

Guidelines for the prevention of Workplace mental health problems: Adaptation to the veterinary sector

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Executive Summary

Key messages

In order to assist organisations wishing to implement a strategy for the prevention of mental health problems, ISCRR has funded the development of guidelines for workplaces. The veterinary sector was considered an appropriate setting for sector-specific adaptation of the Guidelines as recent Australian research has shown that veterinarians are at higher risk of depression, anxiety, stress, burnout, and suicide compared to the general population.

Purpose

The aim of this phase of our larger ISCRR-funded project was to adapt our generic workplace Guidelines to the specific needs of the veterinary sector. In addition, the strategy development workshop approach used may be replicated by other sectors wishing to adapt the generic Guidelines to their context.

Rationale

The veterinary sector was considered an appropriate setting for the project as recent Australian research has shown that veterinarians report higher than average levels of depression, anxiety, stress and burnout, compared to the general population. Research has also found veterinary surgeons to be at a four time greater risk of suicide than the general population and two times that of other health care professions [1-3].

Methods

Participants, who included new graduate vets, mid-career vets, senior vets, vet nurses, support staff and clinic managers, attended a one-day workshop designed and facilitated by the researchers and a team of organisational psychologists. Participants were asked to contribute to a series of group discussions centred around the contributing factors to suicide, high stress levels, mental disorders and burnout in those working in the veterinary sector; the impact of these factors; the relevance, feasibility and impact of implementing the strategies outlined in the guidelines and short-term, medium-term and long-term interventions that might be implemented.

Research findings& implications

The main contributing factors to suicide, high stress levels, mental disorders and burnout were identified as:

- Workload
- Leadership and management issues
- Issues relating to the gap between the expectations and the reality of being a vet
- Communication issues (including managing clients expectations)

- Lack of support (including professional support)
- Access to drugs
- Gender issues (including managing a workforce with a high percentage of women and issues around women being accepted as competent professionals (particularly in rural communities)).

In terms of the impact of these contributing factors, issues relating to lack of support and managing the expectations of those entering and working in the profession were the only issues rated as highly significant across all sectors other than the university sector. When considering the relevance, feasibility and impact of the different sections of the guidelines for prevention of workplace mental health problem, developing a positive work environment was seen as the most important area across all sectors.

Next Steps

This report presents the outcomes of a workshop devoted to the adaptation of our previously-published workplace Guidelines to the veterinary sector. The set of priorities distilled from the Guidelines through this process can be adapted at the sector level (e.g., by the Australian Veterinary Association (AVA) and the university/veterinary education) or at the organisational level (by individual veterinary practices, hospitals, etc.). Importantly, these outcomes represent only one step in the pathway to implementation of preventive strategies, having identified priorities for **what** to do, which then requires further development on **how** to address these priorities at the sector or organisational level. The high level of interest in the workshop outcomes from the veterinary sector suggests that further development towards implementation is likely to occur.

1 Background

1.1 Mental health problems in the workplace

Mental health problems represent a growing concern in the workplace, with impacts on workers (e.g., discrimination), organisations (e.g., lost productivity), and workplace health authorities (e.g., rising job stress-related claims) [4, 5]. The cost of depression among working Australians has been estimated at \$12.6B nationally per year, with 15% or more of prevalent depression being attributable to job stress [6].

The workplace is increasingly recognised as an important setting for health promotion and prevention, not only to address health problems caused by work, but also to address non work-related problems that may become visible or be exacerbated within the working environment [6-9]. Until relatively recently, much workplace health promotion activity has focussed on physical, rather than mental health promotion [10] and the literature on the prevention of mental health problems in the workplace is relatively limited [11]. This is particularly true in the Australian context, as the majority of research has been carried out in Europe and the US, which have different health and occupational health and safety (OHS) regulatory frameworks. However, some evidence suggests that workplace interventions may produce improvements in mental health literacy [12] and reduce depression and anxiety symptoms [8].

1.2 Workplace prevention of mental health problems: Guidelines for organisations

The first phase of the current project involved the development of guidelines for organisations wishing to implement a strategy for workplace prevention of mental health problems, encompassing mental health problems that may be caused by work, and also those that may become apparent in the working environment [13]. The resulting guidelines have been disseminated and are available at <http://prevention.workplace-mentalhealth.net.au/>. Once established, the guidelines may be used to facilitate the development of mental health problem prevention policy and practice in workplaces.

However, organisations wishing to implement the guidelines are likely to need assistance in tailoring the guidelines to their particular organisational contexts. The aim of this, the second phase of the project, was to conduct a workshop to present and pilot an approach that can be used by organisations considering using the guidelines to implement a mental health problem prevention strategy.

1.3 Mental health problems and the veterinary sector

The veterinary sector was considered an appropriate setting for the project as recent Australian research has shown that veterinarians report higher than average levels of depression, anxiety, stress and burnout, compared to the general population. Research has also found veterinary surgeons to be at a four time greater risk of suicide than the general

population and two times that of other health care professions [1-3]. While the exact reason for these findings is unclear, early research indicates problems with workload, work-to-home interference and interpersonal breakdowns to be key contributory factors [1-3]. These factors can vary across type of practice (e.g., bovine versus small versus mixed practice) and gender groups. There are also differences among clinical versus non-clinical veterinary surgeons with the former being at a greater risk of psychosocial stress and demoralization, which makes them more likely to engage in binge drinking and regular drug use [1-3].

As in many other occupations, high job demands (e.g., time pressures and work overload), low supervisor or collegial support and low levels of control (i.e., latitude in deciding how to do one's work) have been found to be significant sources of stress in vets. It is important to address these issues. Chronic exposure to stressful situations at work represents a serious public health issue as well as a major barrier to organisational success. In health terms, common job stressors such as work overload, role conflict, poor feedback mechanisms and low job control are associated with a range of physical (e.g., cardiovascular disease), psychological (e.g., depression), social (e.g., interpersonal conflict) and behavioural (e.g., alcohol and other drug abuse) health problems. For the organisation, prolonged job stress can contribute to a number of outcomes which are critical to organisational success, including increased absenteeism, heightened labour turnover and declining job performance.

2 Methods

2.1 Participants and recruitment

Participants for the workshop were recruited via an email invitation from existing contacts of the research team, made during the context of work undertaken in another project. The workshop was advertised to potential participants (new graduate vets, mid-career vets, senior vets, vet nurses and support staff, clinic managers etc.) through the Faculty of Veterinary Science at the University of Melbourne, Lort Smith Animal Hospital and the Australian Veterinary Association (AVA). Interested participants were asked to contact the researchers directly via email or phone to receive further information about the workshop. The researchers provided prospective participants with information on the study in the form of a Plain Language Statement. Participants were asked to indicate their voluntary participation by completing a consent form.

