



# MEDICAL MINDS MATTER

CONFERENCE  
REPORT

28  
OCTOBER  
2015

MAUDSLEY  
LEARNING/  
ORTUS/  
LONDON



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## INTRODUCTION

**This event, held in the wonderful surroundings of the ORTUS learning and events centre, was an excellent opportunity to bring together people from the various medical professions who are working in mental health and interested in the issues surrounding it, as well as those who have direct experience of mental ill-health. If there was one clear message that came out of it, it was that, when it comes to this topic, there is far more that unites the medical professions than divides us.**

This report is just a short summary by the Mind Matters Initiative of the thought-provoking presentations given and the engaging discussions held on the day but hope it gets across some of the issues faced by all of the medical professions. Long hours, high pressure, expectations of perfection (from ourselves and others), fear of things going wrong and, very sadly, higher than average rates of depression and suicide, are familiar tales whether you are a veterinary surgeon, a doctor, a dentist or a pharmacist. Some of the shocking statistics outlined in this report really bring these facts home.

Historically we haven't been great at talking about these issues within our own professions, let alone talking to the other professions about it. So when the Medical Minds Matter Conference was billed as a groundbreaking event, it wasn't just marketing spiel – it really was one of the first times that people who are working in medical mental health and wellbeing within the professions were in the same room at the same time and talking about how we can better work together.

As Chair of the Royal College of Veterinary Surgeons (RCVS) Mind Matters Initiative, which aims to increase the level of mental health support available for members of the veterinary professions and tackle stigma, I was thrilled with how the day went. It was full of passionate people who not only wanted to talk about the problems that face the professions but, crucially, wanted to do something about it.

Much work still needs to be done, but there is a will to consider resources, bounce ideas off each other and learn what works, what doesn't work and what could be done better. It's this collaborative approach that will pay dividends in the future.

Before I sign off I'd just like to thank all the presenters for their fascinating talks, all the delegates for their contribution to the discussions and Maudsley Learning for hosting the event.

**Neil Smith MRCVS**  
Chair, RCVS Mind Matters Initiative



“There is a will to consider resources, bounce ideas off each other and learn what works, what doesn't work and what could be done better. It's this collaborative approach that will pay dividends in the future.”

# SPEAKERS



**Neil Smith**, Chair of Mind Matters Initiative



**David Bartram**, RCVS Council member and Veterinary Wellbeing Advocate and Researcher



**Dr Brian McErlean**, Coordinator at One Life Suicide Prevention Project for Australian Veterinary Association



**Louise Freeman**, Vice-Chair of Doctors' Support Network



**Rory O'Connor**, Clinical Advisor for NHS England Practitioner Health Programme, Dentists' Health Support Programme and Vetlife Health Support



**Diane Leicester-Hallam**, Chief Executive of Pharmacist Support



**Tony Coggins**, Head of Mental Health Promotion at South London and Maudsley NHS Foundation Trust



**Neil Greenberg**, Professor of Defence Mental Health at Department of Psychological Medicine King's College London



**Anna Rowland**, Assistant Director of Policy, Business Transformation and Safeguarding Fitness to Practise at the General Medical Council



# STATISTICS%

## THE PROBLEM

**62%** of Doctors' Support Network members surveyed in 2014 said they had experienced stigma about their mental ill-health from medical colleagues (Source: *Doctors' Support Network, 2014*)

62%

**10 to 20%** of UK doctors become depressed at some point in their career (Source: *Practitioner Health Programme*)

10-20%

**73%** of surveyed doctors said they would fear being stigmatised or labelled by colleagues if they had an addiction, while 63% said the same for mental ill-health. Just 24% felt their career would not be damaged if they revealed they had mental health problems (Source: *Ipsos MORI, 2009*)

73%

Between 2008 and 2015, Pharmacist Support received around **2,000** calls from member of the profession struggling with stress and dealt with over 140 addiction cases (Source: *Pharmacist Support*)



Veterinary surgeons in the UK are at least **three times** as likely to die from suicide as members of the general population (Source: *PLATT, B. et al [2010] Occupational Medicine 60, 73 – 76*)



