Mental health challenges are experienced by many members of the veterinary profession. Despite increased awareness of this fact, levels of serious psychological distress have increased over time. There are many theories as to why veterinary professionals experience significant distress, some of which are supported by data, while others are anecdotal. Ultimately, mental health struggles are multifactorial, and being a member of the veterinary profession can be a contributing factor but not the sole cause.

Just like any other profession, veterinary medicine has its own culture. This influences the way members of the profession behave and think about themselves. Unfortunately, because perfectionism, overwork, and self-sufficiency have been highly valued in the profession historically, some members of the profession have been reluctant to seek help for mental health struggles for fear of judgment or not fitting the cultural norm. By understanding the current cultural norms, especially those that influence help-seeking behaviors, we can begin to find ways to create change and move toward a healthier professional environment.

A CULTURE OF PERFECTION
Younger veterinarians (ages 18 to 34) have higher levels of serious psychological distress and burnout than their older counterparts. Exploring why this population is at higher risk can help us create strategies that can improve the profession as a whole. One factor that has been more recently explored in the literature is the effect of culture on the willingness of veterinary students to seek help for mental health concerns. Tamara Hancock, DVM, MS, PhD, DACVP (Clinical), assistant teaching professor at the University of Missouri’s College of Veterinary Medicine, has researched this phenomenon with Kerry Karaffa, PhD. Dr. Hancock describes the unique experience of veterinary students as “an artificial mashing together of a cohort experience. Everyone is doing the exact same thing on the exact same schedule. Everything feels like it’s high stakes.” This contributes to the creation of a perfectionist culture and public stigma that influence the likelihood a student will seek help. “We ask students to be the best in everything to gain admission,” says Dr. Hancock, which creates an expectation of perfection before veterinary school ever begins. Ivan Zak, DVM, MBA, CEO of Galaxy Vets, notes that veterinary schools “select for personalities that are afraid to fail.” This selection process combined with the learning environment puts students under immense pressure to succeed at any cost.

Many veterinary students have been taught to believe that being self-sufficient is an expectation in the
profession. There are unspoken assumptions that needing help is a sign of weakness, and "if you fail out, it's because you weren't good enough to not fall apart in veterinary school," Dr. Hancock continues. In a recent qualitative study of barriers to help-seeking among veterinary students, approximately 61% of respondents felt that their problems were not important enough to warrant seeking help. Even for those who want to seek help, barriers exist. In fact, lack of time was found to be the most common barrier to help-seeking among veterinary students. This is often a function of strict attendance policies in classes and clinics, which Drs. Hancock and Karaffa call presenteeism: "a norm that places one's physical presence above all else." This is further compounded by the large workload outside of school hours.

Ultimately, the culture of veterinary school is influenced by the profession at large. There are unwritten rules of success that elevate overwork, presenteeism, and perfection as ideals that should be adopted. Veterinary students often feel pressured to excel in school or risk their place as a member of the profession. Some students fear that their mentors or role models will look poorly on them for not being able to get through school without needing support. This narrative contributes further to a self-stigma that resists seeking help. Ultimately, the current culture of veterinary school and the unwritten expectations of the veterinary profession puts our young colleagues in a vulnerable position before they ever enter practice.

**THE TRANSITION TO PRACTICE**

Early career veterinarians, a cohort that includes new and recent graduates, face many challenges with the transition from student to practicing veterinarian. These include financial pressures, imposter syndrome, transitioning to a leadership role, and moral and ethical dilemmas brought about by clients' inability or unwillingness to pursue the gold standard care often taught during veterinary school. While life in practice is very different from life in veterinary school in many ways, the cultural norms of the profession that were learned in veterinary school persist and are often reinforced in practice, such as the expectation of self-sufficiency. Students go from having "an army of people" for case support (i.e., interns, residents, veterinary nurses, attending clinicians, student colleagues) to primary case management essentially overnight. This can exacerbate fears of making mistakes and add an additional stressor. Success during this transition period requires that young veterinarians have been trained not only in clinical skills and critical thinking, but also in communication and self-care skills. The American Association of Veterinary Medical Colleges has recently included "attends to well-being of self and others" in their competencies-based framework for education. While these non-clinical skills are being added to veterinary school curricula, change takes time, and there is a limit to how much information can be effectively taught in a 4-year program. Those who are mentoring early career veterinarians should be sure to discuss and model non-clinical skills for their mentees.

**SHIFTING THE PROFESSIONAL CULTURE**

Ongoing research into factors affecting mental health must continue. Dr. Hancock notes that "mental health literature is always talking about individuals—individual issues and individual solutions." While an individual focus is necessary, newer literature and proposed solutions should begin to focus on methods to create systemic change in the field.

