

# Mental health in the head catch: Erasing the line between mental and physical illness

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## Abstract

Similar to cattle in the head catch, mental illness and its effects are not going anywhere in the veterinary field. This paper addresses mental health stigma in the veterinary field and provides both concrete tools to address this challenge as well as recommendations for future direction. After a brief literature review of mental health in the veterinary field, a constructive critique is offered regarding how the field appears to be minimizing and distorting the effects of mental illness. There appears to be an imbalance between emphasizing “wellbeing” and euphemizing mental illness. Lastly, some concrete tools and recommendations are provided by encouraging the use of local resources, national resources and actively working to build empathy versus apathy for those who struggle with mental illness. In this light, two brief and true case studies are presented as means to generate empathy versus apathy.

**Key words:** mental illness, veterinary field, stigma

## Introduction

The veterinary field might do well to look at other professions that are beginning to address its associated challenges with mental illness. For instance, law enforcement officers have started to acknowledge that they are more likely to die by suicide than in the line of duty. In 2019, there were an estimated 228 law enforcement officer suicide deaths and 134 deaths in the line of duty.<sup>1</sup> Organizations within the law enforcement profession are pushing to address these dire needs. Law enforcement understands “mental health is in their head catch”. It is not going anywhere. If ignored, the professionals suffer. The veterinary field may use such professions as guides to address their own challenges with accepting mental illness as a force in their field.

I am a practicing and licensed mental health therapist in the state of Kansas and a clinical psychologist by trade. I also happen to be happily married to a veterinarian who is a mixed animal practitioner and practice owner in rural Kansas. My life is intertwined with your profession. I have assisted in many veterinary tasks at the clinic from kennels to C-sections as well as felt the tribulations of ownership. Last year at AABP I sat with my wife at the Saturday luncheon and found the “Suicide Hotline” PowerPoint slide on the big screen unsettling. It was not unsettling because it was about suicide but because there had been no mention of mental illness or

suicide anywhere else at the conference. I hope that the AABP and the veterinary field are grateful to Dr. Fred Gingrich for having the courage to post the slide, share his story and acknowledge something that is not easy to discuss or address.

In this paper I will start by detailing a popular activity that demonstrates the power of mental illness stigma. Then, a brief literature review of mental health in the veterinary field is shared. Perhaps most importantly, I aim to highlight how the veterinary field appears to be minimizing and euphemizing mental illness in the research and in some of its major organizations. Specifically, there seems to be strong attachment to the word “wellbeing”. This attachment can distort the presence of mental illness and propagate the stigma. Lastly, the paper explores ways to address this challenge in the veterinary field by utilizing local and national resources as well as working to build “empathy versus apathy” for those with mental illness. Two brief case studies will focus on the idea of how empathy can lead to better outcomes for both people who suffer from mental illness as well as their teammates and the field at large.

## Mental Illness Stigma

Please lend your attention to this brief activity. Bring to mind commonly used adjectives society uses to describe a person who has been living with cancer for three years. Before proceeding, highlight a few of these adjectives in your mind. Words such as “fighter”; “survivor”; “tough” and “courageous” may have entered your thought. Now, bring to mind commonly used adjectives society uses to describe a person who has been living with schizophrenia for three years. Before proceeding, highlight a few of these in your mind. Adjectives such as “crazy”; “freak”; “dangerous” and “dirty” may have entered your thought. This brief exercise demonstrates the presence of stigma in our culture. Schizophrenia, like cancer, possesses a significant “medical” or “physiological” basis.<sup>4</sup> However, there is a stark contrast in how people perceive the woman who has lost all of her hair due to cancer treatment versus the woman being held in an adult psychiatric inpatient facility. Both are survivors and both show extraordinary resilience. The woman in the psychiatric facility did not choose schizophrenia any more than the woman receiving chemotherapy “chose cancer”.