2.2 Workshop

Consenting participants attended a one-day workshop, held on October 10 2013 in Melbourne. The workshop was designed by the researchers and an external party of organisational psychologists with expertise in this research approach (PeopleScape). PeopleScape staff facilitated the workshop.

Prior to the workshop, participants were sent a copy of the *Workplace prevention of mental health problems: Guidelines for organisations*. On arrival, participants were divided into

groups according to their workplace type: small organisations, large organisations, the tertiary sector, rural organisations.

After an introductory session outlining the background and purpose of the workshop, participants were asked to contribute to a series of group discussions. These discussions centred around the following topics:

- Contributing factors to suicide, high stress levels, mental disorders and burnout in those working in the veterinary sector
- Impact, prevalence and growth (increase or decrease in prevalence) of the key contributing factors
- Prioritisation of Mental Health Guidelines for Veterinary Sector (relevance, feasibility and impact)
- Action Planning (short-term, medium-term and long-term interventions)

Notes from each group discussion were taken by a researcher using the templates given in Appendix A. The Workshop Facilitator Guide or running sheet (the schedule of the day), is attached in Appendix B. These Appendix materials can be adapted for use in other sectors or work contexts wishing to use a similar approach to tailoring the Guidelines. We would note that this engagement strategy and workshop approach was selected to suit the circumstances at hand, namely that we had an established relationship with a number of organisations in the veterinary sector and therefore networks through which to recruit participants (accessible), there was reasonable consensus within the sector that workplace mental health was a concern, and there was an expressed interest in developing workplace mental health intervention strategies for a variety of contexts in the sector (small versus large practices, education/training settings, rural/isolated practices—sector receptive/ready to change). In other circumstances, different approaches might be required. For example, a Future Enquiry approach might be preferable where there is conflict over the issue at hand, or where workshop participants have widely varying levels of power (e.g., hourly workers versus senior managers) and might suffer recriminations from expression of critical views (e.g., if participants of varying power levels included in same workshop). “Future Enquiry” and “Health Circles” are examples of other methods that could be considered.¹

3 Results

3.1 Sociodemographic characteristics of participants

Detailed sociodemographic characteristics of participants are given in Table 1. Of 30 participants, 70% (21) were female and 30% (9) were male. Thirty per cent (9) of participants

¹ See points 4 and 5, page 35 in LaMontagne & Keegel 2012, available open access at http://www.vichealth.vic.gov.au/~/_/media/ResourceCentre/PublicationsandResources/Economic%20participation/2012%20workplace/CHW_Stress_Full_Web_Final.ashx.

were in 45-54 age group, 27% (8) were in the 25-34 age group, 13% (4) were in the 35-44 age group, 20% (6) were in the 55-64 age group and 10% (3) were in the 65+ age group.

Table 1 Sociodemographic characteristics of participants

ID	Sex	Age group	Organisational Role	Organisation	Group
1	Female	25-34	Veterinary Officer - Epidemiology	DEPI	Large Organisations
2	Female	35-44	Principal Vet Officer	DEPI	Large Organisations
3	Female	35-44	Senior Vet	Lort Smith	Large Organisations
4	Male	25-34	Vet/Manager	Lort Smith	Large Organisations
5	Male	45-54	Chief Veterinarian	RSPCA Victoria	Large Organisations
6	Female	45-54	Vet Nurse	Animal Aid	Large Organisations
7	Female	25-34	Senior Vet/Practice Manager	Animal Aid	Large Organisations
8	Female	25-34	Area Manager	Greencross Vets	Large Organisations
9	Male	45-54	University of Melbourne/VPRBV	Assoc Prof	Small Rurals
10	Female	65+	AVA	Consultant	Small Rurals
11	Female	25-34	ACV	ACV Rep/mixed vet	Small Rurals
12	Female	25-34	ACV	ACV Rep/mixed vet	Small Rurals
13	Male	45-54	Warrnambool Vet Clinic	Director mixed vet	Small Rurals
14	Female	25-34	BVC	Associate Vet	Small Rurals
15	Male	55-64	BVC	Owner/Principal Vet	Small Rurals
16	Female	45-54	Lort Smith	Procurement manager	Small Rurals
17	Female	65+	National Treasurer	VVNA	Suburban Clinics
18	Female	55-64	President Victorian Division	AVA	Suburban Clinics
19	Male	55-64	Director	Ex practice	Suburban Clinics
20	Male	45-54	Co-founder	Pet Pak	Suburban Clinics
21	Female	55-64	President of Board	Vet Board	Suburban Clinics

22	Female	45-54	Research Fellow	University of Melbourne	Suburban Clinics
23	Female	45-54	Academic Director for CPD	NZ vet association	University Sector
24	Female	35-44	Associate Programme Director for Clinical Training, Dairy Clinician	Massey University	University Sector
25	Female	45-54	Head of Vet Nursing	University of Melbourne	University Sector
26	Female	35-44	Senior Lecturer Vet Nursing	NMIT	University Sector
27	Male	55-64	External Relations	University of Melbourne	University Sector
28	Female	55-64	Associate Dean Curriculum	University of Melbourne	University Sector
29	Male	65+	Associate Dean Students	University of Melbourne	University Sector
30	Female	25-34	Teacher of Veterinary Nursing	NMIT	University Sector

3.2 Contributing factors to suicide, high stress levels, mental disorders and burnout

Participants were asked to think about each of the following problems: suicide, high stress levels, mental disorders and burnout, and were asked to note what they believed were the positive and negative factors contributing to these problems.

An assessment of the main contributing factors common to all sectors was made in order to identify common themes. In summary these fell into the following broad areas:

- Workload, including work life balance and long working hours. This is a particular problem for vets working in small rural practices as there may be limited alternative after hours support.
- Management, including poor leadership, managing others and managing a business
- Issues relating to the gap between the expectations and the reality of being a vet including the profession being undervalued, salaries, perfectionism, career transition, clear career path. Many participants commented on the gap between the perception of the vet profession by those entering it (as well as the broader community) and the reality of relatively low salaries (compared to e.g. the medical profession) and limited career opportunities. This may present a particular problem for the personality type of young person who is typically attracted to the profession (perfectionist, ambitious etc.).
- Communication issues, including managing clients expectations.