One change in the veterinary profession that has been proposed by Galaxy Vets and supported by Not One More Vet is to update the veterinary and veterinary technician oaths "to include a commitment to attend to personal health and mental wellbeing." The human medical field has already made a similar change, highlighting how important self-care is to maintain the highest level of care for patients. Dr. Zak knows that changing the oath won't fix the mental health challenges we face but feels it will be a positive step. Updating the language of the veterinary professional oaths offers a wide-reaching opportunity to show that the culture of veterinary medicine is more accepting of help-seeking and prioritizing self-care.

Cultural changes in the profession can—and should—happen at many levels. First, it is essential that students, faculty, and administrators in veterinary schools work to disrupt the current culture of perfectionism and presenteeism. One way this can be done, says Dr. Hancock, is to make it clear to students that it is OK to take time off to attend medical appointments, including therapy and mental health-related appointments. Openly discussing the mental health challenges that faculty have experienced and students are currently facing can also help to encourage help-seeking in those who need it.
**Osurnia** (florfenicol, betermainfina, betamethasone acetate)

**Otic gel**

**For Otic Use in Dogs Only**

Do not use in cats

**CAUTION:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

**BRIEF SUMMARY** (for full prescribing information, see package insert)

**DESCRIPTION:** OSURNIA contains 10 mg florfenicol, 10 mg betermainfina and 2 mg betamethasone acetate per ml, and the inactive ingredients propylene glycol, carboxymethyl-cellulose, dextrose, glycerin, homosephoryl, propylglid, oleic acid and BHT in an off-white to slightly yellow translucent gel.

**INDICATION:** OSURNIA is indicated for the treatment of otitis externa in dogs associated with susceptible strains of bacteria (Staphylococci, Strep.属, and Strep.属pseudintermedius) and yeast (Malassezia pachydermatis).

**DOSAGE AND ADMINISTRATION:** OSURNIA should be administered in the clinic. Clean and dry the external ear canal before administering the initial dose of the product. Administer one dose (1 tube) into the affected ear(s) and squeeze entire tube contents into the external ear canal. After application, gently massage the base of the ear to allow the gel to penetrate to the lower part of the ear canal.

**CONTRAINDICATIONS:** Do not use in dogs with known tympanic perforation or an intact tympanic membrane should be confirmed before administering this product. Avoid contact to the eyes. In case of accidental eye contact, flush thoroughly with water for at least 15 minutes. If symptoms develop, seek medical advice.

**PRECAUTIONS:** Wear eye protection when administering OSURNIA and restrain the dog to minimize the risk of ocular exposure. Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and will help to prevent ocular injury. Do not administer orally. The use of OSURNIA in dogs with perforated tympanic membranes has not been evaluated. The integrity of the tympanic membrane should be confirmed before administering this product. Renal disease that has been associated with adrenocortical suppression and iatrogenic hypoadrenocorticism. Use OSURNIA in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

**ADVERSE REACTIONS:** The following adverse reactions were reported during the course of a US field study for treatment of otitis externa in dogs treated with OSURNIA in decreasing order: elevated liver enzymes, vomiting, weight loss (>10% body weight) and hearing loss. To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Dechra Veterinary Products, (866) 933-2472. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-1212 or online at [www.fda.gov/AnimalVeterinary/SafetyHealth](http://www.fda.gov/AnimalVeterinary/SafetyHealth)

**POST-APPROVAL EXPERIENCE (RAD):** The following adverse events are based on post-approval adverse drug experience reporting for OSURNIA. Not all adverse events are reported to FDA/AVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using this data.

In humans, accidental exposure leading to central alterors and other ocular injuries such as eye irritation, conjunctivitis, and keratitis have been reported to occur when the dog shook its head after application of OSURNIA.

In dogs, the adverse events reported for OSURNIA are presented below in decreasing order of reporting frequency: Deafness, ear discharge, ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see Animal Safety and Post-Approval Experience in the product insert). Owners should be advised to contact their veterinarian if any of the above signs are observed.

**REFERENCES:**


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**Dr. Kate Boatright** is a 2013 graduate of the University of Pennsylvania. She currently works as a small animal general practitioner in western Pennsylvania. Her clinical interests include feline practice, surgery, internal medicine, and emergency medicine. As a freelance writer and speaker, Dr. Boatright enjoys educating students and colleagues about overcoming stresors in the profession, including communication, team building, wellness, and the unique challenges facing recent graduates.