

**RIDE THE WAVE:
INVESTIGATING THE CONTINUUM OF TEACHER MENTAL HEALTH
THROUGH MULTIPLE LENSES**

by

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The mental health of teachers impacts the entire school community. However, to our knowledge, the mental health of teachers has not been investigated from multiple lenses. These lenses include research literature, teacher narratives of their lived experiences, human resource professionals interfacing with teachers, and ourselves as research practitioners. We identify current understandings of teacher mental health among teachers and other educational professionals, determine current preventative and support measures available, and suggest recommendations for future research. The following four questions guided our study: How is mental health defined as it relates to teachers and teaching? What mental health concerns commonly affect teachers? What are some opportunities or challenges facing teachers in accessing mental health resources? What does a mentally healthy school look like? We conducted a literature review and in-person interviews with human resource and organization experts to help answer the questions. Our findings suggest specific risk factors, common mental health issues, coping strategies, challenges and opportunities, and administrators' roles in promoting or harming the mental health of teachers. Our findings demonstrate teacher mental health has implications beyond the individual teacher. It has the potential to impact student achievement, collegial and home relationships, and the entire school community. Our findings suggest a need for specific training teacher and administrator in the areas of mental health literacy, building trusting relationships, identifying psycho-social risk factors, resiliency training, promoting "work/home" balance, and realistic work conditions. Overall, we found there is a need for cooperation and collaboration between management, teachers, and the union in effectively addressing teacher mental health.

Preface

This graduating paper was submitted in partial fulfillment of the requirements for the degree of Master in Education in the Faculty of Graduate Studies in Educational Administration and Leadership at the University of British Columbia (Vancouver). This collaborative study was jointly conducted and written by Brayden Kent Gordon, Erica Teresa Segec, and Carol Ann Thornton. Our study and preparations for our research began in September 2011 and the final paper was finished in its entirety in April 2012.

The UBC Research Ethics Board (H11-02855) approved our proposal to conduct in-person interviews with human resource experts and an organizational psychologist. We obtained permission from the school district in which we conducted our interviews and signed consent from each interview participant.

Our research thesis is based on the information collected from the interviews and a large portion of the literature review was based on information gathered by researchers and authors specialized in this field.

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We would like to acknowledge our good fortune in being able to work with each other on this project.

We would also like to thank Dr. Mohammed Shamsheer for his wisdom and for opening our minds to new ways of viewing ourselves as teachers and to the significance of authentic educational relationships.

We owe a special thanks to our families whose endless loving support and encouragement made the journey to writing this graduating paper possible.

Dedications

I would like to first and foremost, dedicate this work to my wife, Brianne for all of her support and patience during the past two years. I would also like to dedicate this to my parents who have supported me in more ways than one.

Brayden

It would be impossible to imagine being at this place in time without the support of my family. To my parents, who made me believe I was both capable of achieving whatever I put my mind to, and that the endeavours I chose were worthwhile. To my sister, Anne, who was and continues to be a role model and advisor. And to my husband, Jamie, who encouraged me to pursue this goal and who has supported me throughout.

Erica

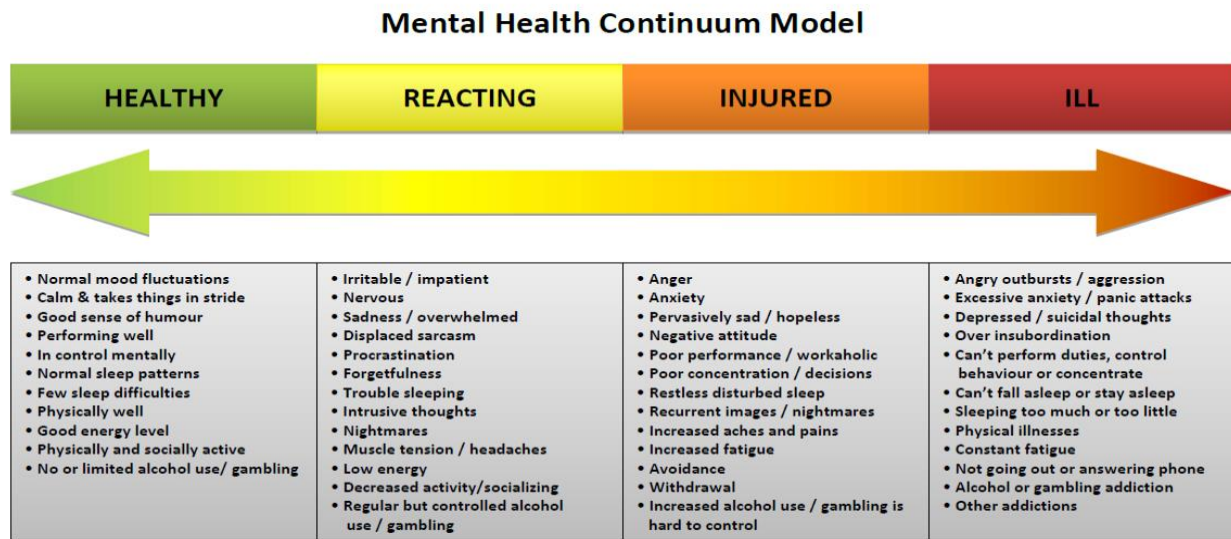
I dedicate this paper to my loving family; Mike who believed in me and made this all possible by keeping the house running. My sons Connor and Thomas for their support and understanding around missed Saturdays and evenings.

Carol

Introduction

In our experience, when it comes to the mental health of teachers we have found it is rarely talked about in schools. In reviewing academic literature we found there was more discussion of workplace and mental health in other fields. In the past fifteen years, there has been an interest in examining teacher mental health (Sackney et al., 2000). When we think about an individual's mental health, we recognize it as belonging on a continuum and we contend that one's mental health fluctuates during the course of a lifetime (see Table 1). The World Federation for Mental Health's (WFMH) Conference in October 2010 put the association between mental health and physical health on centre stage by stressing the importance of researching, educating, and stopping the adverse impacts of poor mental health. We took this understanding of mental health along with our experiences as teachers who have struggled at times along with our colleagues, and sought to find information to help us understand the mental health of teachers in schools. We are curious about elements of the profession including school-specific interactions that could either support mental health or put stressors on it. From our teaching experiences, we have come to the belief that school leadership personnel have a significant role in developing a work culture that helps manage the mental health of teachers.

Table 1: The Mental Health Continuum Model (Treasury Board of Canada Secretariat, 2011)



Researchers' Background Information and Personal Context

We have all been teachers for many years and understand the demands of teaching through our own lived experiences. We have managed our own stress and wellness and at times supported colleagues to do the same. It has been important for us to keep this point of reference in mind as we filtered the information we collected and analyzed from different sources. In the spirit of understanding how our own social locations influenced our work, the analysis was done through discussion where we actively challenged our beliefs and biases as well as questioned interpretations and conclusions with each other during group research meetings. We each kept a research journal as a tool for reflection and discussion as we moved through the research process.

Erica: I have been an educator for more than a decade. I have taught at many schools, and therefore, have worked with many staff members. What has resonated with me most strongly is the cohesiveness of some groups compared with others. The support and

consideration shown by staff members for one another at some schools has had an influential impact on me. I strongly believe in building school communities that welcome all of its members, from students and parents to staff members. I cannot help but wonder what effects a trusting school community has on mental health, both in the prevention of crises, and in the willingness to give and accept support from colleagues and experts in the field.

Support for one another was consistently modeled in my family. Caring for neighbours and the community at large was customary as well. Further, my father worked as a mental health care professional. As a result, respect for and understanding of mental health issues was emphasized. Because of these values, I have grown to appreciate the strength that comes from working together, and the importance of paying attention to and of understanding the needs of myself and others around me.

Carol: I feel privileged to have had the opportunities and experiences given to me as a teacher over the past twenty-four years. I began my studies with a goal of becoming a social worker, but switched when I found myself becoming unsatisfied with the idea of working with adults who seemed stuck or reluctant to change in their situations. Upon reflection, I lacked the knowledge and wisdom to see the totality of their lives, such as the systemic barriers and social justice issues that affected their choices. I now find myself wanting to support my colleagues who may be facing some of the same challenges. Being an active, concerned parent, teacher and member of my community is important to me. Since the beginning of my teaching career I have been interested in finding ways of maintaining a healthy work-life balance. This includes balancing the needs of work with family, friends, and community. I have found many times that my own standards for doing a job well encroached on other personal areas. It is my belief that like a family, the mental health of a school is reflected in the health of those leading the

classrooms and school. Just like in my early teaching days, as a new parent I soon realized the importance of cultivating supportive, positive relationships in my community.

Central to my personal and professional beliefs is the importance of recognizing the “equal moral worth of all persons” (Gale 2000, p. 254). In particular I am interested in finding ways to create ethical school environments in which education can take place in an ethical manner for all. I have long been interested in identifying and finding ways to deal with alienating and marginalizing beliefs, values and practices in schools which impact students’ participation- especially those with special needs. An ethical environment for all includes one that supports teachers, not only with their teaching tasks, but also with the stresses of work and life which may impact their professional and personal well-being.

Brayden: In my tenure as an educator I have taught in two countries, four school districts, and five different schools. I have seen a myriad a teaching styles, administrative styles, and school cultures. For the most part, I have been fortunate enough to have worked in a positive trusting school environment where staff members are cohesive and supportive. I have no doubt that I can rely on people around me in the case that my job becomes uncontrollable or unmanageable and I know that they feel the same way about me. The product of this has been staff cohesiveness, thriving student success and an overall healthy school community where students, parents, and staff members work together to provide the best learning environment possible. More importantly, however, I have also witnessed the other end of the spectrum and the effects that a negative school community can have on the mental health wellness of everyone involved. A school community in which no one trusts each other can have detrimental effects on the wellness of everyone involved, especially the ones directly related to the negative relationships. When a person is experiencing mental health concerns and feels unsupported in a

profession such as teaching, the effects can be felt throughout the entire organization. In my role as teacher leader, my ethical beliefs surrounding the “Ethics of the Profession” and the “Ethics of Care” drive me towards furthering my knowledge in the area of mental health in hopes of supporting everyone on staff.

I believe knowledge is developed through one’s lived experiences and ethical beliefs. Having grown up with a speech disorder, I understand firsthand the toll a physical disability can have on one’s mental health and overall well-being. Having the potential to cause serious psychological unease and traumatic effects on one’s self-confidence, physical disabilities can also lead to significant negative cognitive and affective impacts. Not being able to introduce oneself or being able speak at any given time can lead to various mental health issues such as anxiety, social phobia, and depression. Without the support of my parents and lifelong friends I have no idea where I would be today. My mother, a university professor, taught me the value of hard work and dedication to all facets of life and the importance of never giving up on what I believed in. My father, an entrepreneur, taught me that having a positive attitude towards life is much more valuable and reliable than worrying about other people’s opinions. My lifelong friends have taught me the importance of supporting others regardless of strengths or weaknesses. For all these reasons I believe I am the person I am today and try to offer the same support to people around me, most noticeably in my professional role as a teacher leader.

Rationale

We chose to conduct this study because mental health challenges have the potential to impact the quality of school culture, student achievement, and individual teacher health. We believe that there is a gap between the needs of teachers and the services accessed or available to them. We hope to contribute to destigmatizing mental health issues for teachers by improving awareness and knowledge surrounding mental health literacy, resiliency training, and the importance surrounding collegial relationships. The resulting goal is for this information to facilitate meaningful and respectful discussions. McConnaghy (2011) and Ecklund (2008) argue that most teachers who experience mental health concerns cite administrators as the primary source of problems. This emphasizes the need for educational leaders to be aware of the impact they have on organization members. In our opinion, this highlights the importance of leaders to be well-versed in the area of mental health and the need to incorporate mental wellness initiatives into their daily workplace routines. We agree with Shernoff (2011), Ecklund (2008), and Amschler (2010) who contend that an emotionally safe and healthy environment that promotes the mental health of teachers ultimately benefits student learning.

Purpose

The purposes of this qualitative study are threefold. Firstly, through a literature review process, we would like to identify the current understandings of mental health among educational professionals. It is hoped that by understanding the continuum of mental health needs of teachers and supports available that we can de-stigmatize mental health issues. Another aim is to better understand the current models of support for mental health wellness in school organizations and

to identify support gaps. We will explore structures and strategies to help school leaders develop mentally healthy working conditions and climates and to manage crisis situations when they arise. Ultimately the goal is to gain information and knowledge which can be beneficial in providing an improved quality of life for teachers personally and professionally.

Research Questions

To guide our research, we developed one main question and four broad questions. Our main question reads: How is the mental health of teachers understood through different lenses?

Our broad research questions are:

1. How is mental health defined as it relates to teachers and teaching?
2. What mental health concerns commonly affect teachers?
3. What are some opportunities or challenges facing teachers in accessing mental health resources?
4. What does a mentally healthy school look like?

Each of the questions in this study serves to deepen the understanding of mental health and to promote possibilities for prevention and support strategies for working teachers. Our literature review and interviews examine both on the job stressors that may contribute to the decline of mental health of teachers, as well as strategies for enhancing mental health in schools. Our first question involves both current definitions of mental health and common understandings or misunderstanding which could lead to stigmatization and a lack of action. Next we explore the types of mental health concerns that came up in our literature review and interviews as common.

The next question focuses on the resources that are available and accessed by teachers. We wanted to better understand the effectiveness of resources for teachers when used, and gain

insight as to why teachers may choose not to access them. Finally we hope to determine elements that promote mentally healthy schools. From our broad questions we developed interview questions (see appendix D) to further our knowledge and understanding of our topic. It is our aim to use this information in our own practice and share it with educational leaders so they can employ recommendations from our research to foster the development of supportive school communities for teachers.

Literature Review

We conducted a literature review looking at teachers' perspectives of job stressors. We began our literature review by developing a set of inclusion criteria. These criteria consisted of several elements. The first category was the date. We used research dated from the year 2000 to the present. Our reason for looking at recent studies was we thought it was important to find current understandings of factors affecting the mental health of teachers, as well as current supports.

The second category was key terms and researchers. We began with a short list of terms that included "teachers", "mental health", "mental wellness", "stigma", "stress", and "burnout". From the studies we found, we recognized that there were other terms that were important in the field, and therefore, we needed to expand our search and our understanding of terms that were used frequently in the research (see Table 2). Moreover, for the term "stigma", we discovered that we had to do some background investigation on stigma theory in general to understand how it could affect teachers. In a similar way, we also discovered that certain terms, such as "burnout" (Maslach and Jackson, 1981), have a long standing definition that current researchers use. As a result, we too, had to look at key researchers who have influenced the field of study

and who are cited frequently by other researchers in the articles we determined were relevant to review. Often, there was a doubling, where the studies that came up from our search of key terms were conducted by researchers who were cited in others' studies. This doubling helped to establish credibility in the researchers and their work. In this way, we believe that we have explored the major studies and have strong sense of the relevant researchers of this topic.

