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## Letters and perspectives: Mental health = whole health

In the broad scheme of veterinary medicine, behaviour is a relatively new field, yet its presence and validity as an important part of animal health and welfare is gaining momentum.

This can be seen in the production of advice such as the AAHA canine and feline behaviour management guidelines.<sup>1</sup> These thorough guidelines provide excellent advice for practitioners with little or no knowledge of behavioural medicine and highlight the importance of addressing mental wellbeing as a routine part of every consultation.

However, back in 1965 the 5 freedoms as described in the Brambell report already included "freedom from fear and distress", a clear call to minimise or extinguish mental suffering of animals under human care.<sup>2</sup> This is also recently reinforced in the Hierarchy of Dog Needs™, which has at its top cognition, force-free training, social needs and emotional needs.<sup>3</sup> The basic bottom level, which we are all so good at meeting and focusing on (which is of course a vital part of veterinary care), is meeting biological needs.<sup>3</sup>

AVBIG will continue to focus on reaching out to all general practitioners on the importance of being able to provide accurate and current advice on behaviour. It is recognised that behavioural medicine is a neglected part of the undergraduate veterinarian's curriculum. An undergraduate (at the time of writing this) at the University of Melbourne, after undertaking a survey of veterinarians in Victoria, found that 80% of the participants "felt their education didn't equip them to deal with behaviour problems" (Hevern ME, pers. comm. 2015). AVBIG will continue to reach out to students and postgraduates through the AVA. However, as a profession we need to educate the universities and clamour for an increase in the amount of behavioural training given until our message reaches the ears of the Veterinary Schools Accreditation Advisory Committee.

As written in an editorial for the Veterinary Record by Dr John Bradshaw, "less than 0.1% of the veterinary profession specialise in behavioural medicine".<sup>4</sup> He outlines that there is no excuse for this to be a neglected field of animal medicine, given there is now an extensive base of research, easy access to manuals, guidelines and pharmaceutical support. This essential area of psychological health deserves to be given more gravity and more attention, for the benefit of students, the general practitioners and as a means for more to follow through to the specialist level.

In response to a journalist's report suggesting that medication was being overprescribed to dogs in a particular shelter,<sup>4</sup> AVBIG wrote to the editor to explain that many dogs are in shelters because of behavioural problems, or may suffer them as a result of being in the shelter and that the prescribing of anxiolytic medication, if deemed necessary by a registered veterinarian is to relieve suffering in these animals, to increase their chance of rehabilitation and hence being successfully re-homed.<sup>5</sup> As I said in an AVA press release at the time, "in a time when the human medical profession is encouraging better understanding of mental illness in humans, we would hope that the same is applied to animals."<sup>6</sup> This has been echoed in Dr John Bradshaw's editorial, "... respectfully suggesting that it is time the veterinary profession followed suit".<sup>4</sup>

Quality of life, preventing early deaths and maintaining a trusting and happy human-animal bond are the caveats of veterinary care. It is time that we, as a profession, focused as much time, energy and study on the mental wellbeing of our patients as we do for their physical needs.

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