



Veterinary Mental Health Initiative

Pilot Program Results

Prepared by Dustin Kieschnick, Psy.D. & Katie Lawlor, Psy.D.

May 3, 2021

Structure

Participants in this pilot study were stratified into two groups based on scheduling and availability to attend either a Thursday evening group (7pm PST / 10pm EST) or a Friday day group (10:30am PST / 1:30pm EST). They were asked to commit to a 10-week program. They were also asked to complete a comprehensive, confidential survey before the group started, and then again at the conclusion. This survey incorporated and adapted questions from 1) the Multidimensional Scale of Perceived Social Support (MSPSS), 2) the Professional Quality of Life Scale (ProQoL), 3) the Perceived Stress Scale (PSS-10), and 4) subjective ratings of anxiety and overwhelm. Participants were also asked for qualitative feedback after every session, in addition to their perceived level of felt support from the group using a 7-point Likert Scale (again, all confidential).

Attendance-Retention Rate

Retention rate for the program was 100%. Every participant who started the program finished the program. Of note, n = 4 participants were allowed admission into the groups after week 1 and remained throughout the entirety of their course.

Reporting Rates & Participant Characteristics

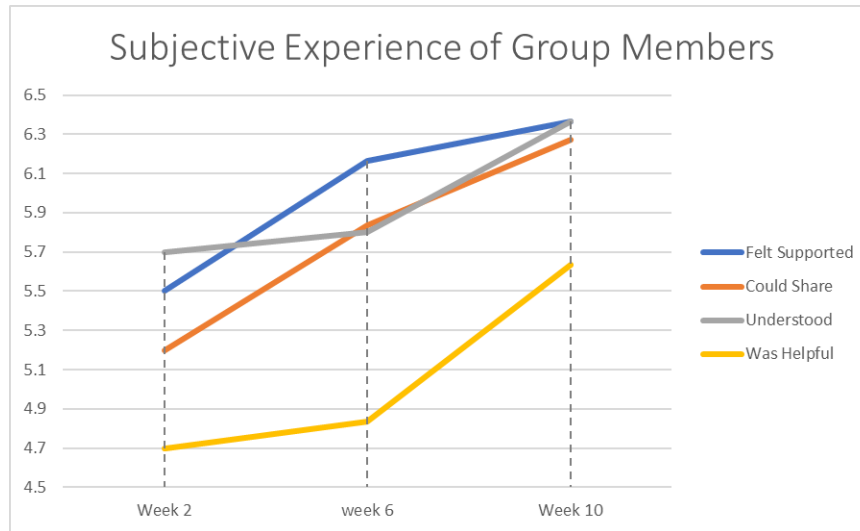
Of the n = 17 of participants (15 women, 2 men) who engaged in and completed the group, n = 11 filled out the baseline survey, and n = 11 filled out the post-program survey. Participants in the groups were representative of multiple regions within the continental United States. Participants attended from the East Coast / New England area (Massachusetts and Vermont), the Midwest (Colorado), the South (Texas), and the West (California and Washington). The Groups were comprised of veterinarians at diverse career stages, including early career, specialty transition, mid-career, and retirement.

Anxiety and Overwhelm

Participants were asked to subjectively rate their levels of overwhelm and anxiety on a scale of 1 to 10 before and after the pilot. Participants rated pre-program levels at 7.5, on average, while post-program levels were rated 4.9, on average. This change indicates a 36% reduction in anxiety and overwhelm by the close of the group.

Perceived Support from the Group (Felt Support)

Felt support was examined using a 4-item questionnaire that was administered after each group. Utilizing a Likert Scale ranging from 1 to 7 (with 1 being “Very Strongly Disagree” to 7 being “Very Strongly Agree”), the



questionnaire asked how much participants 1) felt supported by others in the group, 2) felt able and comfortable in sharing with the group, 3) felt that group members understood the problems they brought to the group, and 4) felt that the group was helpful. The chart illustrates the change in these factors over the course of the 10-week pilot.