The third category was research type. We looked at a variety of quantitative and qualitative research. We deemed quantitative inquiries to be reliable if the research methodology of the author(s) included the following: a transparent description of the study design, use of accepted tools such as the Burnout Inventory (Maslach, Jackson, and Leiter, 1996), a clear description of the statistical analysis, citations of accepted researchers in the field, and a description of the limitations of the study. We decided that qualitative explorations were dependable if interviews were semi-structured in design, if quotes were used, if there was a clear connection between the information presented and themes the author(s) drew, if key researchers in the field were cited, and if limitations were acknowledged. Using these criteria, we searched various online data indexes through the University of British Columbia as well as other online sites. These data indexes included PsychInfo, Education Research Complete, Google Scholar, The Canadian Mental Health Association, and the BCTF website. We found a range of studies that have helped us gain insight into some of the causes of mental health problems for teachers, effective supports, and gaps that exist.

Interviews

From our main and broad research questions (see section “Research Questions”) we developed a series of interview questions (see Appendix D). We interviewed human resource and

organizational mental health experts to gain insight into current structures and approaches. As school leaders and possible future administrators each of us is looking to become more effective in supporting our colleagues by helping create an emotionally safe and healthy environment that promotes the mental health of teachers. We believe this ultimately benefits not only teachers but students' learning and the larger school culture. We conducted three interviews.

In-Person Interview

We chose to interview two human resource experts employed by a urban school district and one organizational expert who works in both private and public organizations. All interviewees have knowledge of the supports available to teachers in the lower mainland. The individuals chosen also have knowledge and experience in supporting teachers' mental health from an individual and organizational perspective. Individual teachers were not being interviewed for this study due to the high risks associated with interviewing someone who may be feeling overwhelmed or has an untreated mental health illness. This could have posed a number of ethical issues such as the teacher disclosing information that revealed harm to themselves, others, or their organization in which she or he is employed. As researchers we may have found ourselves in a position where we would have had to act on this information, which may have caused further duress to the teacher or harm to ourselves as researchers. Furthermore, as researchers the aforementioned teacher participant concerns highlighted the need for us to abide by the core principles of the Tri Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) which are respect for persons, concern for welfare, and justice.

As part of our qualitative research design we conducted semi-structured interviews. The interview questions had been developed in the spirit and style of an interview conversation described by Kvale (1996). This means we attempted to establish a comfortable interpersonal

situation in which our questions would serve as conversation starters. These questions were meant to start a dialogue where the interviewee shared his knowledge and experiences. The challenging part was for the interviewers to seamlessly frame and guide the interviews in a manner that allowed for a flow of questions and responses. We developed an interview guide to manage the dynamics and themes of the interviews. The questions were open ended, allowing the interviewers to use follow up or probing questions on areas that provided new or particularly interesting perspectives or information. Closed ended questions which require yes/no answers or specific facts were eliminated because we were interested in understanding how interviewees talked about their experiences and understanding of them. We were striving to facilitate interviewees to tell their stories from their world view (Sunstein, Chiseri-Strater, 2001). Consequently, we hoped to gain insight to frame and interpret their experiences and resulting perspectives surrounding the mental health of teachers. Being an attentive listener and keeping the participant front and centre was the essential element in our interviews. This meant paying attention to the verbal and nonverbal communication of our participants and guiding the interview based on these subtle nuances (Kvale 1996, Sunstein, Chiseri-Strater, 2001). Each interview began with the interviewers framing the interview, by initiating friendly introductions, making small talk and finally providing a context for the participant as to the purpose and procedures that we would follow.

Recruitment Method

After receiving approval from the UBC Ethics Review Board (BREB) and the target School Districts, we invited the interviewees to participate in the study. At this time, we answered questions as needed and all interviewees were presented with a written invitation to participate in the study as well as a consent form. Human resource/organizational experts who

decided to participate were asked to submit their consent forms for personal pick up by co-investigators.

Summary of Procedures

Each semi-structured qualitative interview was approximately one hour for each participant. Interviewees were given the interview questions in advance of the interview. Each interview was audio recorded and all three of us present, two primary interviewers and one observer/recorder. Participants had the opportunity to decline to be recorded. On the conclusion of the interview the involved researchers debriefed and took notes together. A summary of each interview was given to the participants for comments and approval. The invitation for participants to change or withdraw comments was communicated to them upon receiving the interview transcript. The final results of the study are available to all the participants and their organizations in the form of a final presentation. Participants were invited to be part of a final public sharing. Participants' total time did not to exceed three hours.

Literature Review

Many researchers have developed terms throughout the years to study work place stressors and resulting poor mental health. It has been recognized that inverse is also true: in that outside factors can also affect work place task and relationship performance (Hilton et al., 2008; Scott-Clarke 2010). Our focus was on the teaching profession. We were interested in what researchers have been able to find on how mental health is understood and promoted within the teaching profession. We also examined ways in which the evolving expectations of the profession and life circumstances create stressors that can lead to poor mental health. What we found was a complex web of findings that shared thematic threads of agreement, but which differed in purpose, design, and some specific results.

Many individuals with mental health challenges face barriers and stigma across their life span regardless of occupation, gender, ethnicity, or socio-economic status (Pescosolido et al. 2008, Scott-Clarke 2010, McConnaghy, 2011). Furthermore, Pescosolido et al. (2008) reported that being part of a marginalized group increases the amount of stigma felt by an individual. Concerted efforts from organizations and groups are attempting to remove the stigma surrounding mental health through psycho-education literacy, awareness building, and offering preventive tools. In our own experience, even though some teachers who have been part of this movement to promote wellness and to de-stigmatize mental health issues for children, quite often find it difficult to identify, acknowledge, share, and find support for their own mental health. Teachers in schools are not immune to the pervasive societal stigma associated with mental health challenges or illness. As a result, stigma impacts the way some teachers may approach and manage their mental health at work (Scott-Clarke, 2010). We also believe stigma influences how others in the school community consider the topic of mental health in schools. School personnel

are part of and affected by the wider pervasive beliefs and norms which operate within the wider context of society. Stigmatizing beliefs are enacted at the national, organizational, community and individual level through policies, practices and personal interactions (Goffman 1963; Pescosolido et al. 2008; Weiss et al., 2004).

Defining Stigma

Pescosolido et al. (2008) define stigma as “a mark separating individuals from one another based on a socially conferred judgment that some persons or groups are tainted and less than. Stigma often leads to negative beliefs (i.e., stereotypes), the endorsement of those negative stereotypes as real (i.e., prejudice), and a desire to avoid or exclude persons who hold stigmatized statuses (i.e., discrimination) (p.431).” Corrigan (2007) suggests that a diagnosis of a mental disorder or illness in itself has the unintended potential to lead to stereotyping the individual. These stereotypes include assumptions such as the individual is dangerous or will never recover (Pescosolido et al. 2008). There is a great need to dispel these myths in order to reduce the fears of both the stigmatizee and stigmatizer.

Stigma exists and is experienced by individuals from many categories such as persons with physical disabilities, racial minorities, the poor, and those with mental illness (Goffman 1968; Haworth 2006). The experiences of the stigmatizee and stigmatizer is a complex relational web and requires an understanding of the wider influences of social interactions, context, and media (Pescosolido et al., 2008; Yang et al. 2007). It is important to understand how this wider social context impacts and shapes the way teachers navigate stigma associated with mental health in their work site relationships and organization. The ways in which individual teachers cope or not, is consistent with that of many other groups. Many scholars (Pescosolido et al.,

2008; Yang et al., 2007; Link et al., 2004; Weiss et al., 2004) continue to build upon the classic definition of stigma by Goffman (1963). He first suggested that stigma is a social construction which is enacted through social relationships and what is considered normal for the conventions of that time and place. It is further influenced by larger political, cultural, and social contexts. According to Goffman (1963), the crux of stigma is that it causes a mismatch between how the individual is understood by society, “virtual social identity” and the person’s actual attributes or “actual social identity”. Ultimately stigma leads to a devalued social identity (p.3). Link, Yang, Phelan, & Collins (2004) add status loss and institutional discrimination to their definition of stigma. They propose that institutional practices can harm stigmatized groups. This consequence can be seen in the teaching profession when districts do not acknowledge a day off for mental health as a sick day. Instead, time off must be taken under the guise of sick day for lack of physical health. How stigma is enacted and experienced by teachers requires a unique lens to fully understand. We think regardless of a physical ailment, mental health or a combination of both, teachers should be able to take a sick day without prejudice because we see being mentally unwell the same as being sick.

Defining Mental Health

The language used to describe the continuum of mental health is in itself problematic. Terminology is used and created in different disciplines and organizations depending on their history, traditions, and purpose. The language has the potential to de-stigmatize or stigmatize the individual(s) involved. Mental health, mental wellness, mental illness, and positive mental health are the most common broad terms we found used in the literature (see table 2). Mental health is a broad term which can be interpreted differently depending on the user and the reference point. In our experience it is most often used in a problematic manner in that it quickly

leads to discussion of mental illness. This means the term mental health is often used from a deficit model and is positioned to contrast to good health (Dunn 1959 cited in Sackney, 2000). In its simplest form, The World Health Organization (2011) defines mental health as the absence of mental illness. The problem with this jump from health to illness is that the individual is put into a potential position of being less than others, the others being healthy. This causes a “this or that dichotomy” it leaves no room for the areas in between which we refer to as part of the continuum of mental health. This perspective can cause a loss of self-esteem and identity to the point of self-stigmatization (Goffman 1963; Pescosolido et al.2008; Weiss et al., 2004). However The World Health Organization (WHO) does offer a more detailed definition which moves away from a disease comparison definition. It defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (The World Health Organization, 2011).”

Looking at mental health from a deficit or disease base model is common. According to Kovess-Masfety (2006), approaches to mental health problems consist of three distinct areas: psychiatric disorders, psychological distress and burnout. Although “mental health” as a term may be interpreted as a concern, it is our belief that mental health is best viewed along a continuum which changes across a life span (see Table 2). These changes depend on an individual’s genetic makeup, biology and lived experiences. For example being poor, having a parent or relative with psychiatric illness, death of a loved one, illness or disability are some stressors that makes one more vulnerable to developing a mental health concern. We recognize mental health as fluctuating states which affect an individual’s functionality and participation in

society professionally, socially, and personally. These states can be experienced physically, emotionally, intellectually and spiritually.

Lawson and Myers (2011), define wellness as “a life oriented toward optimal health and well-being, in which body, mind and spirit are integrated by the individual to live life more fully with the human and natural community (p.252).” In an attempt to put a positive mark on the social, emotional and cognitive states of individuals, organizational human resource departments including school districts began to use the term wellness. According to Sackney (2000) the terms wellness and health promotion are used interchangeably, which involve maintaining or pursuing a balanced life with good health and a sense of well-being. It is believed “wellness” as a term represents a well-rounded, wholistic, and balanced approach to both physical and psychological health. It is our belief that the use of the term “wellness” equals a more positive view in society and thus, more employees will use the resources offered by human resource departments to maintain good physical and mental health. The hallmark of wellness is its focus on prevention through preventative tools and structures to manage stressors that may adversely impact the overall health of employees (Scott-Clarke, 2010). For the past thirty years wellness has been a topic extensively explored in the corporate sector and is just become an area of interest as it relates to educational organizations and teachers (Sackney, 2000). It is our belief this area of study is long overdue in the area of teaching since teacher mental health directly impacts their relationships with students, and colleagues and their engagement in teaching (Beatty 2000; Sackney, 2000; Shernoff et al., 2011).

Table 2 - Definition of Terms

<i>Term</i>	<i>Definition</i>
Stigma	➤ “a mark separating individuals from one another based on a socially conferred judgment that some persons or groups are tainted and less than. Stigma often leads to negative beliefs (i.e., stereotypes), the endorsement of those negative stereotypes as real (i.e., prejudice), and a desire to avoid or exclude persons who hold stigmatized statuses (i.e. discrimination) (Pescosolido et al., 2008, p.431).”
Mental Wellness	➤ “a life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community (Lawson and Myers, 2011, p. 252).”
Mental Health	➤ state of well-being where an individual recognizes his or her abilities and is able to cope successfully with daily stresses in all aspects of life. To experience life positively and make contributions to the community. (World Health Organization, 2011)
Poor Mental Health	➤ impediments that affect one’s ability to perform at his or her potential. There are effective treatments, preventions, and promotion programs for poor mental health. (World Health Organization, 2012)
Mental Illness	➤ being diagnosed with a mental health disorder as defined by the DSM-IV-TR (American Psychiatric Association, 2000)
Stress	➤ environmentally triggered negative feelings that could include anger, frustration, anxiety, tension, or depression (Kyriacou, 2001)
Burnout	➤ a work related psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach and Jackson, 1981)
Emotional Exhaustion	➤ feeling that one is being emotionally over extended and is depleting emotional resources, chronic fatigue
Depersonalization	➤ developing a detached and possibly negative attitude towards those one comes in contact with at work
Reduced Personal Accomplishment	➤ negative appraisal one has towards his or her own job performance (Schaufeli et al., 1993)
Engagement	➤ the direct opposite of burnout, characterized by energy, involvement, and efficacy (Maslach and Leiter, 1997)
Malcoping	➤ having inadequate coping strategies (Miskolciová, 1999)
Extensionism	➤ being at work more than expected hours by employer (Hilton et al., 2008)
Absenteeism	➤ being at work less than expected hours by employer (Hilton et al., 2008)
Presenteeism	➤ coming to work when ill, and therefore, not performing to usual capabilities (Hilton et al., 2008)
Productivity	➤ amount of work-related output. Positive productivity- greater output than employer expects; negative productivity- less output than employer expects (Hilton et al., 2008)

Job Demands-Resources (JD-R)	➤ model of burnout and work engagement where each job is seen to have its own specific stressors which can be separated into two categories: Job demands and available resources (Hultell, Gustavsson, 2010)
Job Demands	➤ factors that require either physical or mental effort (Hultell, Gustavsson, 2010)
Resources	➤ items available to help achieve job goals. Resources could be inanimate objects, or humans (Hultell, Gustavsson, 2010; Klusmann et al, 2008)
Self Efficacy	➤ belief that one has influence over job related tasks. Can lead to increased enthusiasm and effort (Skaalvik, Skaalvik, 2009)
Teacher Attrition	➤ a teacher's decision to leave the profession (Santoro, 2011)
Spill Over	➤ when stressors from one's personal or professional life begins to affect the other (Hilton et al. 2008)

Putting Definitions into Context

When we began our literature review, we generated a list of what we thought would be key terms to begin our search on the mental health of teachers. From that short list, we were led to articles that used a much greater variety of terms. Two things surprised us at this time. First, we were surprised about where in the world the research on teacher mental health has been conducted in recent years. Most of our findings come from outside of North America, with a clear lack of research within Canada itself. Secondly, we were surprised by both the breadth of the terms and the similarity in how the terms were defined and used in the context of teacher mental health.