Nonetheless, American society often conceptualizes mental illness this way. At its worst, mental illness is viewed as some sort of choice or moral failure. “If you worked harder at it then you would not have to deal with this depression

(anxiety, panic etc.). Notably, people falsely reason in the same way when blaming sexual assault victims with conclusions like, “This would not have happened if she didn’t dress like that”. Social psychology offers a slew of phenomena that help explain such fallacious thought processes. One idea is called the Just-World Hypothesis.<sup>7</sup> Through a series of interesting experiments Lerner and Simmons demonstrated that we generally believe people “get what they deserve”.<sup>7</sup> Further, if there is nothing that can be done to intervene then people begin to blame and devalue the victim of the bad circumstance. The drive for humans to believe the world is “just” is powerful. However, it seems this dynamic is less present for people battling traditional medical diseases. Cancer is generally something that happens “to” people. Whereas people often perceive mental illness as phenomena that occur because people “can’t handle it” or are flawed in some way.

### Veterinarians and Mental Health

The study of mental health in the veterinary field is somewhat of a new academic frontier. There have been some intermittent studies published over the decades but it has not been until the last ten years that larger scale studies in the U.S. have been published. It seems there are two major studies in the field. The two studies also appear at odds in some ways.

Nett et al conducted the first major study and it represents a large sampling of veterinarians from across the country and from all different disciplines in the field ( $N = 11,627$ ).<sup>8</sup> The study conveyed notable concern about the mental health of veterinarians. The results indicated that 9% of veterinarians struggle with “severe psychological distress”; 31% have suffered from a depressive episode since leaving veterinary school; and 17% have experienced suicidal ideation since leaving veterinary school. The study breaks down these statistics in great detail regarding types of veterinarians (small animal, large animal, food industry, academia, etc.) and their roles (e.g. associate, owner etc.). It is a very informative and transparent report.

The second major study was sponsored by Merck and completed by Volk et al.<sup>11</sup> It is explicit in its purpose: because other studies had noted significant concern about veterinarians’ mental health, the researchers wanted to complete a “definitive assessment” (p. 1231) on the matter. However, although the study was published in the *Journal of the American Veterinary Medical Association*, it explicitly states it is not peer-reviewed. In addition the study seems to lack transparency as well as detail. For instance, Volk et al does not identify their findings by type of veterinarian whereas Nett et al categorizes its data according to 13 different kinds of veterinarians.<sup>8,11</sup> Similarly, Nett et al shares specific results from respondents in all 50 states except one.<sup>8</sup> Lastly, the sample size in Volk et al ( $N = 3,540$ ) is about a third of the size of Nett et al.<sup>8,11</sup> Of course, different studies collect different data in different ways. However, because of the lack of detail given about the data sample and how different characteristics

(e.g. type of veterinarian) relate to its results, asserting this is a “definitive assessment” of veterinarian mental health seems debatable.

Notably, in Volk et al there is no literature review of the previous findings on mental illness in the veterinary field.<sup>11</sup> Nett et al is mentioned briefly twice in the entire article and no other previous research on the topic is reviewed.<sup>11</sup> Other important research has been conducted that was completely unmentioned. For instance, Skipper and Williams published a peer-reviewed article entitled, “Failure to Acknowledge High Suicide Risk Among Veterinarians”.<sup>9</sup> Of 701 licensed veterinarians in Alabama, 66% reported clinical depression in their past and 24% reported seriously considering suicide since beginning veterinary school. In another frequently cited study, Bartram, Yadegarfar, and Balwin found that approximately 20% of veterinarians in the United Kingdom possess symptoms congruent with possible or probable depression.<sup>3</sup> Further, approximately 26% of respondents reported symptoms aligned with probable cases of anxiety.

In addition, Volk et al appears to construct a narrative that minimizes the presence and impact of mental illness in the veterinary field.<sup>11</sup> The title of the study is the “Merck Animal Health Veterinary Wellbeing Study”. Its very title begins distancing the field from “mental illness” or “mental health”. The study explicitly parses “wellbeing” and “mental illness” into two separate entities. On one hand, the split makes sense as they assert people can “have low wellbeing but still be mentally healthy” (p. 1236). On the other hand, this separation ultimately allows the field to minimize mental illness, invalidate people struggling with mental illness and propagate the stigma.

Consider a veterinarian who becomes so paralyzed by self-doubt and financial debt that their work absenteeism significantly increases because they do not have the energy to get out of bed. Is this veterinarian’s clinical depression a problem with wellbeing? Alternatively, consider another veterinarian who starts having nightmares about an influx of euthanasia procedures, some of which have not gone well. Post-traumatic stress disorder (PTSD) symptoms are not simply problems with wellbeing. Pushing a narrative about “wellbeing” throughout the field may invalidate the emotional pain and propagate the stigma of mental illness. These people who suffer and their support systems need to understand what they are battling instead relying solely on practicing “wellbeing” exercises and hoping their symptoms subside.