- Social issues including isolation, lack of support and transition into the community. This is particular problem for rural vets who may be new to a community.
- Access to drugs. If this is coupled with a view of death (euthanasia) as a way of ending suffering this may increase the risk of suicide.
- Gender issues. Approximately 70% of the vet profession is now female. Managers of vet practices must therefore manage issues such as maternity leave, shorter working hours etc. In addition, some female vets report a struggle to be accepted as competent professionals (particularly in rural communities).

Detailed outlines of the issues for large organisations, small rural clinics, small suburban clinics and the university sector are given in Tables 2 to 5.

Table 2 Contributing factors: large organisations

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Suicide	<ul style="list-style-type: none"> • Good relationships outside work • Family • Good support network (both outside and inside profession) • Financial stability • Positive relationships with clients (esp in small clinics) • Connections to community high perception of trust and professionalism (feeds into sense of self and identity) • Having the resources to do the job properly • Sense of purpose and meaning • Good work life balance • Other people to talk to about problems • Someone to keep an eye on you • Policies and practices for dealing with difficult situations (larger orgs) • Resources/capacity to delegate and have time off 	<ul style="list-style-type: none"> • Poor work life balance • Social media (bullying etc) • Negative media (for high profile organisations) • Difficulty taking sick days (small practice) • Drugs and alcohol • Lack of control • Poor management understanding of vet-related factors of those working on non-vet-led orgs • Budget constraints • Lack of sleep • Poor interpersonal relationships • Maternity leave/part time work/locums putting stress on other vets • Relentlessness • On call • Long working hours/ unpredictable hours • Increasing expectations • Less support from the profession • Less collaborations • Lack of resources to appropriately transition new

		<p>grads in smaller organisations</p> <ul style="list-style-type: none"> • Inconsistent mentoring
High Stress Levels	<ul style="list-style-type: none"> • Social media (properly used) • Good support network (both outside and inside profession) • Job flexibility • General health (includes diet and exercise) 	<ul style="list-style-type: none"> • Smartphones (always 'on call') • Long working hours/difficulty shutting the door in the face of a sick animal (small orgs) • "Every case is different, but every day is the same" • More competitive • Job insecurity
Mental Disorder	<ul style="list-style-type: none"> • Managing people with mental health/medication issues 	N/A
Burnout	<ul style="list-style-type: none"> • Support from local clinics in the community (special cases), lack of continuing support 	N/A

Table 3 Contributing factors: small rural clinics

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Suicide/Suicidal Behaviour	<ul style="list-style-type: none"> • Mental health first aid – having the discussion 	<ul style="list-style-type: none"> • Isolation • Knowing how to access support • Already under medical supervision • Accumulation of stressors • Pain that they are causing others • Stress of clients – take out on vets • After hours support is limited – number of hours • Relationship breakdown • Secondary stress of farmers and experience of compassion • Transference • Hard to break into the community – ‘fitting in’ in the Kimberley’s for eg foreign environment • Access to means
Stress	<ul style="list-style-type: none"> • Support from community • Small community is more of a support than a hindrance • Experienced vets have been there for a long time • Support and learning to be adaptable • Diversity of the work • Prepared to have a new vet – the community is welcoming 	<ul style="list-style-type: none"> • Salary levels (probably later on in careers) • Irregular working hours • High levels of cases • Exposure to clients • High job demands • Unexpected outcomes – having to explain this to clients • Work-life balance (after hours still working on cases, not getting away) • Unrealistic expectations about their performance • Internal feelings of adequacy/inadequacy • Isolation in the rural area – by yourself making decisions • Limited access to senior staff • After-hours in isolation • Not integrated into the community in the first 12

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
		months <ul style="list-style-type: none"> • Can't be organized as a vet – no chance to structure the day • Need to be adaptable • Dealing with cases that you're not comfortable with (e.g., small animals but dealing with large animals) • Going to isolated places alone
Mental Disorder Anxiety/Depression	<ul style="list-style-type: none"> • Knowing that you have the support • Reducing the stigma – improving communication in the workplace • Acknowledgement up front that vets are high achieving • Being able to understand how to approach individuals in the workplace • Colleagues 	<ul style="list-style-type: none"> • Perfectionism • Selection of individuals
Burnout	<ul style="list-style-type: none"> • Time-away • Having new grads/new work staff – injects new information • Continue to change practices (new grad/staff can bring those ideas) • Can seek people from different universities to bring greater diversity • Practice meetings • Rostering – 9 day a fortnight • A large enough staff that there is greater time off on call • Seeking help from others in the practice • Sharing after hours with other practices in the area • Being collegial with others in the area • Education – teaching 	<ul style="list-style-type: none"> • Day off isn't really a day off • Single person practices mean no day off • On call rostering – feel that they are always on call especially • Long hours • Lack of sleep – after hours calls • 1 in 2 or 1 in 3 weekends • 1 night a week after hours • Compassion fatigue – euthanasia • Others who don't understand why you are euthanizing • Perceptions of others

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
	resilience <ul style="list-style-type: none"> • Stress management of individuals vary 	

Table 4 Contributing factors: small suburban clinics

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Suicide/Suicidal Behaviour	<ul style="list-style-type: none"> • Job satisfaction • Social support 	<ul style="list-style-type: none"> • Lack of self esteem • Inability to ask for help • Poor support • Lack of support • Existing mental illness • Isolation • Loneliness • Easy access to drugs • Culture of Euthanasia – used to the concept of an easy death • Having to be perfect all the time • Time pressure • Only decision maker • Economic stress of the vet – pressure that you have to get that money in • Employee – not being remunerated very well • Feel that we are undervalued for what we do • Lack of understanding from the public about what we do • Less than optimal management of animal – balance costs VS ideal outcome • Time on/off – i.e. shift work • Lack of ability to have regular social interaction with your community • Lack of time off i.e. sick days and leave



Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Stress	<ul style="list-style-type: none"> • Good career choice for the right reasons • Practice management – vets can run their businesses better • Having veterinary networks • AVA membership • Nurses can be members of veterinary nurses councils of Australia • Better career counseling and selection processes for students • Being more proactive in finding the right career choice within industry • Finding a niche market i.e. job satisfaction • Council & educate students about statistics in terms of outcomes & roles available within the industry • Professionals to pro-actively influence universities about career education within industry • Target career advisory people at school • Prevention should start at university education i.e. dealing with difficult people, anger, understanding different personalities 	<ul style="list-style-type: none"> • Managing staff • Fear of conflict with staff and clients • Demands of staff and bosses • Constantly dealing with people who don't get what you are saying • Communication issues – modifying your style to meet the needs of the client • Dealing with challenges • Vets undervalue their services