Mental illness, as defined by the American Psychiatric Association's DSM-IV-TR (2000) is an area that we did not focus upon. Kovess-Masfety et al. (2006) made the specific distinction between mental illness that requires a specific psychiatric diagnosis and other forms of poor mental health. Instead, the researchers from our literature review aimed their work at psychological distress that individuals face due to their experiences as teachers. From here we will look at how on the job stress caused by a mixture of factors, can lead to anxiety, depression,

burnout, and an assortment of positive and negative coping strategies with the final strategy being voluntary teacher attrition.

Shernoff et al. (2011); Maslach and Goldberg (1998) all argue that stress among teachers is often caused by on the job demands, and a lack both of resources and efficacy to meet those demands. When teachers experience prolonged stress at work, burnout results (Shernoff et al., 2011; McConaghy, 2011; Kovess-Masfety et al., 2006). This link between job demands, lack of resources and efficacy, stress, and burnout was a dominant theme in the literature we read. Bauer et al. (2005); Shernoff et al. (2011); Kovess-Masfety (2006) found that teaching has one of the highest rates of burnout of all the professions. In Germany, teachers show among the highest burnout rates (similar to other parts of EU). This cross cultural study used self-administered questionnaires that were given to 701 teachers in ten different German schools. The results were taken from the 438 that responded. Women featured higher rates of burnout, which could be attributed to double duty of work and family. Klusmann et al. (2008) find burnout rates among teachers in Germany to be significant. Further, they found that there were differences between schools on specific demands and resources. However, they also found that there was little difference in burnout rates between those schools, suggesting that there are general teaching demands that cause stress and burnout, but not necessarily specific ones. On the other hand, Shernoff et al.'s, (2011) study on American teachers working in an urban setting linked specific job demands to stress and burnout compared to their suburban and rural counterparts. Likewise Bumen (2010) found significant differences in burnout rates related to the type of school. Other demographic differences based on gender, position, and age had conflicting results between various studies (Miskolciová, 1999; Bumen, 2010; Klusmann et al., 2008; Kovess-Masfety, 2006; Miskolciová, 1999; Hultell and Gustavsson, 2011). What is clear is that many teachers

experience stress and burnout that they attribute to on the job demands. What is not clear is which specific demands are more likely to result in stress and burnout, who is more likely to become stressed and burned out, and if there are other factors within a school that counter balance, and therefore, neutralize these effects.

Having access to resources is another key factor affecting stress and burnout. In the teaching context, resources are divided into three categories. The first category includes materials for teaching such as textbooks, science equipment, and math manipulatives. Lack of having these materials has led to some teachers purchasing needed items with their own money. While this action relieves the stress of being able to teach effectively, resentment often results (Shernoff et al., 2011). The second category involves human resources in the form of teaching assistants, specialty teachers, and mentors. When teachers experience a reduction in service provided by these individuals or when there is simply a lack of support, stress and burnout rates increase (Shernoff et al., 2011; Hultell and Gustavsson, 2011; Klusmann et al., 2008; Bauer et al., 2005). The third category involves professional development. Professional development is key both for pre-service teachers and for teachers throughout their careers. One benefit of professional development is to teach active coping strategies. Hultell and Gustavsson (2011) report that having a positive active coping strategy is positively related to beginning teacher engagement and negatively related to burnout. These findings highlight the benefits of actively teaching positive coping strategies to educators. Another benefit is to help meet changing role demands, and therefore, reduce a stress risk factor (Shernoff et al., 2011; Bauer et al., 2005; Bumen, 2010; Hultell and Gustavsson, 2011). These changes notably include expertise with technology and working with children with special needs in inclusive settings. White (2009)

contends, teachers are feeling stressed about new expectations in these areas. What is not clear is whether professional development opportunities are being offered to meet this new expectation.

Teacher Efficacy

Teacher autonomy or efficacy is another key contributor to either engagement or stress and burnout. High personal engagement is seen to correlate strongly with self efficacy (Maslach and Leiter, 1997). Teachers show a willingness and enthusiasm toward their work and students when they have control over teaching practices (Naylor, 2009; Skaalvik and Skaalvik, 2009; Santoro, 2011). Burnout, on the other hand, is linked to a lack of self efficacy. When emotional exhaustion, depersonalization and a reduced sense of personal accomplishment occurs, teachers invest less time in preparing engaging lessons, and distance themselves from their students. Further, teachers experiencing burnout are less likely to seek support services for students and students are more likely to be criticized and be disciplined punitively if their teacher experiences burnout (Shernoff et al., 2011).

Santoro (2011) describes a related term, demoralization. She argues a significant difference between burnout and demoralization exists. Burnout results when an individual lacks the personal resources to cope with the realities of the job whereas demoralization occurs when there is a change in the rewards available through practice. One key reward teachers seek is self efficacy in planning curriculum and lessons, and therefore in feeling a sense of moral purpose about what students are learning. The increase of scripted lessons, standardized testing, and data collection contributes to increased levels of demoralization of teachers (Santoro, 2011; Shernoff et al, 2011). Individual reactions to on the job demands are not the same. Not everyone who experiences the same working conditions becomes burned out. Miskolciová (1999) studied

hardiness in teachers which is defined by an individual's level of control, commitment, and challenge (Kobasa, 1986). Miskolciová (1999) found that some individuals were not able to adequately cope with job demands. For the purposes of her study, she uses the term malcoping to describe this inability to manage effectively. Using her definition of malcoping, we can frame the following strategies described by Hilton et al (2008).

The first inadequate coping strategy is extensionism. In teachers, that would include coming to work early, staying late, or taking work home to complete. Teachers work in isolated classrooms during the work day. It is not difficult for teachers to work beyond expected hours without pay marking assignments or planning lessons without others noticing.

The second strategy is absenteeism, when teachers stay away from work more than expected. In the Hilton et al. (2008) study, white collar workers, among whom teachers were grouped, did not show an increased level of absenteeism when faced with stressors on the job. The Shernoff et al., (2011) study, however, did link teacher burnout rates with absenteeism as did the Sackney et al. (2000) study and the Amschler and McKenzie (2010) study. The reasons for the discrepancy are not clear. Two possibilities include that the 2008 study was done with Australian workers whereas the 2011 and 2010 studies looked at American teachers and the 2000 study at Canadian teachers. Differences between the three countries could account for the difference. Alternately, the various study designs could have caused the disparity.

The final strategy is presenteeism. This strategy involves coming to work, but not performing to usual capabilities. Hilton et al. (2008) found that as a group, white collar workers used this strategy. The result of presenteeism is low productivity. The other studies that involve burnout support this finding. One of the key components of burnout is developing a detached

and possibly even negative attitude towards work. A second aspect is recognizing that one's own work performance is not satisfactory (Maslach and Jackson, 1981). With these features in mind, there is a strong link found by other researchers between presenteeism and teachers experiencing burnout (Shernoff et al., 2011; Ecklund, 2008; Amschler and McKenzie, 2010; Bauer et al., 2005; Bumen; 2010; Klusmann et al., 2008; Kovess-Masfety et al., 2006; Shernoff et al., 2011; Skaalvik and Skaalvik, 2009). Consequences of burnout are well substantiated. The aforementioned authors discuss the inability of teachers suffering from burnout to meet the performance expectations. Furthermore, they lose their ability to perform at levels expected of them by others and by themselves. These authors further find that the consequences of burnout in teachers are negative for the teachers themselves, their students, and for the community at large. Furthermore, a study conducted by Bauer et al. (2005) found 32.5% of teachers showed signs of burnout, and 20% had symptoms consistent with a clinical disorder. Surprisingly, Shernoff et al. (2011) find that teachers with the highest rate of stress and subsequent burnout are the least likely to leave their job. As a result, there may be presenteeism or “*on-the-job-retirement* (p.60)” that occurs.

Teachers live their lives both at and away from work. One facet of life can affect the other. This concept is termed spill-over (Hilton et al. 2008). The influences can flow in either direction, meaning that stressors from life at home can affect workplace behaviours, and stressors from work can affect life at home. The study by Hilton et al. 2008) group workers into two categories: white collar and blue collar. Teachers are included in the white collar group. As a result, drawing inferences about the role spill-over has on teachers specifically cannot be determined from this study.

Attrition describes a teacher's decision to leave the profession (Santoro, 2011). This strategy is used when an individual no longer wants to or feels able to continue on in his or her role. Leaving the teaching professions may be necessary and even positive for some teachers. However, when previously passionate, high-functioning teachers leave the profession because they believe their role expectations have changed to a level that they cannot continue, then concern should result. Some teachers choose early retirement or working part-time whereas others look for employment in other fields where the stresses and burnout rates are not so high (Klussman et al., 2008; Santoro, 2011).

Consequences of Mental Health in Teachers

Ecklund (2008) discusses the fact that many teachers feel that working harder or longer equals better teaching and raises their professional status by showing their colleagues they have dedication to their students. Ecklund further states that if a culture of teacher competition develops among staff, a decline in of their own physical and mental health can result. "Dedication is admirable, but martyrdom is unsustainable (Ecklund, 2008, p.27)." We decided to focus on the following areas: absenteeism, burnout, deterioration of personal life, and lifelong health implications.

Health Implications

According to the World Health Organization (WFMH) Conference in October 2010, there are many health implications that can occur as consequences if mental health concerns are not dealt with effectively. Hilton et al. (2008) present that mental health problems are a contributing risk factor for the development of physical health problems such as heart disease and weakened immune systems. In addition, occupational health physician specialists report that

50-60% of their caseloads are related to mental health concerns. Moreover, there will be a 50% increase in mental health claims in the next five years (Scott-Clarke, 2010). Bauer et al. (2005) report that these disorders consist of depression, stress disorders, and exhaustion. They also found that psychosomatic disorders and symptoms that correlate with burnout are the leading causes (52%) of premature retirement in German school teachers.

Deterioration of Personal Life

Deterioration of mental health in teachers can also have detrimental effects on their personal lives. Some of the consequences educators have reported include increased relationship difficulties, poor sleep hygiene, and substance abuse. Hilton et al. (2008) report a spill over into employee home life and a disruption to “work-life balance” which may result in mental health worsening. Amschler and McKenzie (2010) looked into teachers who are “self-medicating” and found that those who do are more likely to drink, smoke, and be absent than other professions. This malcoping strategy quite often goes undetected by administrators. As a result, teachers continue to remain unsupported and untreated (Scott-Clarke, 2010). Not seeking treatment for mental health issues is explained by Weiss et al. (2006) as being a response to individual and societal stigma.

Sleep Concerns

Although not much literature was found on the direct correlation between teacher mental health and sleep concerns, we would like to acknowledge this area as it can affect the mental health of teachers and their ability to be effective educators. Amschler and McKenzie (2010) discuss that “among all ages, sleep deprivation is known to be associated with many health problems, including sleep apnea, type2 diabetes, hypertension, obesity, musculoskeletal pain, poor reaction time and memory loss (p. 102)”. They also report that teachers average 6 hours of

sleep or less, which is the third lowest average among professionals. According to them, sleepy teachers are at higher risk of providing insufficient supervision, inferior instruction, increased mood swings, and health problems. They also report that sleep issues lead to lower job satisfaction, lower job performance, and absenteeism.

Teacher-Administrator Relationships

The implications and importance of the professional relationships between educational leaders and teachers has been investigated and discussed in the literature for over ten years (Sackney, 2000). When a teacher may be experiencing mental health concerns, the role of an educational leader within the school can play a huge part in supporting or harming the individual. Most teachers who experience mental health concerns cite administrators as primary source of problems (McConnaghy, 2011). Sackney et al. (2000) explain four key strategies that educational leaders can use to promote a healthy community: establishing good employee relationships, showing respect by being fair and caring in showing concern, establishing a vigilant of school environment to ensure healthy workplace, and ensuring that wellness is a priority in their agenda.

Identification, Stigma, and Prevention

Another area of focus is the ways in which educational leaders could identify teachers who may be at risk of poor mental health. McConaughy, (2011) and Scott-Clarke, (2010), found that teachers often did not want to discuss their potential concerns or to seek support from their administrators because of the stigma attached to the term “mental illness.” (McConaughy, 2011; Scott-Clarke 2010). Santoro (2011) addresses this problem when she points out the importance for educational leaders to “be wary of the term burnout because it puts the individual at the centre, having weaknesses and failing instead of focusing on the school context (p.17)”.

Individuals with mental illness are rarely portrayed in a positive light because images of danger, unpredictability, and incompetence dominate people's perception of mental health, especially from the media (Yang et al, 2007; Pescosolido et al., 2008). As leaders we need to normalize stress, burnout and mental disorders as preventative and manageable. As teacher leaders this could be accomplished through psycho-education, building mental literacy and a willingness on the part of the leader to talk about their own mental health. The use of media stories and personal narratives such as "Ride, Don't Hide" (2011), a campaign held by a Vancouver teacher intended to share stories with different people around the world in hopes of bringing attention and awareness to the stigma surrounding mental illness. This endeavour shows teachers can have manageable mental health issues while still have fulfilling work and home lives. Being in close proximity or knowing a person with mental health issues has a marked potential to help reduce stigma. It breaks down barriers and allows the dispelling of myths (Pescosolido et al., 2008). Teachers need to be aware that stress levels fluctuate during one's life and can be managed. From what we have read, people can also prevent adverse effects of a mental health disorder from impacting their work if given the necessary collegial, community, and medical supports (World Health Organization, 2010). We believe these base interactions are key.