A recent study that interviewed **21** UK vets who had attempted suicide or experienced suicidal thoughts found that **half** had not talked to anyone about their problems because they felt guilty or ashamed (Source: *Suicidality in the veterinary profession: interview study of veterinarians with a history of suicidal ideation or behaviour, Platt et al <http://www.ncbi.nlm.nih.gov/pubmed/22713972>*)



## THE SUPPORT

**79%** of health workers supported by the NHS Practitioner Health Programme for mental health or addiction remained in or returned to work (Source: *Practitioner Health Programme*)

79%

Vetlife Health Support currently supports **200** members of the profession on an ongoing basis (Source: *Vetlife Health Support*)

200

In 2014 Pharmacist Support provided **476** acts of support to pharmacists, pre-registration trainees and MPharm students through its wellbeing initiatives (Source: *Pharmacist Support, Annual Report 2014*)

476

Around **80%** of those helped by Pharmacist Support for substance abuse remain abstinent (Source: *Pharmacist Support*)

80%

Between June 2008 and August 2015 the Dentists' Health Support Programme supported **184** members of the profession (Source: *The Dentists' Health Support Programme*)

184

The Doctors' Support Network currently provides help for **500** doctors with mental health concerns (Source: *The Doctors' Support Network*)

500

## SUICIDE PREVENTION – Dr Brian McErlean



Brian is a semi-retired practising veterinary surgeon who has been active in the Australian Veterinary Association (AVA) for 30 years and is a trustee of the National AVA Benevolent Fund. He became the AVA Benevolent Fund's Western Australia representative in 1995 following the loss of three close colleagues to suicide, two of whom had young children.

### Developing a suicide prevention strategy

In 2012, Brian was one of those tasked by the Western Australia (WA) government and the AVA with developing a suicide prevention programme for vets in the state as they had a suicide rate four times that of general population.

For Brian, factors behind the high suicide rate for WA vets can be summed up as: **Isolation (in all forms) + depression + access to lethal means = a lethal union**

However, causes of depression and suicide are complex and each case has different causes. Contributory factors include long working hours, work pressure, client problems, issues with euthanasia, poor work/life balance and untreated mental illness. Triggers can include relationship breakdown, substance abuse and financial difficulty.

The first step of the project was to train gatekeepers (11 vets, two students and Exec Officer of AVA Western Australia) to get the word out about the suicide prevention programme and encourage vets to talk about suicide, depression and mental ill-health.

From there over 60 presentations were delivered to local vets, in addition to regular newspaper articles and developing help resources such as fridge magnets and stickers.

### Key messages:

- Staying positive at every turn is best for you
- Why mental health can suffer during a veterinary career and how to avoid this
- Understand depression and make suicide prevention 'everybody's business'

### What worked:

- Conferences and PowerPoint presentations work for disseminating messages amongst large groups of people
- However, small-scale meetings of a dozen or so people over a meal – more willing to open up and talk
- Regular articles in newsletters
- Fridge magnets and stickers with relevant contacts
- Some humour alongside the mental health messages

### What could have been done better:

- Don't make projects top heavy with reporting and committee meetings
- Have a happier message
- Use neutral titles rather than "suicide prevention"
- Find more champions for suicide prevention and mentoring

## PHARMACIST SUPPORT – Diane Leicester-Hallam



Diane joined Pharmacist Support as Chief Executive in 2009, having previously worked at both a local and national level in the advice services sector, for Citizens Advice and AGE UK.

### Pharmacist Support overview

The charity was founded as the Benevolent Fund of the Royal Pharmaceutical Society but relaunched in 2008 as Pharmacist Support, providing free and confidential support to students, pre-registration trainees, pharmacists and their families and former pharmacists.

After relaunch the charity developed a number of new services following consultation with the profession, the latest of which is the Wardley Wellbeing Service to help members of the profession with stress through workshops, e-therapy, webinars, counselling and information. Other services include the Listening Friends stress helpline, Health Support Programme for those with substance abuse and addiction problems, and peer-to-peer support.

All of the charity's services exist to provide support to individuals facing difficult circumstances, and aim to help alleviate stress and promote a positive existence within the profession.

### Health Support Programme

The charity's Health Support Programme exists to support people experiencing problems with alcohol, drugs, gambling, eating disorders or other types of dependency and has seen 80% of those treated through it remain abstinent.