Table 5 Contributing factors: university sector

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Suicide/Suicidal Behaviour	N/A	<ul style="list-style-type: none"> • Access to means • Comfort with death- euthanasia. • Social isolation – due to workload • Lack of collegial support – not volunteered easily, have to seek out. Related to management practices.
Stress	<ul style="list-style-type: none"> • Professional development – to keep engaged in learning and professional development • Provide education other career paths – both in and out of the profession • Be realistic about the job! • Mentoring – provide meaning for both those in grads and mentors • (Large animals) Relationships with clients – sense of meaning. • Importance of developing relationships with clients and vets • Highlight the importance of communication – this will help relationships -this will provide a sense of meaning • “Life style skills dressed as vet medicine” • Need to highlight the importance of mental health with vets! There is stigma 	<ul style="list-style-type: none"> • Difficulty with bad management – conversations, etc., • Learning curve very steep at the beginning – • Few senior nurses – all leave • Rate of knowledge increase slows down as you become more proficient. • Physical and mental • Feeling trapped • Work – life conflict – particularly females. Losing knowledge and stress. Hand over cases to other people. Can prompt. High pressure and wanting to deal well. Unrealistic expectations of what can do. • Gender imbalance- problems with employing females. Jobs go preferentially to males particularly in rural practice. • Lack of control over job. • Lack of autonomy. – related to the environment • The fact that your behaviour impacts. • Creativity is not encouraged. • Stresses with clients - have to take on anxieties of the client. • Hard to switch off. Conscientiousness. • Artificial lighting – arrival in dark and leave in the dark.

Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
		<ul style="list-style-type: none"> • Access to means • Comfort with death- euthanasia. • Social isolation – due to workload • Lack of collegial support – not volunteered easily, have to seek out. Related to management practices.
Burnout	<ul style="list-style-type: none"> • Career training, support and mentoring. • Side step into pathology 	<ul style="list-style-type: none"> • Career development – reach a dead end. Particular issue to large animal vets. • No clear career path – lack of mentors? • Specialized training – unsure whether they can do anything else.
People leaving the profession	<ul style="list-style-type: none"> • Is this a bad thing? People are able to move into relevant professions with the experience they have gained. 	<ul style="list-style-type: none"> • Work life balance • Stresses of the profession • Expectation-reward imbalance • Less than 50% retention after 10 years. • Also about person-job fit • Financial pressures on the new graduate. Lack of job prospects. Inability to get a job in their chosen profession. • 24 hour day job • Hard to get away • Ethical decisions – euthanasia. Decisions over life and death. • Isolation movement from uni to vet practice

3.3 Categorisation of contributing factors

Participants were asked to think in terms of 'Impact', 'Prevalence', and 'Growth', and whether or not the contributing factor was 'High', 'Medium' or 'Low'. Issues relating to lack of support and managing the expectations of those entering and working in the profession were the only issues rated as highly significant across all sectors other than the university sector.

Detailed summaries of the issues for large organisations, small rural clinics, small suburban clinics and the university sector are given in Tables 6 to 9.

Table 6: Categorisation of Contributing Factors: large organisations

Theme	Impact	Prevalence	Growth	Contributing Factor (High/Medium/Low)
Workload	High	Medium	High	High
Work life balance	High	Medium	Low	Medium
Access to drugs	Medium	Low	Hard to know and depends on types of drugs	Low
Isolation	High	Medium	High	Medium
Lack of support	High (mentoring new grads)	Medium	High	High
Profession being undervalued (\$)	High (new grad) medium (others)	High	High	High
Perfectionism	Medium (new grad), Low (others)	High	Medium	Low
Clients (expectations)	High	Medium	High	High
Communication	High	Medium	High	High (with clients) Medium (workers)
Expectations	High	Medium to High	High	High
Poor leadership	High	Low to Medium	Low	Medium
Managing others	High (managers)	Medium-Low	Low	Medium
Managing a business	High (managers)	Medium-Low	Low	Medium
Long working hours	High	Medium	Low	Medium
Career transition	High (new grads)	High	Medium	High
Clear career path	Medium	Medium	Medium	Medium



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Gender issues	High	High	High	High
Salary	High	High	High	High
Transition into the community	N/A	N/A	N/A	N/A

Table 7: Categorisation of Contributing Factors: small rural clinics

Theme	Impact	Prevalence	Growth	Contributing Factor (High/Medium/Low)
Workload	Medium	High	Low	Medium
Work/life balance	High	High	Medium	High
Access to drugs	High	Low	Medium	Low
Mental Health Issues	High	Medium	High	High
Isolation inc. social isolation	High	High	Low	High
Lack of support	High	Medium	Low	High
Profession being undervalued	High	Low	High	High
Perfectionism	High	High	High	Medium
Clients	Medium	High	High	Medium
Communication	High	High	Low	Medium
Expectations	High	High	High	High
Poor leadership	High	Medium	Low	High
Long working hours	High	Medium	Low	High
Career transition	High	High	N/A	Low
Lack of clear career path	Low	High	Medium	Low
Gender issues	Low	Low	Low	Low
Salary	Medium	High	High	Medium
Transition into the community	High	High	Low	High

Table 8: Categorisation of Contributing Factors: small suburban clinics

Theme	Impact	Prevalence	Growth	Contributing Factor (High/Medium/Low)
Workload	High	Medium	Low	Medium
Worklife balance	High	Medium	Low-Medium	Medium
Access to drugs	High	Low	Low	Low
Isolation	High	Low-Medium	Medium	Low
Lack of support	High	High	Low	High
Profession being undervalued	High	Medium	Medium	Medium
Perfectionism	High	High	High	High
Clients	High	Low	Medium	Medium
Communication	High	High	High	High
Expectations	High	Medium	High	High
Poor leadership	High	Medium-High	Low	Medium
Managing others	High	High	Low	Medium
Managing a business	High	High	High	High
Long working hours	High	Low	Low	Low
Career Transition	Medium	High	High	Medium
Clear career path	High	High	High	Medium
Gender Issues	High	High	High	High
Salary	High	High	High	High
Transition into the community	Low	Low	Low	Low