Collegiality

When it comes to supporting a teacher who may be experiencing mental health concerns, collegiality seems to be at the forefront of preventative strategies. Ecklund (2008) explores strategies for school communities that can be used to be more supportive of teacher wellness and offers numerous strategies on what administrators and colleagues can do to support one another. Although teaching is generally viewed as a collaborative profession, the fact is that teachers regularly spend most of their days separated from colleagues in their classrooms. Ecklund(2008)

finds that isolation has been found to be a major cause of burnout in teachers and that camaraderie is the key to supporting these colleagues. Kovess-Masfety et al. (2006) discuss the main risk factor identified in teachers with poor mental health as a lack of support from colleagues. This finding not only emphasizes the importance of creating a collaborative and safe environment, but also the importance for educational leaders to identify these teachers and/or staff members and to provide supports around them.

McConaghy (2010) identifies teacher profiles commonly associated with teacher burnout and/or mental health concerns and discusses the importance of supporting teacher who fit these profiles. He argues that these are highly skilled teachers who need to be valued and retained. He states that:

teachers who fit this profile are likely to be extremely sensitive; they are easily hurt and recoil or fight when criticized. However, their sensitivity has a more positive component: characteristics like intuition, creativity, flexibility, the ability to be experimental, and spontaneous. Their interpersonal relationships, including those with colleagues and students, are characterized by love, warmth, and empathy. These teachers are also subject to perfectionism. This need to perform at a higher level, without a clear concept of how much higher, this can result in increased efforts and in an increasing sense of failure and inadequacy (p.2).

The positive characteristics of these teachers are highly valued by the profession at large and by their schools. Every effort must be made to keep these teachers healthy and functioning (McConaghy, 2010).

Ecklund (2008) aligns with McConaghy (2010) in stating that teachers who tend to experience mental health concerns are valuable teachers and need to be protected. As mentioned earlier, only teachers who are first motivated and dedicated can burnout and these teachers need to be supported by their colleagues and administration so they can continue to contribute to the school community the best way possible. For Scott-Clarke (2010), educational leaders are similar to managers in business firms; they are responsible for creating a psychologically safe workplace and can be held liable if they do not. Additionally, workplace assessments are now mandatory in Ontario as a way of promoting the communication and prevention of mental illness. Kovess-Masfety (2006) addresses the importance of preventative action which seems to be less expensive and more effective than programs aimed at reducing existing symptoms.

Teacher Self-Efficacy and Engagement

As discussed earlier, self-efficacy is an important factor in maintaining teacher mental health. According to Skaalvik and Skaalvik (2009) self-efficacy is defined as the belief that one has influence over job related tasks and can lead to increased enthusiasm and effort. It is widely discussed that teachers who feel better about their teaching are more likely to be engaged in their jobs (Maslach & Leiter, 1997). Skaalvik and Skaalvik (2009) discuss that collective teacher efficacy is often affected by the school's principal, furthermore individual teacher self-efficacy is directly affected by relationships with students, parents and colleagues. Bumen (2010) also reported on the negative relationship between self-efficacy and burnout. When investigating the relationship between teacher mental health and engagement, Klusmann et al. (2008) discovered that "type" of school was a significant variance for teachers' engagement, but not for teachers' emotional exhaustion. Also, they discuss that the principal's pedagogical support was directly associated with teacher engagement, both positively and negatively. Bumen (2010) supports this

argument finding that both the type of school and teaching experience related significantly to burnout. Skaalvik and Skaalvik (2006) also discuss that there is a strong association between time pressures and emotional exhaustion and that pre-service and in-service professional development should be explored as ways to prevent burnout.

Environmental Conditions and Community

The importance of creating psychologically healthy environmental conditions and community within the school is also discussed in the literature. Kovess-Masfety et al. (2006) report that a better working environment for teachers is needed and that four essential aspects of life at school need to be addressed in order to prevent burnout: positive relationships between teachers and students, strong levels of social support, participation of parents in schools, and the principal's managerial skills. Additionally, Sackney et al. (2000) discuss that most areas in need of improvement for teacher wellness include: additional prep time, improved environment quality, increased involvement in decision making, and reduced work load. All of these areas can and should be controlled by the school leader in hopes that the teachers are better supported in completing what they are intended to do: teach. In creating a positive and supportive school community, Shernoff et al. (2011) describe the supports needed to change and strengthen a community as: more human & material resources, ongoing professional development, a supportive leadership team that promotes mental wellness and collegiality, and resources for parents. Hultell & Gustavsson (2011) find that there are active coping strategies that have positive effects on engagement and reducing burnout. We see this finding as an opportunity for educational leaders to actively teach coping strategies and to further model these strategies through their own practice.

Strategies for Maintaining Personal Mental Wellness in Leadership Role

Although literature surrounding teacher mental health has been the focus of our paper thus far, it is also important to investigate how educational leaders protect themselves from mental health concerns. As leaders, all the emphasis is on supporting staff but what happens when the leaders themselves experience exhaustion or burnout? Johnson, Aiken, and Steggerda (2005) found that the key for leaders is to be aware of their own emotions and that the kinds of emotions shown by school staff, which often manifest as anger and resentment, help leaders to realize their own sense of disempowerment. Beatty (2000) also presents the need for leaders to “understand their emotional selves and how these insights shape their leadership behaviours and actions and foster strong collaborations and effective teams in schools (p. 253).” We believe our emotional selves are influenced by our core beliefs and values. When it comes to diffusing conflict, Johnson, Aiken, and Steggerda (2005) discuss that by knowing their own emotional selves, leaders cited their socialized learned skills as important tools in leading and that strategies for managing emotions, and that writing things down and talking to trusted peers were effective in diffusing conflicts. In an effort to promote this type of leadership style, they cite the need for college and university educational administrative programs to be reformed to nurture emotional awareness and that professional development with mentoring is a key tool in establishing strong confident educational leaders.

A review of the literature on the mental health of teachers was a diverse and rich experience. In order to appreciate the issue, we had to understand the terms and connect current research findings. This process led us to look backwards before moving forward. In order to understand the implications of poor mental health and related terms, we had to look back at the broad field of stigma to frame the issue. Through this lens, we have begun to understand and

infer why some teachers choose not to seek help for stressors. We also understand why some authors are passionate about how individuals with poor mental health are portrayed. They argue that it is faulty to look at the symptoms of burnout and lay blame with the sufferer for not having enough internal resources to deal with tough situations. Instead, they call for an understanding of the context of the working environment, and put the onus on the community to provide a positive culture for mental health to flourish (Santoro, 2011; Ecklund, 2008; Scott-Clarkee, 2010). As we begin to conduct our own research in the British Columbia context, we are curious about how this issue is understood, what the current conditions are, what supports are offered, and how we can move forward.

The Interviewees

As mentioned earlier, we interviewed three experts. The first interviewee, who we refer to as Mr. Wilson, is a human resource expert working in an urban school district. The second interviewee, who we refer to as Mr. O’Riley, is also a human resource expert working in an urban school district. The third interviewee, who we refer to as Mr. Smith, is an organizational psychologist who works in both public and private settings. All three interviewees have experience working with teachers who face mental health concerns.

Mental Health: Literacy of Terms

From our interview experts, we were interested in understanding what definitions of mental health they were using and what they believed were common understandings of mental health among teachers and administrators. We were also interested in the other terms they utilized when describing a teacher who was experiencing challenges with mental health.

Defining Mental Health

When explaining their own understandings of mental health, there is some commonality among our experts as well as differences. Mr. Wilson uses a dichotomy when defining mental health, explaining what a mentally healthy person looks like compared to a mentally unhealthy person. Mr. Wilson states a mentally healthy person is able to “live a happy life” and “deal with stress on a daily basis”. Being a mentally unhealthy person, however, is described as an individual who “can’t cope”. Mr. O’Riley and Mr. Smith each describe mental health as belonging on a continuum. Mr. O’Riley describes a need for balance in life to promote mental

health and states that he believes an individual's mental health is "on a continuum, and it's always bouncing up and down". Mr. Smith also supports the idea of a continuum, but pushes for the use of a different term: psychological health. He argues the need for this term, because he has found that when using mental health, even positive mental health, "we think mental illness", thinking about the problems and related disorders. On the other hand, he contends that the term psychological health allows "for a continuum" because "everyone has some sadness, some anger, some worry, has those dimensions. It is a universal construct." He further argues that the causes of mental health illness are not known, but that stress is a mediating factor.

During the course of our research on teacher mental health, we have found a large difference between what terms are defined by the researchers compared to our experts. Namely, mental health is not specifically defined at all by the researchers. Instead, mental health is most often used in the following ways: to detail common types of mental health concerns teachers face and related consequences (Kovess-Masfety, 2006; Hilton et al., 2008; Santoro, 2011; Shernoff et al., 2011), to identify risk factors for mental health problems (Kovess-Masfety, 2006; Scott-Clarkee, 2010; Santoro, 2011; Sackney, et al. 2000; Shernoff et al., 2011), to relate the number of teachers who experience mental health concerns (Kovess-Masfety, 2006; Scott-Clarkee, 2010; Miskolciová, 1999; McConaghy, 2011; Hilton et al., 2008) or to suggest how to promote mental health (Kovess-Masfety, 2006; Scott-Clarkee, 2010; Shernoff et al.). Other authors use and define terms such as burnout and stress but do not use mental health as a term at all (Bumen, 2010, Klusmann et al., 2008; Hultell and Gustavsson, 2011; Skaalvik and Skaalvik, 2009). In order to find a definition of mental health itself, we went to the WHO website (WHO, 2011).

We understand that different definitions contain different beliefs and values about what is mental health and what is mental illness. The experts gave us a definition of mental health because we asked them specifically to explain their understandings of what the term meant. Why a definition is lacking from the researchers who were looking at teacher mental health is not as clear. The assumptions and purpose these researchers had for their projects could have affected what they chose to define. Mental health is a term that is widely used, and these researchers may have assumed that they and their readers would have common understandings. Secondly, purpose is a factor. Each researcher had a similarity of purpose: to look at teachers who have mental health concerns. By focusing on this end of the mental health spectrum, these authors may have decided a wholistic definition was not necessary to their objective. Instead, what are well defined by the researchers include common mental health issues, particular risk factors, and coping strategies.

As research-practitioners, we promote the understanding of mental health as belonging on a continuum. By viewing mental health along a sliding scale, we hope that destigmatization of mental health concerns will occur because if we all see ourselves along the spectrum, then we can accept that mental health fluctuates, and that someone with a mental health concern is not so different from the rest of us. We believe possible spin-offs will be the acceptance and promotion of viable supports along with preventative measures. We also support the use of common terms and understandings of those terms. By having a common language, authentic conversations about mental health are possible.

Mental Health Literacy

Mental health literacy of teachers and school leaders was the other area of interest we wanted to explore through our interviews. Each expert had insights to offer, insights based on their own observations and experiences. During his interview, Mr. Wilson explains that he believes that understanding of mental health among administrators “varies, but I think it’s pretty good”. To help with the process, as an assistant superintendent, he has offered some workshops and has worked with administrators to explain why issues with teachers facing mental health concerns are dealt with in the way that they are.

Mr. O’Riley says that he does not know the level of understanding about mental health issues administrators have, but “would imagine it would be all over the map”. From his experience, many do not seem to think about it when dealing with teachers, “they appear not to”. He admits that he has not questioned any on their understanding, but has observed their behaviours and made inferences about it. It is the “autocratic” principal he has found who does not “think about mental health”. When it comes to teachers, Mr. O’Riley sees that many look at mental health from a deficit position. “It is something to keep secret. They look upon it as something you do as a rehabilitation program; they don’t see it as a prevention program”.

Mr. Smith’s role as an organizational psychologist includes researching and creating programs for organizations. He states that he does not know the mental health literacy level of teachers and administrators in particular. He says: “we know that women are much better at seeking care for their own health”. He also tells us that other factors play a role some of which include: “cultural, gender, demographic, age, and so on”. He highlights the need for a “common language so we know we’re talking about the same kind of stuff”. At the same time he warns

against using diagnostic terms which may be misused; “I just don’t think that’s very helpful”. Instead, being thoughtful and aware of language is important when discussing mental health. He further states that “it is better to talk about things than not” when it comes to mental health, and that individuals who are facing a mental health issue should have control over their information. In saying so, Mr. Smith provides any example of how someone could handle questions from colleagues. Key to his example are the principles of being gracious when colleagues show concern balanced with the right to control the level of details shared. An influencing factor on that conversation depends on the two colleagues’ “relationship and it kind of depends on what went down before”.

Specific levels of mental health literacy among teachers and administrators are not known to our experts. However, due to their experiences in past and present roles, they are able to provide some ideas about literacy levels and the challenges surrounding this topic. When it comes to literacy levels of teachers and administrators, the researchers have little to report. What the actual understanding of mental health is among teachers and administrators is not known. This question is not explored by the researchers. However, based on our research we see a need for a concerted effort on the part of the school organizations to increase mental health awareness rates among school personnel. As discussed earlier, we believe destigmatization and possibilities for authentic conversations would be feasible if all teachers and administrators spoke the same language.

Terms Used in Context

The terms the experts used when describing teachers who faced mental health concerns was another area we chose to explore. We did not ask for specific definitions of these terms.

However, terms were used when answering our questions. Common terms used include: stress, anxiety, depression, presenteeism, absenteeism, and stigma. How and when these terms were used will be discussed within the context of relevant themes. At times, the experts described behaviours without using specific terms, or used descriptors that they saw as suitable.

Representations of Declining Mental Health

“Flip-flops and Too Much Purple”

All three experts describe deteriorating mental health as a pattern of behaviour that is observable. To illustrate his point, Mr. Wilson describes teachers who struggles with mental health as exhibiting some of the following: moving from site to site, “having conflict, almost always with the administrator”, “not showing up at staff meetings”, frustrating colleagues who are “bending over backwards to provide them with information, “never seem[ing] to know what’s going on”, distancing themselves from students, having “problems in the delivery of instruction in the classroom”, wearing inappropriate clothing such as “flip-flops and a Hawaiian shirt” in the winter, and having a “high absenteeism rate”. When approached by an administrator, the teacher “is denying that there is anything wrong”. He describes these teachers as trying to cope, but being unable to successfully do so long term.

In his role in human resources and in his past role as a principal, Mr. O’Riley describes two initial signs that someone’s mental health is deteriorating. The first sign is being away often, the other is often coming to work late. He describes a specific situation when he was a principal. He describes the staff as “always picking up the pieces” and that he in particular “would open her room for her and get the kids going”. At times “she would be off for weeks and months”. Now, in his role in human resources, he will constantly talk to the union president “about our

concerns in regards to various people that we have looked at the attendance saying ‘well, this is not good’. So we’re always looking at that attendance and seeing what the pattern is”. From here, he cites having the “inability to teach with those kinds of problems” as another indicator of deteriorating mental health. To compound the problem he says “we have a lot of people who are hiding and it’s all connected to their mental health”.

