

RECOGNIZING AND RESPONDING TO MENTAL HEALTH PROBLEMS IN THE WORKPLACE

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Background

Among the general population, psychological disorders are common. Great efforts from mainstream media have been put forth in an attempt to destigmatize almost all forms of mental illness. Veterinary professionals are not exempt from such maladies. Issues such as alcoholism, drug addiction, depression, and compassion-fatigue seem to be prevalent among veterinarians. Unfortunately, veterinarians have statistically proven to be less than willing to accept psychiatric treatment; often there exists a resistance and an overall failure to accept assistance.¹ Research has proven there is no single cause of addiction. Factors such as genetics, environment, mental health issues and the way certain drugs interact with the brain, can serve as catalysts for people to become addicted. It is estimated that more than half of people with substance use disorders also experience mental health problems; commonly anxiety or depression. Recently, in a *USA Today* article, dated February 4th, 2013, Kathleen Sebelius, the United States Secretary of Health and Human Services reminded readers:

“Fifty years ago, President John Kennedy shattered the national silence when he delivered a message to Congress in which he called for a bold new community-based approach to mental illness that emphasized prevention, treatment, education and recovery. In the half century since, we’ve made tremendous progress as a country when it comes to attitudes about mental health. However, continuing events have reminded us that we still have a long way to go to bring mental health fully out of the shadows.”²

In addition to the United States, that statement could apply to the rest of the world. Research supports that there does not seem to be very many “veterinary-specific” wellness facilities world-wide. This truth also appears to be conveyed for physician-based wellness facilities. However, there are treatment and recovery programs that are geared specifically towards health care personnel. Veterinary professionals are commonly categorized as part of this specialists’ collective. For this reason, Veterinarians are able to take advantage of programs available to other medical professionals.

People can develop addictions not only to drugs and alcohol, but also towards process addictions, or behaviors, such as gambling, shopping, promiscuity, eating, working, and exercise, to identify a few. There are two behavioral characteristics that all potentially addicted persons have in common: “maladaptive” and “persistence”. The addictive behavior is identified as “maladaptive” when the action or activity undermines a person’s ability to overcome problems and adapt to different situations. Similarly, the other identifying addictive behavior is “persistence”; whereas a person will continue to engage in potentially destructive behavior

¹ Skipper/Williams, et al, (2011) Journal of Veterinary Medical Education, Failure to Acknowledge High Suicide Risk among Veterinarians, 1-4

² Sebelius, et al, (2013) USA Today, Bring Mental Illness Out of the Shadows, www.usatoday.com

despite the inevitable onslaught of negative consequences and inevitable problems it may cause. Addiction is a primary disease; one arising spontaneously and not associated with or caused by a previous disease or injury. It is a chronic relapsing condition characterized by compulsive drug-seeking or abuse and long-lasting chemical changes in the brain.

Many medical professionals know how to respond at the workplace if an employee starts choking, slips and falls or appears to be having a heart attack. Few individuals, however, are trained to identify mental health or substance abuse emergencies in the workplace. Fewer than those know what to do after the person's initial identification. How can a medical professional identify if a fellow employee, colleague or staff member is suffering from mental illness or has an active addiction?

This synopsis will highlight several important factors regarding the identification of mental illness and substance abuse emergencies within the veterinary workplace. A sample listing of the resources available within each of the IVOC Partner Countries will also be made available.

Identifying Mental Health and Substance Abuse Issues in the Workplace:

The following are some of the behavioral characteristics that may occur with mental health and substance abuse. It is important to note that these behavioral characteristics do not always indicate substance abuse, but could potentially warrant further investigation:

1. Absenteeism or consistent tardiness - absences without adequate notification and an excessive use of sick days.
2. Frequent disappearances from the work site, long unexplained absences or excessive restroom breaks or improbable excuses.
3. Unreliability in keeping appointments, schedules and meeting deadlines.
4. Work performance that alternates between periods of high and low productivity.
5. Mistakes made due to inattention, poor judgment, and bad decisions.
6. Confusion, memory loss, and difficulty concentrating or recalling details and instructions from day to day or moment to moment.
7. Ordinary tasks require greater effort and consume more time and energy.
8. Interpersonal relations with coworkers suffer (not part of the "team").
9. Rarely admits errors or accepts blame for errors or oversights.
10. Progressive deterioration in personal appearance and hygiene - wearing the same soiled clothing to work day after day.
11. Wearing long and short sleeves when seasonally inappropriate.
12. Personality change - mood swings, anxiety, depression, lack of impulse control, evidence of potential suicidal potential.
13. Increasing personal and professional isolation.
14. Excessive personal phone calls or visits at the work site from obviously "unsavory characters".
15. Financial issues and consistent financial "emergencies" - (regardless to how much the employee earns, they never seem to have enough funds for daily living).

Components of Effective Treatment Centers:

1. Thorough evaluations are conducted on all patients
2. Patient oriented, as opposed to program oriented (i.e. the patients get what they need rather than “one size fits all”)
3. Everyone is encouraged to enter into a contingency monitoring agreement,³ as part of the aftercare. With licensed professionals, this improves outcomes dramatically.

Recognized Treatment Centers in IVOC Countries:

United States	Promises Professionals Treatment Program, Santa Monica, CA	Springbrook Hazelden Newberg, OR	Farley Center Williamsburg, VA	Ridgeview Institute Atlanta, GA	Cumberland Heights Nashville, TN
South Africa	Oasis Counselling Centre, Plettenburg Bay		Houghton House, Gauteng, Johannesburg		Bethesda Addictions Treatment Centre
New Zealand	Higher Ground, Te Atatu Peninsula, Waitakere City		Odyssey House, Mt. Eden		
Australia	The Cabin – Chiang Mai, Burleigh Heads, Queensland		Watershed, Berkeley NSW		The Sanctuary Byron Bay, NSW
UK	Promis, London & Kent		The Priory Group, London, Greater London		
Canada	Edgewood in Nanaimo, BC, Canada		Bellwood Health Services, Toronto		Homewood Health Services-Guelph, Ontario

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³ Gregory E. Skipper, MD, Fellow, American Society of Addiction Medicine, Director of Professional Health Services, Promises Treatment Centers