Table 9: Categorisation of Contributing Factors: university sector

Theme	Impact	Prevalence	Growth	Contributing Factor (High/Medium/Low)
Workload	Students: Very High Staff: High	Students: Very High Staff: High	Students: High. Staff: High	High/ High
Work/life imbalance	Students: Highly out of balance Staff: Highly out of balance	Students: High Staff: High	Students: High Staff: High, resources, increased work. Technology.	High/ High
Access to drugs	Students: Low Staff: Low	Students: Low Staff: Low	Students: Low Staff: Low	Low/ Low
Isolation	Students: Low when in uni Staff: Medium (management)	Students: Low Staff: Medium (management)	Students: Low Staff: High (management)	Low/Medium
Lack of support	Students: Low Staff: Medium	Students: Low Staff: Medium	Students: Low Staff: High	Low/Medium
Profession being under valued	Yes. Always has been. Particularly vet nurses. The Australian vet nurses less well valued. Students: Medium	Students: Medium	Students: High	N/A
Perfectionism	Students: High Staff: High	Students: High Staff: High	Students: Same Staff: Same	High/High (same as always)
Client	Students: Low Staff: High (owners and students)	Students: Low Staff: High	Students: Low Staff: High	Low/High
Communication	Students: High Staff: High	Students: High Staff: High	Students: Low Staff: Improving. Low	Medium/Medium
Expectations (career)	Students: High Staff: High	Students: High Staff: High	Students: High Staff: High	High/High

Poor leadership	Students: Low Staff: High	Students: Low Staff: Medium	Students: Low Staff: Low	Low/Medium
Managing others	Students: Medium Staff: High	Students: Medium Staff: Medium	Students: High Staff: Low	Medium/Medium
Managing the business	Students: Low Staff: High	Student: Low Staff: Low	Student: Medium Staff: High	Low/Medium
Long hours	Students: High Staff: High	Students: High Staff: High	Students: High Staff: High	High/High
Career transitions	Students: High Staff: Medium	Students: High Staff: Medium	Students: Medium Staff: Medium	High/Medium
Career path	Students: High Medium Staff: High	Students: Medium Staff: High	Students: High Staff: Low	Medium/High
Gender issues	Students: Low Staff: High	Students: Low Staff: High	Students: High, but has been this way for 10 years Staff: High, but has been this way for 10 years	Low/High
Salary	Students: High Staff: Medium	Students: High Staff: Medium	Students: Growing Staff: Low	High/Medium
Transition to the community	Students: High Staff: Low	Students: High Staff: Low	Students: Medium Staff: Medium	High/Low

3.5 Prioritisation of prevention areas for focus

Participants were asked to think in terms of relevance, feasibility and impact and whether or not the theme was high, medium or low for the veterinary sector and to prioritise from most (1) to least important (10).

Developing a positive work environment was seen as the most important area across all sectors. Detailed summaries for large organisations, small rural clinics, small suburban clinics and the university sector are given in Tables 10 to 13.

Table 10 Prioritisation: large organisations

Mental Health Guidelines Topic	Relevance (H/M/L)	Feasibility (H/M/L)	Impact (H/M/L)	Prioritisation (Should do) 1-6
Development of positive a work environment	High	High	High	1
Balance job demands with job control	High	Medium	High	2
Appropriately rewarding employees efforts	High	Medium	High	4
Create a fair workplace	Medium	High	Medium	6
Provision of workplace supports	High	Medium	High	3
Effective management of performance issues	High	High	High	4
Provision of training to develop management and leadership skills	Medium	Medium	Medium	7
Supportive change management processes	High	High	High	8
Develop a mental health and wellbeing policy	Medium	Medium	Medium	10
Provision of mental health education	Medium	Medium	Medium	9

Table 11 Prioritisation: small rural clinics

Mental Health Guidelines Topic	Relevance (H/M/L)	Feasibility (H/M/L)	Impact (H/M/L)	Prioritisation (Should do) 1-6
Positive working environment	High	High	High	1
Balancing demands with resources	High	Medium	High	8
Rewards for efforts	High	High	High	2
Fair workplace	High	Medium	High	5
Provision of supports	High	Medium	High	4
Performance management	High	Medium	High	7
Leadership skills	High	Medium	High	6
Change management	High	High	Low	9
Mental health policy	Low	High	Low	10
Mental health education	High	Low	High	3

Table 12 Prioritisation: small suburban clinics

Mental Health Guidelines Topic	Relevance (H/M/L)	Feasibility (H/M/L)	Impact (H/M/L)	Prioritisation (Should do) 1-6
Positive work environment	High	High	High	1
Balance of job demands with job control	High	Low	High	6
Appropriately reward employee efforts	High	High	High	2
Create a fair workplace	High	Medium	Medium	
Provision of workplace support	Medium	Low	High	3
Effectively manage performance issues	High	Medium-Low	High	
Provision of management to develop management and leadership skills	High	Low	Medium	5
Supportive change management process	Low	Low	Low	
Development of mental health policy	High	High	High	4
Provision of mental health education	Medium	Low	Medium	

Table 13 Prioritisation: university sector

Mental Health Guidelines Topic	Relevance (H/M/L)	Feasibility (H/M/L)	Impact (H/M/L)	Prioritisation (Should do) 1-6
Develop a positive work environment that supports and encourages mental health	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	1
Balancing job demands with job control	Student: High Staff: High	Student: Low-Medium Staff: High-Medium	Student: High Staff: High	4
Reward employee efforts	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	5
Fair workplace	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	
Workplace supports	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	
Effective management of performance issues	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	
Leadership skills training	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	2
Supportive change management	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	
Develop a mental health and wellbeing policy	Student: Medium Staff: Medium	Student: High Staff: High	Student: Low Staff: Low	
Provision of mental health education	Student: High Staff: High	Student: High Staff: High	Student: High Staff: High	6

3.6 Action planning

Participants were asked to generate ideas for action plans and to think in terms of short-term, medium-term and long-term interventions. Summaries for large organisations, small rural clinics, small suburban clinics and the university sector are given in Tables 14 to 17.