Mr. Smith stresses a pattern of “observable behaviour” as well, noting worsening job performance as a key indicator of deteriorating mental health for administrators to notice and act upon. “They’re at work, but they may not be functioning at their best,” he says. “There’s been a process there,” he notes, “a deteriorating pattern of behaviour”. He describes how “colleagues will cover up to a certain point” when someone “didn’t show up on time”. However, he warns that colleagues get “kind of annoyed having to cover for” the habitually late teacher.

There is some difference in the specific descriptions of how a teacher who is struggling with mental health behaves. However, all three experts strongly describe a pattern of malcoping that should not go unchecked. The behaviours that these experts depict connect to the observable indicators of burnout described by many of the researchers from our literature review. The term presenteeism used by Mr. Smith and Hilton et al. (2008) further correlates to notion that teachers with declining mental health show/depict a pattern of deteriorating behaviour that others can recognize. Along with our experts, we believe that once observed, these behaviours should not go unchecked. Instead, more care is shown for all involved if steps are taken with the intent of helping the teacher who is struggling.

“The Big Three”

How each of the experts describe and categorize teachers who experience a decline in mental health have unique characteristics as well as parallels. All three experts focus on stress, anxiety, and depression. Although there is some overlap, the ways in which the terms are used to illustrate teachers with mental health concerns are not the same. Each expert uses the terms somewhat differently. These differences are magnified by the causes each theorizes about regarding a teacher’s declining mental health.

Mr. Wilson focuses his attention on depression and anxiety. He describes depression and anxiety as being “remarkably common” and as “the two really big ones” he has had to deal with in his roles as principal and assistant superintendent. Stress, on the other hand, is used when describing a mentally healthy person. When talking about what mental health challenges a teacher faces and why, Mr. Wilson focuses on the personal life of the teacher, of spill-over from home affecting work. He uses examples of family illness, divorces, death, as well as individual physical suffering, all of which can pile up and become too much for a teacher to bear. He describes sadness as something that “can often be helped in the early stages” before it develops into “clinical depression”. Mr. Wilson further adds that mental health issues rarely occur in isolation. He illustrates his point by saying that people often self medicate with drugs and alcohol, thus blurring symptoms. He says:

It can get quite complicated and sometimes you’re not too sure what you’re seeing. Again, are you seeing the performance issue? Or are you seeing a drug-related issue? Or is this driven by alcohol? Or is this driven by sleep deprivation? Or is this driven by the high anxiety or depression?

The relationship, causes and effects of each are not clear. Unfortunately, Mr. Wilson contends that we tend to compartmentalize, “we put a label on it for the purpose of clinician work, and sometimes even for funding, but it’s very, very rare, that you haven’t got a very complex thing happening”. Thus, the main realities Mr. Wilson sees are anxiety and depression, but the interplay of other factors cannot be minimized nor dismissed.

Mr. O’Riley takes a different approach than Mr. Wilson when describing the challenges to a teacher’s mental health. He describes depression, anxiety, and stress as “the three big things that impact on all of us in this game”. Mr. O’Riley often uses the three terms together, although he uses “stress” and “anxiety” slightly more often than “depression”. When asked about what causes stress, anxiety, and depression in teachers, Mr. O’Riley focuses on the workplace. He says that problems often revolve around whether “their performance is questioned”. He further states that he thinks “principals cause a lot of the problems, you know, depending on their style”. Principals who are “autocratic” compared to those who aim to serve, to build trusting environments with high morale, cause a lot of mental health problems in teachers. Mr. O’Riley also points to the union president as having a role. The president can “cause a lot of stress by doing things in an inappropriate way”. Being inappropriate, according to Mr. O’Riley, is acting as a “defense lawyer”, as creating an environment of “us” versus “them”. Mr. O’Riley sees this behaviour as creating “a lot of unhealthy things”. Neither teachers nor the union should think that “management” is trying to end a career simply because concerns are brought up. In his role in human resources, he sees himself as someone who can also increase or lessen a teacher’s stress depending on how he handles each situation, every day. Everyone has a responsibility to think about how behaviours affect those around us.

Mr. Smith's approach to mental health comes from his experience as an organizational psychologist and researcher. Like Mr. Wilson and Mr. O'Riley, he uses depression, anxiety, and stress when describing declining mental health. Like Mr. O'Riley, he focuses on the workplace when it comes to stressors. A major difference, however, is regarding why he believes depression is so often diagnosed.

The workplace as a factor in an individual's declining mental health is supported by Mr. Smith's research and experience. He describes the leading influence on stress in the workplace as "workload plus ability to control it". This description is termed the "Demand Control Model". Mr. Smith further explains that it is "your capacity to have your hand on the off switch" which can alleviate or exacerbate stress. In the teaching context, Mr. Smith contends that there are fluctuating periods during the year when teachers are busier than others "report card season" is given as an example. To compound the issue, "class sizes keep getting bigger" and "special needs kids keep on coming with the demands of the job continuing to some extent to pile up". If teachers have the "capacity for control or autonomy within the job itself...or at least to have some input into how the work is done" stress can be lessened.

While stress is a major reason for declining mental health, Mr. Smith is quick to point out that a teacher off on medical leave cannot be given a diagnosis of stress. "There is no such thing as stress leave." Instead, Mr. Smith explains that if a teacher is "off with a medical condition, you have a diagnosis. Stress is not one. Depression is." As a result, depression comes as a bit of a "proxy diagnosis, meaning they have to call it something." He goes on to add that he does not believe that teachers are faking or that they are being misdiagnosed. Instead, he contends that the symptoms do fit the diagnosis of depression however, this diagnosis is not really sufficient. All the "situational causal factors are irrelevant to a diagnosis". A doctor cannot do

anything about those factors, so instead medication is prescribed. “The system isn’t terrific,” he adds.

Interestingly, Mr. Wilson is the only expert who focuses on spill-over from home to the workplace in the form of depression. In Mr. Wilson’s role as assistant superintendent and head of human resources, he comes in close contact with teachers who struggle with mental health issues. He speaks with them one on one, and as a result, learns about aspects of their personal lives. As a result, he connects issues from home to what he is seeing happening at work. The fact that he exclusively speaks about personal stressors affecting work without acknowledging workplace factors is interesting to us. Mr. O’Riley, on the other hand, also works in human resources. His description of influences on teachers’ mental health is quite different from Mr. Wilson’s. In our opinion, both men speak sincerely about wanting to help teachers in ways that make sense on a case by case, individual basis. Why their descriptions differ so greatly is not clear. Past experiences, particular cases that came to mind during our interviews, views on mental health, and their own beliefs about their roles in human resources are some of the factors that could have played a role. It is interesting to note that the researchers who conducted specific studies on the mental health of teachers did not factor in home life realities that could affect mental health. From their perspective, the role of working conditions, including efficacy is the primary focus. The intentions of these individuals are not clear to us. We do believe that the workplace does play an important role on the mental health of teachers. At the same time, we also consider that stressors from one’s personal life can have a significant impact on mental health. A more balanced approach does seem necessary to us. However, we acknowledge the complexity of conducting research that incorporates both home and work. We also understand that many of these researchers deliberately chose to stay away from mental health disorders.

Incorporating stressors from personal lives that could include possible clinical depression may have influenced the decision to focus on the workplace exclusively.

“Shhh...”

Stigma can be another influence on a teacher’s mental health. Both Mr. Wilson and Mr. Smith discuss the role stigma can play on a teacher who is struggling with a mental health concern. Mr. Wilson describes mental health as “a world that people don’t want to talk about”. Mental health, he says “carries stigmas because there are a lot of people that do not understand” it at all. The result of this lack of knowledge is that “teachers aren’t very good at having those conversations” with their colleagues, conversations that could lead a teacher to seek supports that are offered by the district. He hopes the situation will improve over time when there have been more “people who have actually gone through it themselves, so when they see someone else, there is a better chance that that they are going to say ‘you know, maybe you should clip into it’”. Until then, stigma will play a role in the reluctance people have in seeking appropriate help.

Mr. Smith feels generally optimistic about the influence stigma has on declining mental health. He suggests that “we can let go a little bit and start talking that language a bit more freely as long as we’re trying to do it appropriately and respectfully”. He further adds that “in general, it’s better to talk about things than not”. Although stigma plays a role in people’s avoidance of the issue, he hopes that with mental health literacy, the situation will improve.

Not everyone speaks directly about stigma, but those who do draw similar conclusions. One consequence of stigma that Mr. Wilson, Mr. Smith, and Scott-Clarke (2010) acknowledge is the reluctance to talk about mental health. When it comes to dealing with mental health concerns, there is a lack of understanding about how to approach the issue, from the sides of the

administrator, the teacher who is struggling, and colleagues. Mr. Wilson hopes that in time, the situation will improve. Mr. Smith also thinks that stigma will lessen over time, but along with Scott-Clarke (2010) also takes a more direct approach, pushing for explicit training. Scott-Clarke (2010) goes as far as saying that employers are responsible for employees' mental health. We support the need for direct education on mental health issues for the purpose of increasing understanding along with developing appropriate programs for prevention and support.

Opportunities and Challenges in Accessing Mental Health Resources

All three of our interviewees speak about the challenges and opportunities for teachers in accessing mental health resources. Common themes emerge from both areas. Many of the themes can be regarded as both an opportunity and challenge such as collegial/administrative relationships, returning to work, union involvement, available services and resources, and prevention. Stigma is the only area that is not viewed as an opportunity as well as a challenge.

Relational Opportunities

All interviewees view colleagues, cite and district administrators as a potential support resource for a teacher experiencing a mental health challenge. Trusting relationships are noted to be the foundation of being helpful. Mr. Wilson speaks of teacher colleagues who after navigating their own mental health challenges, caringly let others whom they think are in need, know about the services available from the district and union based on their own experiences. Mr. Smith thinks colleagues are supportive up to a certain point such as covering a class for a late teacher.

Mr. Wilson and Mr. O'Riley view the administrator's relationship with staff and individual teachers as a vital influence on teachers whether to engage in seeking support within and outside the school for mental health concerns or not. Mr. O'Riley strongly states, "We need

good relationships as the building blocks to talking about mental health. What is needed is caring attitudes between and among teachers, staff. Most admin. are forgetting about the importance of creating caring relationships.” In Mr. O’Riley’s experience a couple of teachers on a staff will discuss a mental health issue with their administrator, “because the relationship is strong enough”. Mr. Wilson has also had similar experiences where through strong, trusting professional, and personal relationships he has been able to support teachers, even to the point of going to their homes to help. When he is at schools, individual teachers will seek him out for guidance. He takes this position of responsibility even though it is not part of his job description.

Mr. O’Riley and Mr. Wilson’s emphasis on the importance of caring relationships as the foundation to supporting teachers is consistent with Sackney et al.’s (2000) position on the deliberate attention necessary for administrators to develop these types of relationships. Mr. O’Riley’s assertion that we need “caring relationships” goes deeper than civility. It mirrors the attention researchers have put on relationships that can have a positive impact on a teacher’s mental health (Goleman 1995; Kovess-Masfety et al. 2006; McConaghy 2010; Sackney et al. 2000). As researchers we see adding the lens of mental health to administrators-teacher relationship as a powerful opportunity to being more inclusive and supportive of teachers’ total lived work experience.

Relational Challenges

Administration

Mr. O’Riley comments that some administrators can cause “a lot of problems in a school” by being too focused on things such as micro-managing, technology, or curriculum instead of creating caring relationships. Mr. Smith sees a need to formally train teachers and administrators

“to be supportive and available if someone is struggling” He cites the Australian program called “Mental Health First Aid” as a good option for schools’ staff to draw upon. It offers mental health literacy as well as the practical suggestions or First Aid such as responding appropriately if you come across “someone in tears in the washroom”. Mr. Smith also recommends further training that he and his colleagues developed which considers how school based administrators can “respond appropriately within the confines of the union agreement.” Like Mr. Wilson and Mr. O’Riley, Mr. Smith explains administrators don’t have the skills to address teacher mental health concerns, “they don’t have the conversational skills, even the scripting to some extent. They’re afraid to say the wrong thing. They’re hoping it will go away and who can blame them? They’re afraid of making it worse.”

Mr. O’Riley’s comments about the problems administrators can cause in relation to teacher mental health concerns are supported by McConaghy (2011). As researcher practitioners we agree that some administrators need guidance or training on the hierarchy of needs in a school in order to attend to them and for the school to flourish. Knowing the attributes necessary for wellness to thrive in a school is essential according to Sackney et al. (2000). This idea is further endorsed by Scott-Clarke (2010) when she cites the twelve psychological risk factors developed by the Consortium for Organizational Mental Healthcare (COMH) at Simon Fraser University as being an important framework in understanding the factors that influence organizational and employee health including teachers. We agree with our interviewees that developing a base line of mental health literacy and having a basic repertoire of responses in mind for handling emotionally charged situations would go a long way to establishing a caring, mentally healthy school environment. Mr. O’Riley’s view of relationship-centred leadership is

reflected in the idea that leaders need to put the person first and the employee second when support someone with a mental health issue (Scott-Clarke, 2010).

Teachers

Interestingly one of the difficulties noted by Mr. Wilson is that teachers tend to be encouraging people. “That’s what they’re like”. Therefore, they are not always honest, and as a result not helpful to a colleague who may be struggling with a mental health concern. For example, Mr. Wilson illustrates his point by describing a teacher who complains to a colleague about a principal’s request. Most staff members recognize this individual is struggling and perceive the request as reasonable, however, according to Mr. Wilson it often plays out as follows: “Now you don’t agree with it but what do you say if you’re a teacher? ‘Yeah, I can see where you’re coming from.’ They agree with them. And then they stay quiet because their nature is to be encouraging.” In this illustration, Mr. Wilson notes that it is difficult for colleagues to be honest and set boundaries by using constructive dialogue. Instead, they avoid a potentially unpleasant conversation. Mr. Wilson contends that it is not easy for the supporting colleague because there is fear of creating a fractured relationship. Furthermore, the supporting colleague may have mixed feelings about whether or not to approach the administration about concerns regarding how to support the teacher who is struggling. These fears stem from the union’s frequent position “don’t talk to the administrator, when really the administrator is probably the one who needs a little word in the ear”. Mr. Wilson stresses that going to the administration is for the purpose of helping the colleague, not disciplining them due to performance. In Mr. Wilson’s experience, most teachers avoid the struggling colleague and the issue, and therefore, because “they don’t really know what to do, so life carries on. It’s weird. Like a whole school will carry on like that. You know, just as if nothing is happening”.