The aforementioned “wellbeing” paradigm appears to permeate the veterinary field. On the American Veterinary Medical Association’s (AVMA) website there is a “Wellbeing” page.<sup>12</sup> It is entitled “Wellbeing” with subheadings including “Assess your Wellbeing”; “Workplace Wellbeing” and “Wellbeing Events, trainings and CE Opportunities”. Imagine if the veterinarians in the previous paragraph with clinical depression or PTSD went to this page? The message received might be, “You have a problem in how you approach wellbeing! Start caring for yourself.” Consequently, these veterinarians may

feel invalidated or worse minimize their own challenges and not receive the help they need.

Further, if someone is suffering from a mental illness there are few resources on the AVMA website to directly address their challenges. There is no information that normalizes the presence of mental illness, discussion about how to attain professional help or information to help people learn more about their symptoms. For instance, if a veterinarian takes the Professional Quality of Life Assessment the AVMA website offers, which actually asks a few questions relating to depression and PTSD, it simply directs respondents back to the main page to start making a “self-care plan”. The AVMA does host and deliver a “Workplace Wellbeing Certificate Program” where individuals or groups can learn about suicide prevention and intervention among other wellbeing components. However, aside from some suicide awareness and lifeline information, the main message appears analogous to that of Volk et al: our field may struggle with wellbeing but not mental illness.

### **The Concern with “Wellbeing”**

American society as well as the veterinary field must continue to reflect on the possible consequences on unevenly emphasizing “wellbeing” while minimizing “mental illness”. People have been writing about this quandary for decades. A famous sociologist, Bacrach asserts that society plays semantic games in order to minimize complexity, evade and ultimately deny the existence of something.<sup>2</sup> Bacrach notes,

“...one of the most insidious semantic games that we play revolves around the denial that the mentally ill are in fact ill (Talbot, 1984). Sometimes we go considerable lengths to reinforce this notion (Szasz, 1982), but that does not make illness go away” (p.12).

In other words, we can label modern day problems as challenges with wellbeing and push a barrage of healthy practices but that does not change the fact that some veterinarians suffer from psychological pain more intense and/or chronic than “low wellbeing”. At worst, these problems sometimes lead to death. Tomasi et al found the actual rates of suicide deaths for male and female veterinarians are higher than the general population at 2.1x and 3.5x, respectively.<sup>10</sup>

This quandary still surfaces in more current research with the subfield of Positive Psychology. In the 1990s, a famous psychologist named Martin Seligman realized much of psychology is focused on deficits and not positive attributes of individuals. The Positive Psychology philosophy espouses positivity and pushes related interventions. Seligman’s school of thought was insightful. Since the 1990s much research and practice has been devoted to Positive Psychology.

However, one of the most notable philosophical critiques that many scholars have made toward Positive Psychol-

ogy is how to address psychologically painful, “non-positive” and chronic problems. The following quotation is cited in a major critique of positive psychology.<sup>6</sup> It is from a woman named Laura King who had received a major award in the field of Positive Psychology:

“Another pitfall of focusing on positive emotional experience as definitive of the good life is the tendency to view any negative emotion as problematic. Thus, the experience of distress, regret, and disappointment are often viewed as negative experiences, certainly to be avoided. How realistic is it to expect that adults will weather all of life’s storms with nary a regret?...Yet, the focus on the maximization of positive affect and minimization of negative affect has led to a view of the happy person as a well-defended fortress, invulnerable to the vicissitudes of life...Perhaps focusing so much on subjective well-being, we have missed the somewhat more ambivalent truth of the good life.” (King, 2001, as cited in Held, 2004, p.15).

Many contemporary scholars and practitioners caution a similar message of concern. There is substantial risk for harm when society unevenly focuses on wellbeing and positivity as opposed to acknowledging and working with psychological suffering.

### **Recommendations for the Veterinary Field**

Balancing wellbeing with acknowledging mental illness may seem difficult but practical steps can be taken to achieve it. The rest of the paper will work to highlight potential solutions. I explore the identification and use of resources as well as how these resources can help cultivate empathy and thus better outcomes. I use two short case studies to reinforce these ideas.