Table 14 Action planning: large organisations

Focus Area	Action
Short Term (Quick Wins/ 0-6 months)	
Creating a positive work environment	<ul style="list-style-type: none"> • Conduct staff satisfaction/engagement survey or workshops • Staff induction to clarify organisation ethos/purposes/goals/policies • If there isn't one, develop induction process • Implement middle manager – regular catch up • Communication about financial situation in org change • Welcoming new ideas • Open door policy • Regular team meetings
Job demand control	<ul style="list-style-type: none"> • PDs, making sure unwritten arrangements are documented • Reviewing time requirements to complete certain jobs • Allocate a coordinator • Timetabling • SMS system to remind clients about appointments to manage • Using technology to reduce load on staff • Having a regular meeting at which staff are asked when the next holiday is and making sure they take their leave. • Being proactive about making them take their leave
Appropriately rewarding efforts	<ul style="list-style-type: none"> • Positive feedback • Encouraging positive feedback from clients, clients surveys 'what surprised you in a good or bad way?' 'what could we change?' anonymous (opt in) feedback positive and negative. Collect emails of everyone who comes in • Opportunities to give feedback to CEO
Performance management	<ul style="list-style-type: none"> • Make sure there is someone with training to help for MH-related underperformance
Managing staff during times of organizational or role change	<ul style="list-style-type: none"> • Discuss reasons behind why decisions are made • Senior management should ensure that an proposed major changed are properly discussed
Medium Term (6-18 months)	
Job demand/control	<ul style="list-style-type: none"> • Adequate support staff to support vets (nursing staff). ' If I employ a vet a nurse goes with it' • Document employee agreements • Clarifying roles and responsibilities • All team member roles are clearly defined • Ensuring manageable workloads

	<ul style="list-style-type: none"> Sufficient staff to do the work required
Supports	<ul style="list-style-type: none"> Develop a policy/new grad support program for mentoring EAP/chaplain/counsellor
Reward	<ul style="list-style-type: none"> Bonuses/ incentives Implement a scheduled/regular discussion of wages (even if there is not budget for a raise). "Let's talk about your wages' rather than waiting for employee to ask.
Long Term (18 months and beyond)	
Supports	<ul style="list-style-type: none"> Mentoring (AVA)

Table 15 Prioritisation: small rural clinics

Focus Area	Action
Short Term (Quick Wins/ 0-6 months)	
Positive working environment	<ul style="list-style-type: none"> Expressing positive attitudes/emotions Having regular team meetings (whatever form can be formal or just a 'coffee cup meeting') Open lines of communication – ensuring that everyone is heard in a team meeting, open-door policy, multiple forms of communication lines because not all are comfortable in a team meeting, using agendas Team-building activities Leadership and role model Being a good role model in the workplace Being enthusiastic, optimistic and showing confidence in employees Creating supportive culture Promoting mentoring and coaching amongst employees Be honest and transparent in communications with employees Taking action to support employee mental health
Rewards for efforts	<ul style="list-style-type: none"> Verbal praise, positive feedback, making it a priority Visible signs of praise (Facebook comments, cards, pictures) Providing opportunities for team rewards – rewards that include socializing, rewards that benefit the clinic itself and all staff – link it to performance or big events



Mental health education	<ul style="list-style-type: none"> • Providing information sheets in the clinic for employees – access to information • A mental health ‘officer’ • Expectation management- realistic understanding of vet life • Community involvement
Provision of supports	<ul style="list-style-type: none"> • Linking with community – meeting with local community groups • Encourage volunteering – provide list of contacts for sporting organisations and volunteer organisations • Follow up on invitations to social events • Transition into community
Fair workplace	<ul style="list-style-type: none"> • Rostering • Rotation so there is equal opportunity
Medium Term (6-18 months)	
Positive working environment	<ul style="list-style-type: none"> • Maintaining mentoring systems post-initial introduction, developing a system that works – potentially mentoring outside of the practice
Rewards for efforts	<ul style="list-style-type: none"> • Providing extra development activities based on good performance – make sure it’s transparent, using processes • Learning opportunities – e.g., drug reps coming in and allowing everyone the opportunity to learn, professional development opportunities • Ensure employees are paid equitably for the work they do • Praising staff and providing positive feedback for good work achieved • Appropriately acknowledging and rewarding employee’s efforts and achievements in a fair and timely manner • Celebrating shared organisational accomplishments • Evaluating and rewarding team performance
Mental health education	<ul style="list-style-type: none"> • Provide training days – mental health first aid • Providing an access point – those who can be accessed outside of the profession (emergency mental health)
Leadership skills	<ul style="list-style-type: none"> • Develop greater understanding of the productivity issues and business management associated with poor leadership
Fair workplace	<ul style="list-style-type: none"> • Ensuring that everyone has an individual review including setting of expectations and feedback
Long Term (18 months and beyond)	
Positive working environment	<ul style="list-style-type: none"> • Coaching and mentoring system at the peak body level, something centralised

Mental health education	<ul style="list-style-type: none"> • Education model – build awareness
Leadership skills	<ul style="list-style-type: none"> • Include mental health as a module in practice management groups or an issue at the profession level

Table 16 Prioritisation: small suburban clinics

Focus Area	Action
Short Term (Quick Wins/ 0-6 months)	
Positive work environment	<ul style="list-style-type: none"> • Training course on positive work environment via AVA • Development of training kit designed for small clinics via AVA
Appropriately rewarding employee efforts	<ul style="list-style-type: none"> • Encouraging positive supportive feedback, acknowledge peoples efforts on a regular basis – so this becomes part of the positive culture, how we work around here
Provision of mental health policy	<ul style="list-style-type: none"> • AVA to develop a template that can be modified by clinics and that it is a work in progress • Take staff through all policies
Medium Term (6-18 months)	
Positive work environment	<ul style="list-style-type: none"> • Development of policy via AVA by someone who has been to a wellness seminar – involve workers in process (develop templates to be used & modified by smaller clinics)
Positive work environment	<ul style="list-style-type: none"> • Leadership Development Program Proposal, road show implementation (ie Eastern region) Senior vets, senior nurses
Provision of support	<ul style="list-style-type: none"> • Be explicit when you employ someone – make time for them and explain what there back up is • Make sure of the resources that are available i.e. oh&s, AVA supports, who to go to, chain of command for complaints, have regular work meetings, opportunities to debrief, have a culture of open communication
Long Term (18 months and beyond)	
Provision of management to develop management	<ul style="list-style-type: none"> • Leadership training program

and leadership skills	
Balance job demands with job control	<ul style="list-style-type: none"> • Increasing fees so as to increase resources • Role design with nurses i.e. work in different areas • After hours clinics that you can refer to • Team consulting – the nurse does a certain amount of preliminary stuff, the vet does the surgery, the nurses do the after care and explain after care • Develop and educate nurses and support them in keep skills up to date to support them taking on higher duties • Better use of resources – utilizing nurses (team consulting) • Lock in lunch breaks in the schedule (short term)