### Example 'support journey' for a pharmacist:

An example 'support journey' for a pharmacist using the Health Support Programme:

- Stage 1: Initial call (usually self-referral) directly to Pharmacist Support
- Stage 2: Referral to specialist addiction counsellor to undertake an initial assessment and determine a care plan (which may be residential treatment, or local community support options, dependent on severity of issues). This is followed up by weekly psychologist support
- Stage 3: Financial assistance – (if required) this could be a grant to cover the costs of the treatment itself and/or additional financial support to cover essential living costs and bills
- Stage 4: Specialist advice – benefits advice, debt management, dealing with banks, negotiating with creditors
- Stage 5: One-to-one support – regular contact with charity staff and volunteers, peer support from other Health Support Programme users, support from a counsellor – up to and including fitness to practise hearings, if applicable.

Stages 3 and 4 can occur simultaneously, and may be provided to the service user or to a spouse, for example, depending upon the severity of the addiction and the individual's circumstances. The charity also provides support to close relatives or the spouse of the service user.

## DOCTORS' SUPPORT NETWORK – Louise Freeman



Louise is a Consultant in Emergency Medicine who now works as a medical tribunal member, having spent a number of years out of medicine following a depressive episode. She is currently Vice-Chair of the Doctors' Support Network (DSN) and her duties include editing the quarterly newsletter and running the North East DSN support group.

The Doctors' Support Network (DSN) started as a job advert in the *British Medical Journal* in 1996, which looked to start a confidential self-help group for doctors with mental health concerns.

**Aims of DSN** – Campaigning to reduce the stigma of mental illness in doctors; providing a confidential environment for peer support by and for doctors with mental health issues; furthermore, it is the only organisation representing doctors with non-substance abuse mental health issues.

By 2002, DSN had started a Doctors' Support Line, although this has recently closed due to lack of funding.

However, significant stigma problems still exist within the medical profession. DSN has some 500 members but many are afraid to talk about their problems in public.

In 2014, a stigma survey carried out with DSN members found that 62% said they felt stigma from medical colleagues, compared to 50% feeling stigma from non-medical friends and colleagues. Some 53% reported that they had a negative perception of their own mental health issue.

## THE DENTISTS' HEALTH SUPPORT PROGRAMME – Rory O'Connor



Rory has worked in mental health and addiction for 40 years and has extensive experience in managing programmes for health professionals with mental illness and addiction disorders. He is currently a Clinical Advisor to NHS England's Practitioner Health Programme and is also National Coordinator for the Dentists' Health Support Programme and Vetlife Health Support.

### Overview of Dentists' Health Support Programme

The Programme is run by two coordinators who facilitate intervention, diagnosis, treatment support, rehabilitation, recovery and reintegration to the profession.

Reintegration is key as the programme assists members back into professional life, supporting them with continuing professional development, and so on.

The support programme always has in mind that mental health and addiction conditions are treatable, and that people do recover and go on to thrive. As such it is necessary to reduce the stigma behind such conditions.

The service is growing and more members of the profession are using it – but more funding is needed from the NHS and the professional body. This would in fact help save money in the long-term.



## THE MENTAL HEALTH LANDSCAPE IN THE VETERINARY PROFESSION – David Bartram



David graduated from the Royal Veterinary College in 1988 and moved into the pharmaceutical industry after three years in farm animal practice. He is passionate about mental health and wellbeing in the veterinary profession and gained an MPhil and an RCVS Fellowship for his research in the field. David was a director of the Veterinary Benevolent Fund (now Vetlife) from 2008 to 2014, with special responsibility for Vetlife Health Support.

### The problem

Overall, the research suggests that veterinary surgeons in the UK are at least three times as likely to die from suicide as members of the general population, with an elevated risk for male vets.

The reasons for this are complex, but four main factors are identified:

- Personality characteristics of individuals entering the profession confer vulnerability
- Psychosocial factors during undergraduate training and in the workplace, such as long hours, client expectations, emotional exhaustion, complaints, mistakes, as well as higher levels of anxiety and depressive symptoms
- Familiarity with animal euthanasia leading to more permissive attitudes to suicide
- Access to and knowledge of lethal means

### Vetlife

This independent charity provides free and confidential support to the veterinary community through a helpline, health support programme and financial support.