Mr. Smith and Mr. O’Riley both describe a gradual process where an individual teacher’s functioning begins to deteriorate and their colleagues’ patience and willingness to help him or her wanes. Mr. Smith summarizes that after the fifth or sixth time in a month or two of covering someone’s class “you’re going to start to get pissed off.” Mr. Wilson reports that there are some teachers who may call him about concerns regarding a colleague.

According to Shernoff et al. (2011) the most preventative measure against teacher stress is social support from colleagues. Collegiality is more significant than even family and friends. Therefore the loss of support can adversely affect a teacher with declining mental health. As researcher practitioners we agree that collegial support is essential to our own mental health at work and enjoyment of our jobs. The interviewees describe a whirl pool of shifting emotions experienced by staff which may negatively affect communication and relationships. This is consistent with Beatty (2000) when he says emotions impact teachers psychologically and physically. Beatty claims the end result is their performance in the classroom and school relationships are adversely affected. Mr. Wilson describes an “elephant in the room” phenomenon which is reflective of the stigma associated with mental health (Goffman, 1963; Pescosolido et al. 2008; Yang et al. 2007).

The Union

Both Mr. Wilson and Mr. O’Riley see opportunities and challenges when working with the union. Both have worked with union leaders who they could collaborate with in order to get a positive outcome for the teacher and students in his or her class. Mr. Wilson thinks building trust with the teacher is paramount because the “union may think that human resources is after a disciplinary road, not an assistance road.” Another obstacle noted by Mr. Wilson and Mr.

O’Riley is that the union does not explore other careers for teachers. Mr. O’Riley says they “hold the teacher’s feet to the fire even when they’re not able to do the job.” The result he says is the teacher may be on leave the rest of his or her life. Mr. Smith discusses the idea of a “psychological job fit” measure for careers including teaching. According to Mr. Smith this is used by the City of Toronto who classified and re-wrote job descriptions for all its employees based on the psychological demands needed to perform the job. Cognitive and interpersonal skills are examples of the psychological attributes considered for each position. Mr. Smith stresses this measure does not mean an Intelligence Quotient (IQ) score. He describes the “push back from the teachers’ union” on this idea, especially around the false belief that teachers will have to take a test. Mr. Smith emphasizes “that is not what we’re saying!” He thinks that teachers’ jobs are described in terms of technical support/skills and knowledge but “not well according to psychological demands”. Furthermore, he points out that for teachers there is high demand on their interpersonal skills which are necessary for interacting effectively with colleagues, families, and children. The idea of psychological fit is also endorsed by the COMH as one of the twelve risk factors (Scott-Clarke, 2010).

Both Mr. Wilson and Mr. O’Riley note that there is a problem with how mental health concerns are viewed by the teachers’ union. Their propensity for making administrative concerns about mental health a performance issue rather than a help issue leads to ineffective interventions. Mr. O’Riley and Mr. Wilson maintain that by the union taking this stance administrators are blocked from giving assistance. As a last resort administrators use their right to begin an evaluation in order to help the teacher. Both Mr. Wilson and Mr. O’Riley are frustrated with the union’s lack of understanding and willingness to work together on teacher mental health issues. Both are conflicted in launching evaluations, Mr. Wilson says “initiating an

evaluation is mean, the person needs help. The union may not support the person in the way they need to be supported.” Mr. O’Riley elaborates further by saying:

I’ve always worried about this when I was a principal. Yeah, I wrote an unsatisfactory report because I had a responsibility to the kids. Here was somebody that we needed to arrest in terms of their behaviors and hope that they would change them. But it was just a nasty business. You know you’re just exhausted. So there has to be a better way. It was a challenge to my mental health. It was a challenge to that person’s mental health. The whole staff was, you know, they can get polarized. Even if they don’t know what they’re talking about, you know. They don’t know but they think a brother or sister is in need of help so we have to, you know, circle the wagons.

Mr. O’Riley and Mr. Wilson’s views are consistent with the idea of putting the person first and the role of employee second in regard to mental health issues (Scott-Clarke, 2010). All three interviewees recognize that performance is the purview of management and is used as a last resort to assisting a teacher. In our practice we have seen the enactment of this “cruel to be kind” approach. Although we view it as unfortunate, it has been at the same time a painful relief at times in that something is finally being done which has the potential to benefit our colleague, the students, and the staff in contact with the teacher. It is also our view as research practitioners that the position put forth by the union that “a teacher is a teacher” and the essential determinant of placement should be seniority, does not always serve students or colleagues well. This idea that a teacher has the ability to do all teaching assignments or that a teacher will only accept an assignment in which they believe they are qualified is not realistic in our opinion.

Other issues come into play such as the realities of economic security and the specific knowledge bases for specialty positions. In fact we believe putting teachers in assignments they are not qualified for increases stress for the individual and the likelihood of developing poor mental health. We also agree with Mr. Smith's contention that there are unique psychological demands placed on teachers and therefore, psychological fit needs be considered when hiring for the various teaching positions. Furthermore, we think that there needs to be consideration by the school districts and union on counseling teachers on career options within and outside the school organizations. Teachers have a vast amount of knowledge and skills that could be used in jobs outside the classroom such as in the areas of research and writing. Conceptualizing a mental health issue as a performance issue has significant consequences not only for administrators but also teachers. Once an issue is framed in this manner teachers are bound by the BCTF Code of Ethics (2006) clause #5 which states:

The teacher directs any criticism of the teaching performance and related work of a colleague to that colleague in private, and only then, after informing the colleague in writing of the intent to do so, may direct the criticism, in confidence, to appropriate individuals who are able to offer advice and assistance.

It is our experience that many teachers feel trapped between a rock and a hard place when faced with trying to navigate a colleague's mental health issue. The helping colleague is put in a precarious position in that they may be wading through lack of knowledge, stigma and the BCTF Code of Ethics (2006).

Leaving and Returning to Work

All three interviewees note that returning to work pose more challenges than opportunities for the teacher off on a medical leave and for the school staff. Two major challenges are whether the teacher is ready to return to work and the staff's ability to welcome the individual back.

Opportunities

In our section on “What Does a Mentally Healthy School Look Like?” we describe some steps administrators can take to support teachers back to work. This requires thoughtful consideration and communication with teachers on leave about how they would like the return to work and what information will be communicated to colleagues.

Mr. Wilson describes services available to teachers through the district and union. He says that there is a greater likelihood of someone returning back to work if they have been “functional in the past, then over a period of time something has gone wrong and you can help them deal with what has gone wrong.” This district offers an Employee Assistance Program (EAP) which consists of a confidential outside service providing an initial five session of counseling. Mr. Wilson says that this is a base line and more can be provided at the district's discretion. He thinks having this discretion is important in that it allows for the opportunity to come up with creative solutions for support such as assisting other employees from different union groups if they are affected by an issue or paying for a service outside the EAP. Mr. Wilson says “quantity doesn't equal quality; the right person may not be an EAP person”. Mr. Smith reminds us that the union has unique

member-funded short-term and long-term disability programs to support teachers. There is an opportunity if the teacher consents, to have a rehabilitation specialist paid for by the BCTF to accompany the teacher to a doctor to explain the demands of his or her teaching role. This option is important, according to Mr. Wilson, in that quite often a physician does not understand the challenges a teacher will face and a teacher is not always realistic about his or her abilities to meet those challenges. Mr. Wilson goes on to say a teacher may return to work gradually so he or she gets used to the work load. Once the teacher is back, the rehab person can offer support behind the scenes. “There is some success with that, it’s been pretty good,” says Mr. O’Riley. He does not really know the success of disability programs because of confidentiality. However, he has been privy to individual stories where teachers who experienced grief and loss have returned to work and gone on to have successful careers. Again Mr. O’Riley goes back to the continuum of mental health and relationships as one of the underlying forces that allows a teacher to return to work. He says, “I don’t think anyone is ever fully cured or well, it’s important to just get people to a point where they can cope, function and enjoy their life.”

Challenges

Mr. Smith emphasizes that EAPs are not appropriate for every mental health issue. He points out that EAP personnel do not get involved in “on site” conflicts between staff, administrators, or parents, so although the counselor may lend an empathetic ear, no direct service is provided in the form of mediation. He also points out that this reality can be problematic in that the EAP and BCTF disability programs are separate and do not share information. He suggests that there should be a “Return to Work Co-coordinator” to bring all stakeholders together. This team would include a physician, an EAP counselor, a BCTF

rehabilitation specialist, and the teacher. The Co-coordinator would report back to the employer. In particular he stresses the “first six months of an employee returning to work are the most critical” because this time period shows the highest rate of an employee going off again. Mr. Wilson cites the concern that a teacher may prematurely return to work and then have a “second break” which usually results in the individual “never returning back successfully.”

Another difficulty noted by all three interviewees is that the administration and teachers are not always keen to have the teacher who was off on leave, back. As Mr. Smith and Mr. Wilson explain, the Teacher-On-Call that replaced the individual may be a welcomed addition to the staff by picking up extra duties and generally being more pleasant to be around. Mr. Smith further explains that usually before someone goes on a medical leave there has been damage to the collegial relationship because others have been covering for them. He states:

A colleague told me about a case of someone, a teacher, who had been off in the interior for something like seven years (which is not unusual) and was ready to go back when the whole staff threatened to quit if she returned. That’s hardcore!

Mr. Wilson and Mr. Smith also discuss the importance of communication between the teacher and their physician when concerns arise. Both cite a major problem exists because people are generally dishonest with their physicians and when asked how they are feeling they respond with, “Oh, I’m doing okay.” The typical response is usually, “take this and call me on the morning” or to take a day off and “try to go back to work.” According to Mr. Wilson, this response is very problematic because “doctors have no idea what the teachers are going back to in the classroom.” And when this does happen, “the chances of them being able to successfully come back and regain their mental health and live a happy life where they are able to deal with

stress on a daily basis, day-to-day stress that anyone is going to run into and be functional, was abysmally low.” Mr. Smith elaborates on the problematic position of teachers’ physicians, “Family docs are put in a real bind. And they’re in a bind because they are judge, jury, and executioner.” He makes this statement because although the family doctor diagnoses the teacher/patient with a mental health illness and writes them the necessary documentation to take time off work, they can do little to influence or change the outside conditions that are causing the mental health issue. Mr. Smith says, “The doc just goes check, check, check and has enough things to diagnose me with major depression. All those situational causal factors are irrelevant to a diagnosis.”

As research practitioners we agree the silo-like relationship that Mr. Wilson and Mr. Smith describe between health care providers, rehabilitation specialists, EAP personnel, human resource specialists, and teachers, does not serve the teacher well. We also have experienced colleagues returning to work before they are fully ready and witnessed the tension this causes among some staff.

Stigma as a Challenge

All three interviewees note the effects of stigma in relation to having a mental health challenge and its impact on teachers’ accessing support and resources. In particular, they speak about teachers not talking about their mental health challenges or acknowledging others’ struggles. Mr. O’Riley thinks, “Teachers see mental health as something that should be kept secret.” He further explains that mental health is “looked upon as something negative”. Mr. Smith comments that the stigma of mental health challenges is reflected in the differences in which people talk about physical health and mental health and the reactions the two elicit. He points out how it is easier to talk about and respond to physical illness rather than mental illness.

He also thinks mental health is talked about in a round-about way: “Well people talk about it in different contexts. They talk about how ‘stressed-out’ they are. We will talk about and talk about how stressed out we are. And they are talking about their mental health.” Mr. Smith sees the stigma of teacher mental health as something that needs to be thought through in that when others are judging a teacher’s behaviors there may be some truth to their judgments. He says, “Stigmatization is you judge me and think less of me because of it. But I’m not living up to my own standards.” Researchers have noted the effects of self-stigma and how it changes one’s self identity and causes loss of self-esteem (Goffman, 1963; Pescosolido et al. 2008; Yang et al. 2007).

All three interviewees hope that knowledge and awareness will help lessen stigma and change teachers’ and administrators’ approaches to mental health. Mr. Smith in particular, thinks that talking about mental health can be only helpful in desigmatizing: “It seems to me it’s better to talk than not.” He sees parallels between sexual orientation and mental health in that “it’s not going to go away by not talking about it”. However Mr. Smith does stress that the individual should have control over the details and information of their life.

The personal narratives in the video “Out of Sight: Out of Mind” (2012) recounts the isolation and stigmatization felt by teachers when they disclosed their mental health challenges and went on medical leaves. One teacher reports that when he disclosed his mental distress his administrator wasn’t helpful in any way because he didn’t know what to say or do. Another teacher speaks about the fear she felt as her mental health declined. She stresses that there seemed to be no one to help her. These narratives reflect all three interviewees’ opinions on the stigma of mental health and the lack knowledge to speak supportively and appropriately to our colleagues about it. Mr. Smith suggests that “knowledge presumably destigmatizes”. This idea

is supported to a point by Yang et.al (2007). Psycho-education is the most common approach used in public anti-stigma campaigns. Mr. Smith's assertion that individuals need to have control over their own personal information is consistent with other researchers' findings that stigma creates a new social and self- identity which is often characterized by loss of self-esteem and social status (Goffman,1963;Yang et al. 2007).

What does a mentally healthy school look like?

“Join the Adventure”

When it comes to what a mentally healthy school looks like, all three experts agree that it is something you can both “see and feel”. According to Mr. Wilson a positive staff puts out the message, “if you want to be a part of this adventure then come with us”. He knows he is in a mentally healthy school when teachers are “enjoying one another and they’re dealing with stresses and they’re watching out for one another and there’s a trust that’s happening.” Consequently, he finds that teachers are focused on the task at hand, happy, and willing to do “extra things”. These realities result in “marvelous things” for students “if you have the staff to do it”. One example he uses to emphasize his point was the development of an evening basketball club initiated and administered by teachers. This club was developed because only a few students could make the team, but many wanted to play.

Mr. O’Riley describes a mentally healthy school as something you experience as soon as walk through the door. He says:

You would know it right away because everyone would be happy. I’m not talking out of their mind sort of happy. You will find when you go into a school people will say hello. I know it sounds funny, but they won’t turn away from you. They won’t just walk by you. They will stop and say, “Hi. Can I help you?” So right away you know you’re in a healthy school.

Everybody's up.

From our review of literature, we found that Sackney et al. (2000) emphasizes the importance of creating a positive school community and offers key strategies to accomplish this goal. Kovess-Masfety et al. (2006) also cite four essential aspects of life at school which need to be addressed in order to provide a mentally healthy school. These approaches include positive relationships between teachers and students, strong levels of social support, participation of parents in schools, and the principal's managerial skills. As research practitioners, we have experienced both the positive and negative impact community can have on one's mental health in the workplace. In our opinion, it all starts with the administrators, teachers, students, and parents all sharing a common goal for the betterment of the whole school community. We acknowledge the importance of creating these positive school communities and will offer some recommendations in the conclusion section of this paper.