Satisfaction, Burnout, and Trauma

We used the Professional Quality of Life Scale (ProQoL) to evaluate overall job satisfaction (compassion satisfaction), burnout, and vicarious traumatization within our participant sample. The ProQoL measures these dimensions across 3 scales: Compassion Satisfaction, Burnout, and Secondary Stress.

Compassion Satisfaction is a proxy for job satisfaction, and high scores on this scale indicate general positive emotions related to a participant’s work environment. Results from the baseline survey found that pilot participants had, on average, a moderate level of job satisfaction. At the conclusion of the program, 64% of participants reported increases in job satisfaction.

The Burnout Scale addresses the emotional, mental, and/or physical exhaustion caused by an intense work environment, demanding caseload, limited access to resources, and/or inadequate organizational support (among other variables). It is frequently associated with feelings of hopelessness, incompetence, and difficulties in coping at work. It must also be noted that burnout is often accompanied by feelings of intense anxiety. At the onset of the program participants reported, on average, a moderate level of burnout. At the end of the program, 64% of participants reported a reduction in burnout.

The Secondary Traumatic Stress Scale within the ProQoL measures the effects of exposure to traumatic and/or extremely stressful events (commonly referred to as vicarious traumatization). Veterinarians are frequently responsible for making life and death decisions, and are trained to perform euthanasia. They are also witness to animal neglect and abuse. This measure seeks to assess the level of vicarious traumatization in participants. At the outset of the program, participants reported moderate to high levels, on average, of vicarious traumatization. After completing the pilot, 45% reported a reduction in vicarious traumatization.

Perceived Life Stress

We attempted to gauge overall life stress in pilot participants by utilizing the Perceived Stress Scale (PSS-10). This 10-item measure is the most frequently used psychological instrument for measuring the perception of stress. At the commencement of the program, participants averaged moderate to high levels of perceived stress. At the conclusion, 73% of participants reported reductions in overall stress.

Of note, on an item-level analysis, one question asks how confident participants have felt with their ability to handle personal challenges at work. At the close of the program, 73% of participants reported an increase in their confidence to handle these challenges.

In contrast, on the item that asks how often a participant can control frustrations in their life, only 10% of participants reported improvements in the frequency with which they could regulate these. This is a notable finding because it appears to indicate that participants were able to increase their coping efficacy despite being unable to control environmental stressors, which by proxy, indicates an increase in resilience.

Perceived Social Support

In addition to felt support by the group, we analyzed social support from a multi-dimensional perspective. The Multidimensional Scale of Perceived Social Support (MSPSS) examines a participant's subjective view of support from family members, work colleagues, friends, and/or a significant other.

In the initial administration, most participants identified that they predominantly derive social support from their significant other and/or family members. At the conclusion of the pilot, 73% of participants reported higher levels of overall social support, while 55% reported higher levels of social support across more than one domain. 45% of participants reported increases in social support at work and from family, while 64% reported an increase in social support from friends. Social support from significant others did not change from pre- to post-survey, but was already reported as significantly high.

Qualitative Feedback

Confidential qualitative feedback was solicited after every group via free-text questions asking 1) what the most helpful aspects of the group were, and 2) what the least helpful aspects of the group were. We also asked for suggestions.

Helpful aspects of the pilot mentioned were:

- *Being able to set time aside to focus on myself with the support of others.*
- *Hearing and relating to other vets' stories.*
- *Other veterinarians who understand almost exactly what I mean.*
- *It's very helpful to hear what other vets are going through.*
- *Hearing vets share about issues that I have had, and similar resulting feelings about our unique situation. Being able to share not only my problems but also the positive skills I've learned to deal with hard situations. Example: not feeling responsible when an animal can't be saved when owner brings it in near death.*

- *Hearing from others and getting to know them.*
- *Meeting others with both similar and different struggles than my own.*
- *Talking with others who understand the things vets are faced with daily.*
- *Discussing day-to-day experiences with the other group members and feeling understood, validated, and heard by my colleagues.*
- *Feedback from group member regarding my communication issues at work; hearing others speak of their communication issues and knowing I am not alone.*
- *Focusing on trying to help others. Hearing how others' weeks went.*
- *Hearing solutions or ideas to another person's painful story.*
- *Hearing others' similar stories of what one person went through and reported on this week.*
- *I love that it is a small group which gives room for everyone to voice their struggles, and that everyone is so supportive. I know that everyone truly understands, it helps to know that I'm not alone in my struggles.*