The Helpline (0303 040 2551) is maintained by volunteer listeners and, more recently, a confidential email service has been added. From October 2014 to September 2015 it received 515 calls or emails.

Vetlife Health Support provides collaborative care for mental health disorders and interfaces with the RCVS Health Protocol, which aims to protect animals and the interests of the public by helping veterinary surgeons and veterinary nurses whose fitness to practise may be impaired because of adverse health. Vetlife Health Support has around 200 ongoing cases.

## PRACTITIONER HEALTH PROGRAMME – Rory O'Connor



Rory has worked in mental health and addiction for 40 years and has extensive experience in managing programmes for health professionals with mental illness and addiction disorders. He is currently a Clinical Advisor to NHS England's Practitioner Health Programme and is also National Coordinator for both the Dentists' and Veterinary Surgeons' Health Support Programmes.

The Practitioner Health Programme (PHP) is a free and confidential NHS service for London-based doctors and dentists with issues relating to mental or physical health concern or addiction problems.

### Aims are to:

- Safeguard patients
- Maintain good healthcare delivery
- Enhance wellbeing of health professionals

The Programme has helped more than 1,000 patients over five years, of whom 80% have mental health problems and 20% substance misuse issues. The majority of those who have been helped are women, and clients have been across different age and ethnic groups.

### Outcomes

For those with addiction problems, some 79% remain abstinent and attend the PHP on a regular basis.

For all patients using the PHP 79% remained in or returned to work during contact with the PHP; more than 20 were advised to contact their regulator and more than 25 removed themselves from the workplace on the advice of the PHP.

PHP is also cost-effective: sickness absence for NHS doctors and dentists in London costs approx £50 million per year – the Programme costs just £1 million per year.

# PRESENTATIONS

## EMOTIONAL SUPPORT FOR DOCTORS – Anna Rowland



Anna is Assistant Director of Policy, Business Transformation and Safeguarding Fitness to Practise at the General Medical Council (GMC). Since joining the GMC in 2008 she has overseen a programme of reform to the organisation's fitness to practise procedures and her current work involves improving the GMC's assessment of complaints to avoid unnecessary investigations and overseeing a review of doctors who took their own life during investigations.

### Doctor support service

In May 2015, the GMC launched a full-time Doctor Support Service for those undergoing investigation of their fitness to practise, after a two-year pilot with the BMA Doctors for Doctors Unit.

The service provides free support, including on the telephone and face-to-face, and is provided by fellow doctors trained in peer support. Doctor supporters provide emotional support but do not provide medical treatment, counselling or legal advice.

The service is funded by the GMC but is independently run and confidential. Information exchanged between doctor and supporter will not be shared with anyone, including the GMC, except in exceptional circumstances.

### Review of suicides

Between 2005 and 2013, the GMC reported 28 cases where a doctor under a fitness to practise investigation died or was suspected of dying by suicide.

An independent review of those cases was commissioned and published in December 2014. The GMC accepted all the recommendations and published an action plan in early 2015. The report found that the doctors had many stressors, including criminal action, family breakdown and mental health problems and that the GMC process was an additional stressor. The report recommended a review of the GMC process to reduce the impact of investigations.

Since the report the GMC has made a number of changes to its procedures to reduce the impact on doctors while protecting patients, including changes to the tone of its correspondence with doctors under investigation. It has commenced a fundamental review of its fitness to practise process, with a particular focus on doctors who are unwell or vulnerable, and has appointed an independent expert to advise on that review.

## WoW - A POSITIVE APPROACH TO HAPPIER, HEALTHIER LIFE – Tony Coggins



Tony graduated from Surrey University before starting a career spanning 25 years working across the voluntary and statutory sectors. He has spent the last six years setting up the South London and Maudsley NHS Foundation Trust's mental health and promotion services with a remit of enabling the Trust to deliver on its aim of working in partnership to promote wellbeing for all.

Tony introduced delegates to the concept of the Wheel of Wellbeing, a logo designed to represent those elements needed to improve wellbeing in the workplace and in general life.