Table 17 Prioritisation: university sector

Focus Area	Action
Short Term (Quick Wins/ 0-6 months)	
Develop a positive workplace environment Develop management and leadership skills	<ul style="list-style-type: none"> • Management – Aim: engagement and education. How to: Talk to occupational health and safety and HR. Get buy in from central administration to the head of department. Talk about how to develop management skills. • Supervisor and managers should be hired on the basis of their ability to demonstrate understanding of leadership capabilities
Medium Term (6-18 months)	
Develop a positive workplace environment	<ul style="list-style-type: none"> • Working group to continue on with work • Workplace seminar – staff and student training and engagement. Involvement. • Managers should ensure that organisational priorities, practices and workplace norms promote a mentally healthy workplace. • Get buy in from management to commit to culture change
Develop management and leadership skills	<ul style="list-style-type: none"> • Position description - Management training required. Frequent skills updating. Must have leadership skills. • Evaluation of staff from colleagues (and students) - mentoring – 360 degree. Coaching. Feedback. <ul style="list-style-type: none"> ○ Particularly in terms of managing conflict and difficult conversations between staff. And how students in their future

	<p>practice</p> <ul style="list-style-type: none"> • Advertising that you are investing in mental health and wellbeing. • Leadership mentoring • Ongoing action research • Managing conflict/difficult conversations
Long Term (18 months and beyond)	
Develop a positive workplace environment	<ul style="list-style-type: none"> • Management – engagement and education • Identify champions – for staff and students • Working group to continue on with work • Workplace seminar – staff and student training and engagement. Involvement
Management of expectations	<ul style="list-style-type: none"> • Find out what staff expect - provide training on real world. Other pathways. Vets from others areas, and vets who are practising. • Return to work – coming back for nurses and vets. Particularly for those who have left and women returning to work after having children. • Training – about it is ok to make mistakes, issues with perfectionism. • Student selection • Different types of vet and non-vet careers • Mentoring of new grads • Refresher/retraining courses
Balancing demands and control	<ul style="list-style-type: none"> • Good management practices • Time management seminars • Keeping on top of curriculum overload/student workload • Workload model/ management especially for clinical staff in the VTH • Step away from the work environment especially emails answered late at night from home • Allowing employees a say to when breaks can be taken • Encourage employees to set work-related goals which give them a sense of purpose and meaning in their work
Appropriately reward behaviour	<ul style="list-style-type: none"> • Leaders should move away from computers etc., to talk to staff about staff • This is about changing of priorities • Ensure employees are paid equitably for the work they do • Ensuring that staff are rewarded for working overtime, either with time off or pay • Praise staff and provide positive feedback • Provide opportunities for career advancement • Evaluating and rewarding team performance as well as individual performance
Providing mental health education	<ul style="list-style-type: none"> • Making mental health training accessible (timing and location) • Encouraged/compulsory • In work time/provide lunch • Mental health week

4 Discussion

This report presents the outcomes of a workshop devoted to the adaptation of our previously-published workplace Guidelines to the veterinary sector. The workshop involved identification of factors contributing to suicide, high stress levels, mental disorders and burnout, categorisation of factors to identify those with high impact and prevalence. Using the guidelines as a basis, the subsequent phases of the process involved prioritisation of areas on which the prevention strategy should focus and identification of specific action plans.

The main contributing factors to suicide, high stress levels, mental disorders and burnout were identified as:

- Workload
- Leadership and management issues
- Issues relating to the gap between the expectations and the reality of being a vet
- Communication issues (including managing clients expectations)
- Lack of support (including professional support)
- Access to drugs
- Gender issues (including managing a workforce with a high percentage of women and issues around women being accepted as competent professionals (particularly in rural communities)).

In terms of the impact of these contributing factors, issues relating to lack of support and managing the expectations of those entering and working in the profession were the only issues rated as highly significant across all sectors other than the university sector. When considering the relevance, feasibility and impact of the different sections of the guidelines for prevention of workplace mental health problem, developing a positive work environment was seen as the most important area across all sectors.

A number of actions arising from the workshop were also identified, including:

- AVA take developed guidelines to the members to get funding to print them
- WA working with federal AVA on implementation
- Outcomes of the workshop to be disseminated to a broader group
- Hold face to face education sessions – regional, branch AVA meetings
- AVJ, emails, websites, ongoing meetings
- Commit to communicating at a local area
- Lort Smith – mental health first aid feedback
- Share with teams at individual practices
- Education sector – communicate this message back to student nurses and vets



- Implementation of relevant aspects of the Guidelines at the Veterinary School at the University of Melbourne Dissemination at vet student conference
- Veterinarians education academia – research and education subcommittee for AVA newsletter
- Nursing council – greater representation on committee

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5 Appendix A

Implementing Workplace prevention of mental health problems: guidelines for organisations

Contributing Factors

Think about each of the issues and note what you believe are the positive and negative factors contributing to the issue.

Your organisation		
Mental Health Outcomes	Protective Factors	Contributing Factors (Negative)
Suicide		
High Stress Levels		
Mental Disorder		
Burnout		

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Prioritisation of areas for implementation

Think in terms of Relevance, Feasibility and Impact and whether or not the theme is High, Medium or Low for your organisation. Prioritise from most to least important.

Your organisation				
Areas of guidelines for implementation	Relevance (H/M/L)	Feasibility (H/M/L)	Impact (H/M/L)	Prioritisation

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Action Planning

Think in terms of Short-term, Medium-term and Long-term interventions

Your organisation	
Focus Area	Action
Short Term (Quick Wins/ 0-6 months)	
Medium Term (6-18 months)	
Long Term (18 months and beyond)	

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Tailoring Workplace Mental Health Guidelines to a Veterinary Context - Strategy Development Workshop

October 2013

Agenda

Facilitator

Hayden Fricke – Director, PeopleScape and Jo Wintle – Senior Consultant, PeopleScape

Project Leader

Associate Professor Tony LaMontagne

Project Team Members: Dr Kathryn Page, Dr Allison Milner, and Irina Tchernitskaia

Purpose

To tailor Workplace Guidelines for Workplace Prevention of Mental Health Problems specifically to the Veterinary Medicine sector to better equip organizations and universities in this setting to prevent mental health problems.

