative of a higher occurrence of mental ill-health⁹. Another popular opinion is that veterinary students are drawn from a population predisposed to mental ill-health, or with a predominance of certain personality traits such as perfectionism. In fact, there is currently no empirical evidence to support this. Indeed, there is some evidence to suggest that veterinary students experience comparatively good mental health when directly compared with other higher education students¹⁰ while increasing levels of perfectionism appear to be generational and not particular to the veterinary student population¹¹.

Many students in higher education, as in all walks of life, will experience stress at some point, with recognised stressors including financial pressures, concerns about academic performance, relationships with peers and insecurity about plans following graduation^{12, 13}. It can be argued that veterinary students are subject to specific stressors beyond those of other students, with longer degree courses, heavier work and information loads and greater levels of responsibility, but in fact there is little evidence that veterinary students experience greater levels of stress than the general student population. However, veterinary students aware of the discourse surrounding veterinarians' mental health might consequently suppose that they are entering a profession in which poor mental health is inevitable, which can in turn promote a sense of learned helplessness and determinism. Assumed labels such as that of perfectionism are also potentially damaging, as these can be interpreted as inherent personal flaws that cannot be easily overcome. A culture that regards chronic stress as a rite of passage may engender feelings of self-stigma, whereby individuals believe that they should be able to cope with this unavoidable aspect of their chosen career. Perceiving psychological distress or ill-health as typical or inescapable consequences of normal academic stress, or inevitable aspects of veterinary school, can lead to a reduced likelihood for students to seek help, or even a certain 'romanticisation' of ill-health or development of an 'illness identity'¹⁴. An accepting attitude towards seeking help to manage stress, but without regarding stress as an illness, is likely to be most valuable¹⁵.

It is acknowledged that the contexts within which veterinary professionals train and work are subject to unique stressors relating to healthcare responsibilities and fitness to practise requirements. Mistakes and failure, which are inevitable aspects of the veterinary profession, may be experienced as

catastrophic, particularly by those individuals who are highly perfectionistic, resulting in feelings of guilt, depression and stress¹⁶. Training and support for students and professionals to deal with mistakes, and furthering our understanding of nurturing an appropriate veterinary professional identity¹⁷, are likely to be more beneficial than generalised labels of perfectionism and ill-health.

Overall, there is a need to strike a balance between raising awareness of mental ill-health, which is valuable for reducing stigma and empowering people to discuss their health openly, and ‘normalising’ it, which might in fact present a barrier to help-seeking¹⁸. Similarly, to encourage development of appropriate strategies for coping with stress, we should ensure that short-term stress is not ‘pathologised’. Looking to the future, we must continue to strive to ensure that our discussions of this important subject are balanced and informed by appropriate, peer-reviewed, research-based evidence, just as we aim for an evidence-based approach in other aspects of our professional lives. We should take care that popular opinion or beliefs based on anecdote are not subsumed into veterinarians’ professional identity without critical consideration of available evidence.

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