The logo was developed by King's Health Partners, an academic health science centre, as part of its happier@work programme, to look at how improvements can be made to the wellbeing of NHS staff dealing with increasing demands and more complex workloads.

The key elements of the Wheel of Wellbeing relate to body, mind, spirit, people, place and planet.

[www.wheelofwellbeing.org](http://www.wheelofwellbeing.org)



# PRESENTATIONS

## PEER SUPPORT AND RESILIENCE BUILDING – Neil Greenberg



Neil is an academic psychiatrist and consultant occupational and forensic psychiatrist. Neil served in the Armed Forces for more than 23 years and has been deployed, as a psychiatrist and researcher, to a number of places, including Afghanistan and Iraq. He also runs March on Stress, a company providing a range of psychological health offerings to companies whose staff are at increased risk of stress and trauma.

Neil spoke about why mental health problems are so common, despite the fact that mental health treatment works.

He spoke about a variety of factors in the context of the Armed Forces including stress – whether based around trauma, work or home life – and the power of stigma, with many in the Armed Forces concerned about being seen as weak, being treated differently or not receiving adequate support.

Overall he said that most people do not seek help for mental health problems until the last moment, when they reach crisis point and, even then, when they do seek help, they prefer informal sources over professionals.

In terms of primary prevention, Neil recommends changes to organisational policy to set a culture where mental health can be talked about, clarifying responsibilities and detailing sources of support, as well as leadership training. For secondary prevention, he recommended early detection of emergent difficulties; proactively asking the right questions; overcoming FINE (f\*\*cked up, insecure; neurotic and emotional); and monitoring by peers who know what to ask.

Tertiary intervention (or treatment) should involve medication and/or psychotherapies (CBT, resilience etc).



# DISCUSSION#1

**What are the shared areas of concern?** Here is a selection of quotes from a discussion by delegates and speakers about areas of shared concern in the medical professions and how the different professions could collaborate to tackle them.



#### Stigma and seeking help:

“The main difficulty seems to be a lack of confidence to seek help. There is something about the work environment that means that, if it emerges that someone has sought treatment for a mental health problem, it seems that there is a considerable level of gossip going on and they don’t appear to have the confidence that others might have to seek help.”

“The only way that we can get past the stigma problem is by talking about it, because it is something that can affect anyone and it is quite healthy to be able to talk about what has happened to you.” [Louise Freeman]

#### Student support and ‘screening’:

**“I would be appalled if there was any screening-out process before university for people with mental health**

**issues. However, where there could potentially be a system, it is to identify those individuals that may need additional support and to make sure it is provided.”**

[David Bartram]

“I do agree that this idea of screening people out of a profession is difficult and certainly the work we have done with groups that support doctors with mental health problems, has found that there was a problem with the system in that it didn’t support them to understand the potential consequences of mental health issues throughout their career.”

“The evidence on screening, aside from the legal and moral implications, is that it is very resource intensive and doesn’t really bring any benefit. The key thing to focus on is providing more and more appropriate support.” [Rosie Allister]



#### Getting back to ‘north’

**“The key thing for mental health specialist services for doctors and other medical professionals is that they should help people get back to their normal level of function.”** [Louise Freeman]

#### Knowing what to look for:

“Having been at a university for nine months I have had no training whatsoever on what to look out for in students that are in need of help and support. I had a mental breakdown eight years ago and I see people that are burning out and are at the point of having a mental breakdown in veterinary practice. A lot of vets of my age don’t know what to look for and we don’t recognise it in ourselves or our colleagues either.”

**“In the medical profession supervisors of residents**



**often don’t know what those under their care are experiencing and how close some of them are to burning out and general exhaustion.”**

#### Attitudes from colleagues:

“I have a friend who is a doctor who was feeling very stressed and burned out. When another colleague didn’t turn up for an evening shift she was expected to cover for them at the end of her shift but she said she wanted to go home and go swimming and was told that she wasn’t a team player. What kind of message is that relaying to her – that her own personal physical and mental health is not of the same value as others.”