Workshop Objectives

- To provide an overview of the current state of mental health for those working in the veterinary field
- To identify the key factors (positives and negatives) that contribute to mental health in four general veterinary settings
- To develop a priority list of factors that contribute to mental health
- To develop a series of strategies and actions that are aligned to the priority list
- To build a clear action plan for the future (Short, Medium and Long Term)
- To gain buy-in and commitment from key stakeholders in relation to the implementation plan

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Agenda:

Time	Module	Description
9:00am	Welcome	<ul style="list-style-type: none"> • Introduction 1 – Tony LaMontagne (10 mins) <ul style="list-style-type: none"> ○ Tony to provide personal view of why we are here today, and why we are investing time in this (why it is important) ○ What our team does (Work, Health and Wellbeing) ○ Integrated approach to workplace mental health ○ Introduce Hayden • Hayden to provide brief overview of his background • Objectives • Agenda • Ask: what do you want to get out of today?(Discussion in pairs and then share responses with larger group) <ul style="list-style-type: none"> ○ Take notes
9.30am	Research on Mental Health Problems in the Veterinary Sector	<ul style="list-style-type: none"> • Kathryn Page and Allison Milner to present overview of research into mental health in the Veterinary Sector on PowerPoint (and possibly to have notes handouts as well); emphasise both problems and positives where possible; acknowledge that strategies proposed will be the focus of this session later in the day – 20 mins
9.50am	Contributing Factors (positives and negatives)	<p>Small Groups (5-6) – Irina to draft tentative list of groups and then to check in and modify this list on the day to confirm group members based on numbers in each group and on their ability to contribute meaningfully to that group (Use template “Contributing Factors”)</p> <ul style="list-style-type: none"> • Build a list of all the factors that contribute to mental health (positives and negatives) in the veterinary sector across 4 groups (20 minutes). Focus on industry, organisational and individual factors: <ul style="list-style-type: none"> ○ Large organizations ○ Small rural clinics ○ Small suburban clinics ○ University sector • Share the list with the large group to create one combined list <ul style="list-style-type: none"> ○ Jo to take notes on screen and then for the second and subsequent groups to highlight (in “yellow”) all the factors that are similar; leave un-highlighted the factors that are unique to each group so that we have a list of similar and unique causal factors
10.50am	Break	Morning tea
11:05am	Categorization of Contributing Factors	<ul style="list-style-type: none"> • Small Groups (4-5) same groups as above <ul style="list-style-type: none"> ○ Categorize the list of contributing factors that have been identified through the discussion above and from the small groups from “most to least” stressful according to 3 areas: <ul style="list-style-type: none"> • Impact • Prevalence • Growth ○ Use Categorization template for small groups ○ www.iscrr.com.au ○ In larger group, 1 person from each group to

Time	Module	Description
		<p>summarise the key contributing factors based upon this categorization; invite comments from the large group but don't seek to agree on a final list; just capture the information and comments</p> <ul style="list-style-type: none"> ○ Capture this on laptops
11.50am	Workplace Mental Health Guidelines	<ul style="list-style-type: none"> • Kathryn Page or Allison Milner to present an overview of the general guidelines, how they were developed and how they link back to the purpose of today (10 mins) • Also comment on other possible solutions (i.e., other guidelines that might be relevant – considering primary, secondary and tertiary approaches) • Emphasise importance of both leveraging positives and addressing negatives in designing the solutions
12:00pm	Prioritisation of General Solutions from Workplace Mental Health Guidelines	<ul style="list-style-type: none"> • Small Groups (5-6) – same groups as above <ul style="list-style-type: none"> ○ Discuss whether or not there are any general solutions that are missing from the guidelines for the Vet Industry (4 specific workplace settings) ○ Prioritise the list of general solutions (what you “could do”) for the Vet Industry based upon: <ol style="list-style-type: none"> 1. Relevance to Vet Industry and each group 2. Feasibility for Vet Industry and each group 3. Impact for Vet Industry and on each group ○ Use Prioritisation template for small groups
12:30pm	Prioritisation continued	<ul style="list-style-type: none"> • Larger Group (same 4 setting groups) <ul style="list-style-type: none"> ○ Feed results of Prioritisation work back to the larger group decide on top 4-6 major priority areas ○ Use “dotmocracy” decision making process; vote on top 6 and those who disagree are offered the opportunity to explain why their “solution area” should be ahead of another point; facilitate discussion and “vote” again ○ Take notes
1:15pm	Lunch	
2:00pm	Action Planning	<ul style="list-style-type: none"> • Small Groups (5-6) – same groups as above • Develop specific action plans and strategies based upon the priority areas (ensure that each group addresses the contributing factors highlighted earlier this morning) each group to deal with all priority areas – 45 mins <ul style="list-style-type: none"> ○ Use Action Planning template to develop strategies ○ Begin to build action plans under 3 headings: <ul style="list-style-type: none"> • Short Term (0-6 months) • Medium Term (6-18 months) • Long-Term (18 months and beyond) ○ Note: strategies that are long-term may start before 18 months but are unlikely to finish before this time frame and the benefits are likely to be felt over the long-term rather than seen as “quick wins” ○ Show the visual of the matrix of “Effort vs Impact” on PowerPoint ○ Capture this on laptops

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Time	Module	Description
2:45pm	Action Planning	<ul style="list-style-type: none"> • Larger Group <ul style="list-style-type: none"> ○ Feed Action Plans back to larger group (15 minutes for each group to report back; then once all groups have reported back to have a further group discussion about the actions from each group so that they all have an opportunity to contribute to each group's responses) ○ Take notes (use Short, Medium and Long Term template) ○ Highlight in document actions that are similar for each group (then we will have a list of actions that are similar across all groups and those that are unique to each group)
3:30pm	Break	Afternoon tea
3:45pm	Action Planning	<ul style="list-style-type: none"> ○ Continued
4:25pm	What's Next in terms of research	<ul style="list-style-type: none"> • Ask the group: In terms research, beyond what we have presented this morning and what we are doing now, what is already being done? What more is needed? <ul style="list-style-type: none"> ○ Kathryn and Allison to be up front to respond to questions and/or comments about this ○ Jo to capture comments in notes
4:40pm	Summary & next steps	<p>Summarise what has been covered</p> <ul style="list-style-type: none"> • Inform the group of the next steps, which will be: <ul style="list-style-type: none"> ○ PeopleScape to prepare notes from today which will cover: <ul style="list-style-type: none"> • Research; Contributing Factors, Prioritised solutions; Actions Plans ○ "Process" document of "how to do this" and "key outcomes" developed by Tony LaMontagne and his team ○ Discussions with AVA and key stakeholders to determine what will be done with the guidelines (e.g., production/ marketing/ dissemination, more broadly ○ Discussion about what else participants would like to see from today
5:00pm	Finish	<ul style="list-style-type: none"> • Wrap up

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