Least helpful aspects of the program mentioned were:

- *Don't have much that wasn't helpful from last night. First two groups I felt that I didn't connect well about the grief over my own animal dying. However that is probably better dealt with on one on one, which Katie has generously made time to talk to me in three days.*
- *Didn't feel like we got into any topic in depth enough because everyone had something to share after the tragedies this week (veterinarian suicides).*

Suggestions:

- *10-weeks is too long of a time commitment for most veterinarians. We typically receive our schedules for 6 weeks or 2 months at a time. A 6 week-group would be preferred, with the option to join future groups.*
- *This is a lengthy commitment to make in advance now that the vaccine is in play and the weather is getting warmer.*
- *Is there a more concise name we could use when sharing this program with colleagues? The group name adequately described the content, however I find myself not being able to remember it.*
- *Specialty groups for Emergency veterinarians, and transition from vet school to practice.*

Clinical Implications and Discussion

Overall, the Veterinary Mental Health, Support, and Resiliency Group demonstrated efficacy as a program.

Participants reported significant increases in felt support, which is a crucial element in fostering resilience. Felt support is also associated with the development and implementation of greater coping strategies.

Moreover, perceived increases in social support indicate that the experience of being in a safe and understanding professional peer support group can extend to other areas and domains of life, including relationships with family, work colleagues, and friends.

Additionally, participants' levels of anxiety and overwhelm decreased throughout the course of the pilot; this is possibly associated with a greater sense of self-efficacy in managing situations that arise in the workplace. This was also indicated in item-level analysis that showed increased confidence in capability despite the inability to control frustrating situations or events that arose. Qualitative feedback received also echoes this sentiment.

The pilot exhibited a moderate impact on overall life stress, job satisfaction, burnout, and vicarious traumatization. The fact that this group had even a moderate effect however is promising, given that those domains are inclusive of many uncontrollable variables. For example, an increase in perceived self and social support does not necessarily make a practice environment more tolerable to work in, or resolve a professional interpersonal conflict. However, a group such as this can provide psychoeducation on tools and strategies to manage these situations more effectively. In other words, this group may not directly impact the specific situations causing participants' stress, but rather can impact the ability of the participant to efficiently respond to the stressor, while also offering a nonjudgmental space to troubleshoot with professional peers.

Indeed, professional peer support programs facilitated by mental health clinicians have been shown to:

- Promote connectiveness and supportive relationships among participants;
- Provide effective coping and problem-solving skills;
- Identify individuals at greater risk and connect them to mental health resources; and
- Offer access to confidential, timely, effective treatment.

In turn, the evidence-based benefits of attending a professional peer-support group include:

- **Normalization and Validation:** Professional peer groups normalize and validate occupation-related stressors, in addition to the specific concerns veterinarians take home with them at the end of the day.
- **Protective Factors:** These groups encourage asking for help and discovering what other vets have done in similar situations.
- **Disclosure:** Sharing concerns with fellow vets can aid participants in making sense of what they're going through and remind them they are not alone.
- **Community Engagement:** By participating in a group, veterinarians are giving back to their professional community via their commitment to both current and future members (as the program grows and improves).
- **Health:** Involvement in such groups has been shown to result in enhanced physical health, reduced stress, decreased mood symptoms, reduced engagement in avoidance strategies, and a lower risk of self-harm and suicide.

Sources:

Cohen, S., Kamarck, T., & Mermelstein, R. (1994). Perceived stress scale. *Measuring stress: A guide for health and social scientists*, 10, 1-2.

Stamm, B. (2010). The concise manual for the professional quality of life scale.

Stone, D. M., Holland, K. M., Bartholow, B. N., Crosby, A. E., Davis, S. P., & Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practice.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41.