#### Regulatory issues:

**“From a regulatory point of view you are faced, on the one hand, with having to act in the public interest and**

# DISCUSSION #1



regulators are expected to deal with risk appropriately; but on the other hand we know that fitness to practise hearings are incredibly stressful to members of the profession.”

“As regulators I think what we need to do is to make reasonable adjustments for the vulnerable individuals who are in the profession as far as possible without endangering the public interest and welfare.”

[Anna Rowland]

“At the RCVS we had six cases last year that were disciplinary cases but that we have treated as health issues through our Health Protocol. I think it is a better way of dealing with problems because it keeps the issue out of the limelight and is also cheaper for us as a regulator and lowers the costs.”



## Fear of mistakes:

“As a practising veterinary surgeon I feel that medical error is a big risk factor in causing depression and anxiety. The profession needs a more honest and open debate about medical error to bring it out of the shadows, talk about it in a frank way and reduce the incidence of depression, anxiety and suicide.”

“Discussing mistakes is absolutely necessary to improve practice in the future and while I’m sure in some places that works very well, a lot of the time it can be interpreted as a witch hunt. What there should be when it comes to discussing some mistakes is a ‘no blame’ policy – but I just don’t think medicine is there.”

[Louise Freeman]



“There is huge scope in the veterinary profession for people who are very concerned about mistakes to get very distressed. We need to be saying to people that making mistakes is normal and that it only becomes a problem if you do not deal with that mistake in the appropriate way.” [David Bartram]

“From a regulator’s point of view the ideal situation is that when a simple mistake is made it is owned up to and that appropriate restitution or apologies are made. What often actually happens is that there is a convoluted cover up which then turns a simple mistake into a serious disciplinary matter.” [Anna Rowland]



## Perfectionism:

“Many practitioners think that everything has to be done to that perfect university level but it is not necessary to do everything perfectly, so we have to do something about the way we are teaching our students. It is not about perfection, it is about providing the best possible treatment that you can.”

“Having been to one of the graduate seminars held by the Veterinary Defence Society the factor that seems to be the most stressful to them is that they are not getting the support from the senior staff and that everything can turn quite nasty if they raise problems. It is about trying to foster a culture within the practice or hospital that we are there to support each other.”

# DISCUSSION#2



Where are the gaps and what are the solutions?

At this stage the delegates are divided into groups on different tables to discuss two key questions: 'Where are the gaps in current provision and activity?' and 'How can we work together?'

Here is an overview of the outcomes of each table's discussion

### The gaps

A lack of named individuals in a practice or other medical setting who are able to deal with mental health distress, ie mental health first aiders

### Mentoring support – having structured mentoring within your own profession

Cross-profession collaboration – lots of good projects but working separately

### Management issues – people don't feel supported by their line managers who also aren't necessarily promoting mental health issues and support

People aren't recognised as having a mental health problem until a critical point (eg feeling or acting suicidal) – situation shouldn't be allowed to get to that stage

### More self-awareness of potential mental health issues amongst medical professions

Societal gap in the different way we view physical and mental health issues – greater stigma and lack of understanding for the latter

### Education – the need for greater understanding of mental health issues and how to recognise them

Lack of confidentiality – people don't feel comfortable asking for help because they feel others will know

### Workplace culture – small businesses in particular don't have HR departments and may simply not feel they have the time and opportunity to invest in wellbeing

Lack of access to appropriate services for prevention and acute needs that are appropriate for the different professions – eg no free, confidential helpline for doctors due to lack of funding

### Lack of coordination – lots of good things happening in pockets but not enough pan-professional, national projects

### The solutions

Develop a means or a platform that would allow the different professions to share what is and isn't working in the mental health field in person and online

### Develop a workplace toolkit for all professions with information about mental health issues and how to identify them

Facilitate mentorship programmes on a pan-profession basis – mentors from within each profession but sharing advice, guidance and best practice

### Holistic approach to working out causes of mental ill-health – dealing with the problems at source and not just being reactive to crises

Improve the availability of information about mental health to the professions through the use of technology, eg apps

### Cross-profession training programmes for mental health first aiders who can't diagnose but can listen, provide emotional support and signpost to help

Using statutory money to provide funding for mental health activities across all the professions