### **Professionals and Experts**

One practical step the veterinary field can take in building a good foundation for becoming more informed about mental illness and related intervention is to reach out to professionals on local and national levels. In a review of the veterinary field mental health resources and research literature, there are surprisingly few mental health experts and researchers involved in the field. Many of the research articles published are studies conducted by DVMs or medical researchers but there are almost no psychologists and only a few PhD-level social workers. Nevertheless, the expertise is scarce. An observer of the field could perceive veterinary mental health as a largely untapped “frontier” for both research and intervention. Lucky for the veterinary field, academic psychologists/social workers need to publish and practicing psychologists/social workers generally

get excited about new groups of people they might be able to help.

On local/regional levels, mental health experts reside in mental health centers, private practices and non-profit organizations. Sometimes these agencies are happy to provide training about mental health for little or no cost. For instance, High Plains Mental Health Center in central Kansas provides a fantastic and popular training called Mental Health First Aid. The training is a day in length and addresses the basic recognition of mental illness or severe psychological distress and how to intervene. Many industries take this training due to impact of mental illness in their fields. The veterinary field could offer Mental Health First Aid or similar trainings at their conferences. The training could also become a single day in the four-year educational curriculum of veterinary students.

In addition, most places (except extremely rural) have a National Alliance on Mental Illness (NAMI) chapter. Some NAMI chapters offer programs to learn about mental illness and understand stigma further. They can be an extremely valuable resource. Lastly, local Universities often have resources that may be helpful. This can range from trainings that different academic departments may offer to connecting with resources in the community.

### **Knowledge is Power**

Cultivating knowledge of mental illness can decrease the related stigma and increase empathy. Research suggests that possessing empathy may contribute to the recognition and healthy response to people who struggle with mental illness.<sup>4</sup> Two brief and true case examples in the veterinary field follow. The main theme in each case example is “building empathy vs. apathy” for individuals with different mental health challenges. Each example will ask the reader to examine the benefits of cultivating empathy versus allowing apathy to fester.

In the veterinary field, increased empathy and understanding might lead to better intervention toward oneself or others in the workplace. Empathy and understanding may allow veterinarians to let go of stressors more adaptively. Lastly, it might ultimately enrich the relationships veterinarians have with themselves and with others.

#### *Case Example One: Jessica*

Jessica was in her third year out of veterinary school. She was a fantastic veterinarian and the community loved her. At the same time, Jessica hosted an assortment of challenges related to anxiety and psychological trauma. She had great difficulty expressing herself when she was stressed. She sometimes became highly overwhelmed and then began making demands without realizing the impact of her demands. She struggled asking for help during these times. Although Jessica conveyed very genuine emotion when working with clients, if she was having a frustrating day in her personal or professional life, sometimes these emotions bled through into

the workday. Jessica also struggled with benign touch from others such as an encouraging hand on the shoulder or a hug. Lastly, Jessica lacked social knowledge. Her misunderstanding of social colloquialisms often caused her to ask awkward clarifying questions in social conversation.

One day, Jessica made casual mention that she never wears jewelry on the left side of her body. She only wears earrings, bracelets and rings on the right side of her body. This information combined with some of her challenges was enough to suspect that Jessica had some sort of history of childhood trauma, probably emotional and sexual abuse. As people grew closer with Jessica, she shared these traumas were true.

Jessica’s employer and team members had a choice. For Jessica, her team members chose to perceive her challenges as “quirky” and even “endearing”. However, it would have been easy for Jessica to work in an environment where her employer and team members did not care about how her background had shaped her and what she had overcome. In this alternative environment, Jessica may be viewed as “annoying” and worst “juvenile”. The difference is whether her team could empathize with her and be open to how mental health and psychological trauma impact people. An understanding of these dynamics enables empathy to grow.

Lastly, it should be noted Jessica shared she had worked extensively in mental health therapy. She also took psychotropic medications to help her. She was a wonderful advocate for attaining psychological help when needed while honoring one’s own challenges.

#### *Case Example Two: Brandon*

Brandon was entering his third year of veterinary school when he sought to complete an extended non-program related externship. Brandon appeared ambitious as he was not obligated to do this voluntarily and he had traveled far to complete it. During his externship he resided in a house provided for him and other students. Several other female veterinary students occupied this space with him.