Collegiality

Mr. O'Riley also emphasizes the importance of developing caring collegial relationships in creating mentally healthy schools when he states that caring relationships are "manifestations of a happy school". He pointedly acknowledges the simplicity of his theory when he says "maybe I'm making it too simple but it's caring relationships. End of it, beginning, and end of the whole thing". He does, however, say that *how* caring relationships are developed is a "whole other issue" that needs to be examined separately. Developing and sustaining caring relationships is a theme that Mr. Smith describes as important for developing mentally healthy schools. He focuses on how colleagues can maintain a caring relationship with a teacher who is off on leave due to mental health issues. He suggests that colleagues on leave be invited to work

related social events. Mr. Smith's assertions align with Mr. Wilson's regarding how teachers may avoid speaking about or with colleagues who are struggling with a mental health issue. To illustrate his point, he provides an example where a teacher off with cancer would be checked in with and invited to social events. However, a teacher who had a mental health issue is avoided; "a wall goes up." The following is a description of a typical scenario:

I'm now at home watching soaps because that's what I've been told to do and I haven't heard from anybody. And then I hear that there was a party at Cathy's house and I didn't get invited. And I think why I didn't get invited and I feel even worse about myself.

Mr. Smith explains the lack of communication between colleagues at work and the teacher off on leave is not ill-intended. On the contrary, he asserts that these colleagues are not sure how to behave so they avoid the situation. He also expresses the importance of being respectful when sharing and inquiring about personal information. He believes that it is neither necessary nor respectful of colleagues to ask "are you depressed?" Instead, the standard stop phrase would be more along the lines of:

We really appreciate you, you're a great teacher. I've noticed lately however that you have been coming late to class and I have had to cover for you a bunch of times. And when you do come, you seem to be kind of scattered and disorganized. I'm concerned for you and this behavior has to change because it's a problem. What can I do to help?

Much of what is discussed by our interview experts in regards to collegiality is echoed in the literature. Both Eckund (2008) and Kovess-Masfety et al. (2006) report that isolation and lack of collegiality are major risk factors for teachers struggling with

mental health concerns and are major contributors to burnout. McConaghy (2010) and Ecklund (2008) also argue that the positive characteristics that these teachers bring to the school community are highly valued need to be protected. As research practitioners, we are aware that isolation in schools is common and have experienced the positive impacts that a caring community has on one's mental health. We acknowledge the importance of collegiality among staff and the impacts that it can have on the school community at large.

The Administration and Teacher Relationship

These types of conversations are particularly difficult for administrators and Mr. Smith emphasizes the need for leaders to be trained in the area of communication who are experiencing mental health difficulties so that they are better prepared to have these types of conversations. When asked why administrators are not able to have these types of conversations, Mr. Smith responds: "They don't have the conversational skills, even the scripting to some extent. They're afraid to say the wrong thing. They're hoping it will go away and who can blame them? They're afraid of making it worse. What if the person breaks down in tears?" Both Mr. Wilson and Mr. O'Riley also state the need for administrators and teachers to be open and honest in their communication to each other in creating mentally healthy schools. The importance of a positive administrator and teacher relationship is consistent with our findings in the literature. McConaghy (2011) and Sackney et al. (2000) both cite that when a teacher may be experiencing mental health concerns, the role of an educational leader within the school can play a huge part in supporting or harming the individual. They also report that most teachers who experience mental health concerns cite administrators as primary source of problems. As research practitioners, we have experienced firsthand the impacts this relationship has on the

entire staff and not just the people directly involved. We believe that fostering positive relationships can benefit the entire school community and can promote a positive caring staff. This becomes especially important when performance concerns begin to arise and when the administrator is required to intervene. When a teacher feels supported and trusted by their administration, they feel more inclined to discuss personal matters.

The Union and Human Resources Relationship

Mr. Wilson and Mr. O'Riley also emphasize the need for clear and consistent communication between the union head and the human resources head as keys to a mentally healthy school. Mr. Wilson discusses this importance when he says:

Now if you haven't got that trust situation with your people at the board office and you're the union president, you're not going to cooperate. If you won't cooperate you are not going to be able to help the person. Ironically, the very person defending the teacher is the very person that can put a wall right up in the middle and create issues for us which stops us being able to help the person quickly. So it's incumbent upon us to build those relationships and communication systems such that we can work on these things together.

Mr. O'Riley reiterates the importance of building positive relationships and communication between the human resource department and the union when he states:

Again it depends on the person who is the union leader. About how open they are or how guarded they are. I've experienced both guarded and open. There you would have to have a good relationship. And there I go back to the development of relationships as being the building block for establishing a healthy climate, and a healthy climate to talk about it.

There is no better time than the present to realize how important this relationship is between the union and the school board. Scott-Clarke (2010) discusses the importance for employers to create psychologically healthy workplaces and to have supports in place if needed. Naylor (2009) also touches on the importance of creating safe workplaces for staff, especially in schools. As research practitioners, we also see the need to have faith in our union and in our employers when times become challenging. In troubling times, like right now, we need to feel supported and need to feel that what we are doing in the classroom is valued. Without this joint support, teachers find it very difficult to be honest with others and do not feel safe in confiding with others when it is so crucial that they do. Without honest and trusting relationships, teachers cannot rely on and support one another.

Happiness, Hamburgers, and Opportunities

Leadership is also discussed by our interviewees as a major contributor to creating a mentally healthy school. Although all three participants touched on the area of leadership, each had personal differences. Mr. Wilson discusses the importance of creating a “safe” working environment as key to creating a “happy” staff. He offers the example of using staff meetings and end of year events to embrace mistakes, instead of hiding them. He believes that “setting realistic standards” and “deciding what’s important” as an administrator is key to creating and maintaining positive staff morale. He describes how in his years as principal, he used strategies such as building collaborative schedules into the timetable and providing time to for teachers to discuss common students that may be struggling or learning themes that may be connected as key tools for promoting collegiality and happiness among staff.

Mr. O’Riley believes that the primary role of the administration should be to serve and care for the teachers. He believes that by providing resources administrators

can create positive environments. In order to emphasize this point, he used an example from his time as principal; “like when I was a principal I thought that was my job. I am here to serve you so you can serve the kids. So if I can go and get you a hamburger, then I’ll go and get you a hamburger if that what it takes.” He also believes that the proper selection of administrators plays a key role in creating a positive school community for teachers. He emphasizes the need for caring people in administrative roles when he states:

I’m thinking that most of the people are forgetting about the ability to create caring relationships. I mean, that’s what it’s all about. I’ll find out the IT bit if I have to but I think some people forget that the principal’s job is, again my opinion, I’m here to help you do your job. Not interfere with it. Not micro manage it.

He also believes that appropriate staff movement, modeling relationships, motivating colleagues, protecting teachers from parents, introducing change carefully, and creating a mentally healthy place by “having a good time, sharing a joke, fooling around and being loose, you know, not being serious all the time” is critical.

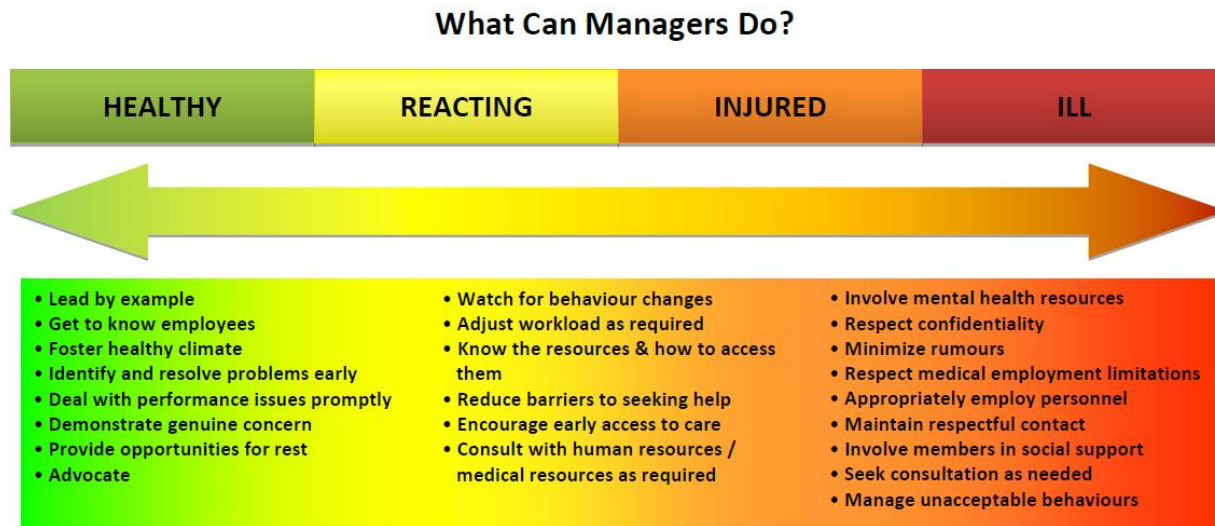
Mr. Smith touches on the importance of teacher modeling to students as a key factor in creating mentally healthy schools. He says that by appropriately showing how they handle stressful events students can benefit from this experience. He also emphasizes the importance of organizations teaching administrators and teachers meta-psychological skills they need in their job and “the skills you need to have some degree of balance in your life to manage”. Some of these issues include skill development in the area of work-home balance, dealing with colleagues, bullies, difficult students and parents, work load issues, self-regulation and resiliency training, dealing with presenteeism, sending the message that teachers are valued, mutual

accountability, and teaching psychological health skills and literacy.

Leadership in the area of fostering positive collegiality and relationships in schools is an area we vastly explored in our literature search. Scott-Clarke (2010) discusses that educational leaders are responsible for creating a psychologically safe workplace and can be held liable if they do not. Sackney et al. (2000) reports that when a teacher may be experiencing mental health concerns, the role of an educational leader within the school can play a huge part in supporting or harming the individual. Kovess-Masfety et al. (2006) emphasizes the importance of creating a collaborative and safe environment, but also the importance for educational leaders to identify these teachers and/or staff members and to provide supports around them. As research practitioners, we have worked with various types of leaders and have witnessed the impact they have on the entire school community. When a teacher feels supported by staff members around whom they are surrounded, they are more likely to talk freely about concerns that they may be struggling with and thus opening the door to possible supports that may be needed.

Beatty (2000); Johnson, Akin, and Steggerda (2005) discuss the need for leaders to understand their emotional selves in order to foster strong collaborations and effective teams in schools. If a principal is unable to maintain their own mental health, the ripple effects can be felt throughout the entire school community. This makes it even more important for leaders to be well-versed in the area of mental health literacy and the need for them to incorporate mental health discussions into their daily routines. Table 3 provides a response continuum that leaders could enact in their practice.

Table 3: What can managers do? (Treasury Board of Canada Secretariat, 2011)



Conclusion

Teacher mental health is a broad and complicated issue, with similarities to the general population. On the one hand, we have found that teachers constantly find themselves sliding back and forth on a mental health continuum, one that can fluctuate depending on the person's personal and professional stressors. On the other hand, we found that a teacher's mental health can be viewed by themselves and others through different lenses, the resulting views or perceptions are in need of further research. Teacher mental health needs to be considered within the context of the school organizations in which teachers work. This requires a concerted effort by all stakeholders interfacing with teachers to establish supportive and knowledgeable networks. This needs to include but is not limited to district management, school administration, teachers, union, and health care specialists. Furthermore, mental health requires teachers and leaders to develop a unique lens which acknowledges the teacher, students, colleagues, administrative relationships, and school culture as a whole. This lens can be as narrow as focusing on the individual teachers' needs or as broad as considering district attitudes, policies, and the views of society concerning mental health.

Researcher Reflections and Recommendations for Practice

During the course of our exploration, we found surprises that we believe are noteworthy. Although we did not find as much specific research on teacher mental health as we had hoped, we did find a range of quality work done by various researchers that we thought to be useful in developing our understanding of key issues surrounding this topic. Consequently, we were motivated to look at the BC context. We wanted to explore professional stressors and to understand supports that existed that would promote the mental health of teachers at whatever

place they find themselves along the mental health continuum. A recent experience has taught us that some people in the profession do not think that mental health of teachers is a current need. However, we think it is necessary from an educational leadership perspective to be proactive in providing teachers and other school staff with a safe and supportive workplace. It is hoped that this effort will help to reduce the stigma surrounding teacher mental health.

As teachers and school leaders, our study on teacher mental health has given us many insights. The first unanticipated finding was the lack of research done on the mental health of teachers. In fact, even when “teacher” and “mental health” were used as key terms in a search, it was not on teachers that many of the studies focused upon, but on students. Why it is that there is such a lack of research on the mental health of teachers is not known, but the possibilities are interesting to think about and perhaps explore at another time. Our research has led us to conclude that there is a need for more comprehensive studies on teacher mental health. These studies need to include and consider the perspectives of other stakeholders including teachers, school administrators, and the BCTF. Further to this, we see a need for more research to be done within British Columbia and Canada. This research needs to include narratives from teachers so there can be a better understanding of their lived experiences. The video “Out of Sight: Out of Mind” (2009) was useful in our research because it helped to frame our understanding of the scope of the issue, the personal and professional consequences that can result, and the role that stigma plays.

From the literature and interviews we found burnout, anxiety, stress, and depression were the most common mental health concerns experienced by teachers. Further to this, workload demands, lack of resources and autonomy, plus stigma were also cited as barriers and contributing factors to declining mental health of teachers. Moreover, we have learned that it is

important to consider the effects of spill-over from personal stressors because this has been found to impact teachers' mental health and functionality at work. Shernoff et al. (2011) point out the protective factors that teachers can learn such as stress management and life style changes are less effective than organizational factors such as changes in workload and school culture. This speaks to the importance of school and organizational leadership in recognizing and addressing these issues.