### Set up a Working Group drawing together people working in the mental health field across all professions

A greater focus on early intervention and awareness

### Set up an inter-professional support group – could extend beyond the medical professions to incorporate lawyers, architects and others

# DISCUSSION#2



Final thought from Anne Finn, former Head of Medical and Occupational Health at Unilever UK and Ireland. Anne thanked delegates for their views and said she felt there were three key things that had not been raised yet:

- Communications – all activity needs to be well communicated and, in the case of Unilever, it was when a professional communications team got involved with the mental health and wellbeing project that the message was most effectively communicated and reached a really wide employee audience. Communication tools included effective use of internal and external websites, chat rooms, explicit messaging from company mental health champions, well-designed posters which mirrored

the look and feel of the whole campaign, and so on.

- Information and awareness training needs to be compelling and easy for employees to avail of. Management skills training almost needs to be mandatory. If choice about attendance is removed, it is more likely that the perception of mental health and wellbeing as something 'extra' that can only be dealt with if managers have time will be shifted.
- Accept the fact that some practitioners might be isolated in the organisation of their work or workplace, but that helpful services and tools such as mindfulness training can be brought to them, to activate for themselves. Practices such as mindfulness are implemented by the individual, regardless of where they work.



# CONCLUSIONS

## Final remarks and call to action

**Des Thompson, RCVS Past-President, said that trained mentors were key for the prevention of mental health issues and making sure that signs of mental ill-health are identified. Neil Smith, chairing, mentioned that a series of mental health workshops are being rolled out to the veterinary profession.**

**Nick Stace, RCVS CEO, spoke about the importance of a happy and purposeful workplace, he mentioned the fact that the College scored highly in the Great Place to Work Awards, saying that it is not only a good idea to invest in staff engagement but that there is also a very good business case for it. This translates to veterinary practices and other clinical settings. He said that business and clinical leaders need to champion these types of workplaces.**

**Anne Finn from Unilever agreed, saying that organisations need champions and that culture change towards a more mentally-healthy environment is not just a flash-in-the-pan but needs to be long-term, sustainable and perceived as a normal part of everyday life.**

**Neil Smith** asked those delegates who were not vets what they would take back from the day to their own organisations. One delegate from the legal community said that she would like to replicate the format for the legal professions and added that many of the identified issues also apply to them. She identified the stressors involved in trying to run a business while being a regulated professional.

**Another delegate spoke about the preventative elements – citing an article about the disconnect in the veterinary world between the theoretical university training of vets and the world of real-life practice of clients asking how much a treatment would cost. She advocated better expectation management within education and training on how to deal with the public and their expectations.**

There was a discussion about extra-mural studies and the fact that the discussions tend to be clinical – there should be more focus about the practicalities of life in practice, eg communicating with clients, problems that arise and so on. One delegate said that the reality about being a vet is that it is a 'people job that involves animals'. Another delegate said that vet students may go into the profession because they love animals, but they also need to love people and know how to deal with them.

**Neil Smith then moved the discussion on to what would be happening next. Nick Stuart from the Society of Practising Veterinary Surgeons (SPVS) said that those in practice are very good at making what they want to happen in practice happen – but, in terms of mental health, there is a gap and so practising veterinary surgeons need to get the ball rolling and share things that work with other professions and, that way, make the best of limited resources.**

**Rosie Allister, a vet and mental health researcher who is Chair of the Vet Helpline, agreed that practices needed to be engaged to help students and others understand the importance of mental wellbeing. Neil Smith reminded delegates that mental health and mindfulness courses are an important part of CPD.**

**Nick Stuart added that the veterinary profession shouldn't be seen as one that is too heavily associated with stress – he says that the SPVS Lancaster event with new veterinary graduates demonstrates that young vets are fun, lively and committed, and that the future is in good hands.**

**Rosie Allister** concluded by saying that the benefits of mandatory wellbeing training for vets and similar professionals should be assessed.

**Neil Smith then closed the day thanking the speakers, delegates and Maudsley Learning for hosting the event.**

Trained mentors are key for the prevention of mental health issues

There should be more focus about the practicalities of life in practice

Practices need to be engaged and to help students and others to engage the importance of mental wellbeing

The benefits of mandatory wellbeing training for vets and similar professions should be assessed





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