Shortly into his externship, Brandon started to display some notable and mildly concerning behaviors. Although he was a handsome young man, he was very socially awkward. His timing and phrasing of words seemed unnatural and disjointed. In addition, he appeared generally ungrateful for his space and provisions. He rolled his eyes at the house owner when he learned the clothing dryer was temporarily disabled. He expected his housemates to make his meals for him and never once contributed funds for food. One workday, a technician in the clinic brought cheeseburgers for everyone and he offered her five dollars if he could have them for himself instead of people sharing. Lastly, Brandon possessed a strong and unpleasant body odor for most of his externship. He appeared to struggle with maintaining regular hygiene.

Some of Brandon’s challenges might be overlooked if he had been a hard and competent worker but this was not the case. He was intellectually bright but struggled with engaging

clients. He also voiced significant frustration regarding having to complete smaller tasks such as taking care of kennels (every other student shared this responsibility, too).

It would be easy to perceive Brandon apathetically. One might think he is “spoiled” or narcissistic. Some of these interpretations may carry some weight. However, if people are willing to look beyond the surface then other explanations relating mental health may emerge.

There were two characteristics about Brandon that seemed to suggest he was struggling with something beyond merely being spoiled or narcissistic. Brandon was painfully socially awkward. He seemed to lack insight into normal give and take interactions. He made annoying complaints without any apparent awareness that he was acting in a rude manner. Brandon also did not appear to know he possessed a strong body odor each day.

It may be that Brandon had a very high IQ, he was somewhere along the Autism Spectrum or that he had some serious childhood trauma such as significant neglect of some kind. All three explanations could explain his lack of social skills as well as lack of self-awareness. Any time someone looks beyond the surface presentation there can be deeper and meaningful explanations that emerge. These explanations can then create empathy and better intervention.

Before Brandon left his externship placement, the head veterinarian sat down with him to dinner and explained some of the observations and frustrations during Brandon’s time at the clinic. The goal was to try to process with Brandon and maybe provide a learning opportunity. Brandon reportedly responded well to this discussion. He cried pretty heavily. The veterinarian sat with him and allowed him to cry. Brandon shared that despite wanting to be a general practitioner he knows he is not good with people. The main message the veterinarian conveyed is that Brandon should engage in extensive self-reflection. If he truly is not good with people, he might find a different place in the field that involves less human interaction. It would have been much easier to write Brandon off and not have this conversation with him. Perhaps it will serve as a catalyst for Brandon to find a happy and suitable place in the veterinary field.

### Conclusion

The veterinary field is coping with many of the same pains other professions are such as law enforcement regarding mental illness. Though DVMs are not mental health experts, they are being asked to take care of themselves and their teams better. My goal in this paper was to highlight how mental health stigma can develop, review some of the mental health literature in the veterinary field and deliver a precautionary flag regarding how veterinary medicine appears to be conceptualizing and addressing mental illness. In response, I offered some ideas about how to alter this trajectory.

It seems like every month my wife informs me she read that another veterinarian has died by suicide. We recently

had at veterinary student stay with us who disclosed that a faculty member had killed himself and the school dismissed the incident and failed to provide students with any kind of understanding of what had happened. She cried as she described her experience to us. It was someone she cared about and no one seemed to want to acknowledge the man died by suicide and was probably suffering from a mental illness. This is a perfect example of the emotional harm that can occur when mental illness is minimized and distorted. If the veterinary field can begin to acknowledge and address these difficult topics then students such as this young person who was crying on our couch will not feel empty, uncertain and invalidated. Further the stigma of mental illness will not be propagated through distortion and minimization.

The veterinary field has the opportunity to begin focusing on both wellbeing and mental illness in a more balanced manner. Using local resources such as local mental health centers and programs such as Mental Health First Aid can help make this change. What would it look like if Mental Health First Aid were offered as an option throughout the day at major conferences or as part of a required graduate school curriculum? On a national level, major organizations can stop euphemizing and minimizing mental illness. They can also better acknowledge the research showing veterinarians are not merely struggling with low wellbeing. The veterinary field needs to collectively consider how much it is willing to pay if it continues to dismiss these challenges.

### Acknowledgements

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