We have come to recognize that authentic trusting relationships are essential to effective school leadership in addressing teacher mental health. Based on the obvious need from the researcher practitioner perspective, we were surprised by the lack of focus on directly training teachers and administrators on managing mental health at work. Therefore we see a need for district level training for administration on the importance of building trusting, professional relationships that include attunement to the mental health of teachers. We believe competency in this area would give administrators the necessary knowledge and skills to embed mental health considerations into their daily practices. Some practical suggestions include making mental health a regular item on staff meeting agendas in the same way "Health & Safety" is addressed at meetings. This could include updates on EAP services or short presentations on work load or stress management. From the literature and our interviews we came to the conclusion that offering professional development to teachers that teaches positive coping strategies and self care is important. We agree with the following statement by Sackney et al. (2000):

Caring for kids, caring for oneself and colleagues are one in the same. Teachers cannot separate the care they give to themselves, from that given to the children or colleagues they work with each day. This care is reflected in the integrated relationship between the

stakeholders. Valuing and caring for teacher mental health benefits all those involved in the enterprise of teaching (p.45).

The movement of transformational leadership has emphasized the importance of relationships in developing instructional and curricular change. However, we suggest adding the mental health lens to transformational leadership practices. It is our opinion that a component of the UBC teacher education program, and more importantly the masters level educational leadership training, needs to be devoted to developing collegial relationships and mental health knowledge and literacy in hopes of promoting mental health in schools.

Through the completion of our study, we visualize a mentally healthy school to be a living organism. A healthy organism where all its basic needs are met and everything and everyone inside are working together. A school that sends out a vibe that can be seen and felt, and that shouts “all are welcome, happiness exists here, and we are engaged in worthwhile pursuits”. A school where there is an implicit contract where administrators and teachers take care of themselves and each other, and are supportive of the entire school community. A school where there is a mutual responsibility and accountability by the administration and teachers to be clear in communicating personal and professional ethics. A school where all stakeholders feel safe in taking risks and in exploring new possibilities in hopes of promoting student and school growth. A school where instead of promoting “work/life balance”, recognizes work as an important part of our life and instead promotes “work/home balance”. A school where at the end of the day all people leave the school in the same shape, or better, than they arrived (Scott-Clarke, 2010).

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Appendix A – REB Certificate Approval Form

CERTIFICATE OF APPROVAL - MINIMAL RISK

PRINCIPAL INVESTIGATOR: Michelle Stack	INSTITUTION / DEPARTMENT: UBC/Education/Educational Studies	UBC BREB NUMBER: H11-02855
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution	Site	
N/A	N/A	
CO-INVESTIGATOR(S): Erica Teresa Segec Carol Ann Thornton		
SPONSORING AGENCIES: N/A		
PROJECT TITLE: "Exploring the Principles of Mentally Healthy and Safe Schools"		

CERTIFICATE EXPIRY DATE: November 22, 2012

DOCUMENTS INCLUDED IN THIS APPROVAL:	DATE APPROVED: November 22, 2011	
Document Name	Version	Date
<u>Consent Forms:</u>		
Consent Form	N/A	November 21, 2011
<u>Questionnaire, Questionnaire Cover Letter, Tests:</u>		
Interview Questions	N/A	November 21, 2011
<u>Letter of Initial Contact:</u>		
Letter of Initial Contact	N/A	November 21, 2011
<u>Other Documents:</u>		
Surrey School District	N/A	November 21, 2011
Vancouver School District	N/A	November 21, 2011
West Vancouver School District	N/A	November 21, 2011
<p>The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.</p>		
<p><i>This study has been approved either by the full Behavioural REB or by an authorized delegated reviewer</i></p>		



Appendix B – Consent Form



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Educational Studies

Faculty of Education

2125 Main Mall

Vancouver, B.C. Canada V6T 1Z4

Tel: 604-822-5374

May 28, 2021

Consent Form

“Exploring the Principles of Mentally Healthy Schools”

Principal Investigator:

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University of British Columbia
Michelle.stack@ubc.ca

Co-investigators:

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Carol Thornton
Graduate Student in the Department of Educational Studies
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Research Purposes:

The purpose of this study is to better understand the current models that support teacher mental health in school districts and to identify support gaps. Through a qualitative interview research design, approximately two to five human resource experts will be invited to share their knowledge and opinions about teacher mental health care. We are interested in examining structures and approaches which are desigmatizing, proactive and sustainable. This information can be vital in informing administrative practices for dealing with the continuum of teacher mental health care challenges.

The study intends to address the following research questions:

1. How is mental health defined as it relates to teachers and teaching?
2. What mental health concerns commonly affect teachers?
3. What are some opportunities or challenges facing teachers in accessing mental health resources?
4. What does a “Mentally Healthy School” look like?

Research Procedure and Participation:

The study consists of an interview phase. All participants will be invited for an interview for a maximum of 60 minutes with two of the co-investigators. You will be given the option to be audio-tape recorded. No additional time will be required on behalf of the participants. However, the participants are entitled to spend additional time revising the interview transcripts after the interview as needed. Those participants who volunteer for the interview will be asked open-ended questions. All participation is completely voluntary and participants may choose to withdraw your responses at any point with no repercussions to your position in the school system or place of employment. If you choose to participate, we would appreciate a decision to within one week to decide whether you are interested in participating in our study.

Confidentiality and Data Storage:

All interview responses and identities in this study will be kept confidential. All identifying information will be deleted from the study and an alphanumeric code and pseudonyms will be assigned. An electronic version of the data will be kept in a locked filing cabinet in the principal investigator’s office located on the UBC campus in Ponderosa H room #109 and be destroyed at the end of five years, which is in accordance with the University of British Columbia’s research and ethics policy. Paper files will be locked in a filing cabinet in the principal investigators office, and will be shredded after this time. All electronic files will kept on a password protected computer and deleted after five years.

Contact:

If you have any further questions or concerns, you are encouraged to contact the Principal Investigator, Associate Professor Michelle Stack (michelle.stack@ubc.ca), or the Co-Investigators, Erica Segec 604-773-6985, Brayden Gordon 604-787-2528, Carol Thornton 604-879-6170.

If you have any further questions or concerns, about your rights or your treatment as a participant in this research study, you may contact the Research Subject information Line in the UBC Office of Research Services at 604-822-8598 or if long distance email to RSIL@ors.ubc.ca

Consent:

I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without repercussions.

I have retained a copy of this consent form for my own records.

I consent/give my assent to participate in the study: *Exploring the Principles of Mentally Healthy Schools*

Interview options: Audio-tape recorded Not-Audio-tape recorded (please circle)

Participant Signature

Date

Printed Name of Participant

Please sign the consent form and email or call the co-investigator to pick it up by Friday, December 9, 2011.

Appendix C: Letter of Invitation to Human Resource Expert



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Department of Educational Studies
Faculty of Education
2125 Main Mall
Vancouver, B.C. Canada V6T 1Z4

Tel: 604-822-5374
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Web: <http://www.edst.educ.ubc.ca>

May 28, 2021

Dear Human Resource Expert,

You are invited to be a research participant in a research study entitled *Mentally Healthy and Safe Schools*. Our research team is supervised by Dr. Michelle Stack, Associate Professor in the Department of Educational Studies at UBC and the researchers are Erica Segec, Brayden Gordon and Carol Thornton. All three researchers are Graduate students in the Educational Administration and Leadership Program in Educational Studies at UBC. Erica is a full-time teacher with the Surrey School District, Brayden is a full-time teacher with the West Vancouver School District and Carol is a full-time teacher/consultant with the Vancouver School Board.

The purpose of this study is to better understand the current models that support teacher mental health in school districts and to identify support gaps. Through a qualitative interview research design, approximately two to five human resource experts will be invited to share their knowledge and opinions about teacher mental health care. We are interested in examining structures and approaches which are desigmatizing, proactive and sustainable. This information can be vital in informing administrative practices for dealing with the continuum of teacher mental health care challenges.

The study intends to address the following research questions:

1. How is mental health defined as it relates to teachers and teaching?
2. What mental health concerns commonly affect teachers?

3. What are some opportunities or challenges facing teachers in accessing mental health resources?
4. What does a “Mentally Healthy School” look like?

The confidential in-person interview is an opportunity to engage in discussion about teacher mental health and available services. It will also explore the district and school administrators’ role in addressing and supporting teacher mental health care. The interview will be approximately one hour long. If you choose to participate, please sign the enclosed consent which will be picked up in person by one of the researchers.

Participation in the study is completely voluntary and you may withdraw at any point. If you choose to participate you will be contacted by telephone and a meeting time will be arranged for the interview. All participation is completely voluntary and participants may choose to withdraw your responses at any point with no repercussions to your position in the school system or place of employment.

All interview responses and identities in this study will be kept confidential. All identifying information will be deleted from the interview transcripts and final report. The researchers will work and store the data on a password-protected computer. Electronic copies of the data will be kept in a locked filing cabinet in the principal investigator’s office located on the UBC campus in Ponderosa H room #109 and will be destroyed at the end of five years, which is in accordance with the University of British Columbia’s research and ethics policy.

If you any questions or concerns, please contact us (give your contact information) or our research supervisor, Dr. Michelle Stack, at michelle.stack@ubc.ca or 604-822-5462.

It is our hope that the findings of this study will inform ethical and effective leadership practices related to teacher mental health care. Thank you for your consideration of this request. We look forward to learning from you.

Sincerely,

Erica, Brayden, and Carol

Appendix D: In-person Interview Questions

Interview Questions:

- 1) In your role of Human Resource Director/Organizational Psychologist, how would you define mental health as it relates to teachers and teaching?
- 2) In your experience, what understandings do administrators have of mental health in relation to teachers and teaching?
- 3) In your experience, what understanding do teachers have of mental health as it impacts their profession?
- 4) In your role as Human Resource Director/Organizational Psychologist, what have you seen that improves mental health understanding in schools?
- 5) In your experience, what are the common themes for teachers in schools regarding mental health?
- 6) In your experience, what are some opportunities or challenges facing teachers in accessing mental health resources?
- 7) What feedback have you received from teachers about the current resources and services available in the area of mental health?

- 8) In your experience, can you think of a school that you would call a “Mentally Healthy School” and would you mind describing it?

Appendix E: Mr. Wilson Interview Transcript

Cathy – Okay, we’ll just start with the first question and you can go back to what you were saying before.

Mr. Wilson – Okay. I will talk mostly about teachers mostly but maybe talk about influences that happen there because they are involved in a single bargaining unit for a group of teachers doesn’t take away from the fact you have a larger cosum happening here, right?

Cathy – Yeah, absolutely. So I guess we’re looking firstly for you to explain your typical day here at work and what your role involves.

Mr. Wilson – In this role?

Cathy – Yes, so we can get some context about who you are.

Mr. Wilson – Okay. Well I head up the Human Resources department for the school district for all groups. So it doesn’t matter if you’re a truck driver or a laborer or teacher or sports staff. If it ties to Human Resources it comes through this office. And all the labor relations. So bargaining, any kinds of discipline, discussion about anything operational. It’s a fairly big plate of items. But that’s what I’m doing here. Before that I was principal of Sunnyvale High School, before that principal at Mountainview, before that principal of Seaside Elementary. So I did junior and senior. We had about 1837 kids at Sunnyvale High at the campus there. A thousand middle school students at Mountainview when I was principal there. Seaside is an elementary school here as Bruce knows. Before that I was in another school district where I was principal of a triple track French immersion school. Which is quite unique because we had French immersion, English, and we were the local center for the program Cadre. So if your family was francophone and you wanted to attend school in a French setting and take English as a second language, that is where you went. And before that in an open area school and when I first started I was quite involved in the Squamish Nation because I had quite a few First Nations kids having worked down in another area. So my scope coming through, I think, has been quite helpful here in some of the things I deal with.

Erin – And do you come in contact with teachers now and what sort of circumstances do you?

Mr. Wilson – Well yes, all the time. I am in and out of the school a fair amount and then they're down here. One of the keys I think to dealing with, not just mental health issues but all issues is to make sure that your communication structure is built in a manner that is welcoming so people are willing to come in and talk with you. And that it is relatively frequent so that you can grab the questions largely before they become issues and grab the issues before they become so complex you can't figure out what the heck it is that people are really struggling with. So for example, if you are focusing on the teachers, every Tuesday morning I have that time set aside to meet with the president of the union. And so he comes in every Tuesday morning. And generally speaking on an average week he'll be in an average of five times more than that during the week. Popping in or calling to see if I'd agreed to do something on that Tuesday, how did it go? Or if he's doing something, calling back to let me know what it is that's been happening. And basically if you were to sit in on those conversations, you would find that there is a significant portion of that meeting which is not completely related to business. It is more a case of "how's it going?" or to give you another example is today. It's not Tuesday morning, but to gain another, example, it was a case of "what happened at the rep assembly?" and shared a few things that were just entertaining. You get a chance to just get to know the person besides sitting down just discussing issues all the time. And ultimately I think that this builds, or does not build (depending on who it is), a sense of trust so that when you're actually dealing with issues you can deal with them in a more effective fashion so you don't have to know who that other person is on the other side of the table because you already know them and you have a working relationship. I have to be able to say to the union president, whether he believes me or not, this is pile of crap if it is. Or you need to pay attention to this because I'm worried about one of your members at this particular time. And you see, because of my position over the last number of years and the things I've been involved in, a lot of the school district staff has worked with me at one time or another. So quite often they will call me if there's an issue in their life. Or if I know there is an issue in their life because they will call me. Or someone else will call me and say "I'm worried about Nancy" or "I'm worried about what's happening here." We can often get involved quite a bit earlier that way than we would normally if in the case of a mental health issue. You know, depression and anxiety been the two real big ones. It's not that we don't deal with schizophrenic reaction or different things like that, but it's much more unusual than depression and anxiety kinds of issues which are remarkably common. Not just sadness but clinical kinds of depression. Sadness itself can often be helped in the early stages and if it's going to sink into depression in years to come, again the whole key is getting out there quickly. So within that setting of our meetings which are happening every week, for example last week, there are two teachers that I'm worried about. The union didn't know anything about them.

Cathy – So that's interesting. Administrators are calling you?

Mr. Wilson – Well, in this case they didn't call me. I was out on the campus where they were working and they waved at me. And I went over there and spent a lot of time talking to them. And their doing okay, but one fellow has had quite a number of physical things go wrong. You know, getting older. Needing a new hip, another new hip, and a guy who was pretty athletic through his lifespan. And then his mother died, his brother died, his best friend died. You know all this kind of stuff. A lot coming down at once. And he is doing okay if you were to talk to him. But I'm worried about whether he will continue to be fine. The other one is a woman who has been hit by a rash of death in the family. You know, her father dies and they were quite close. Shortly after that, I forget, maybe it was her cousin but anyways there was about three deaths bang, bang, bang. And at the same time she was struggling with her own physical health issue as well. And she says she's doing okay but it depends on the day. So what I'll do from there is come back here and we have a number of resources which is a little bit unique of the school districts that I've put in place over the years. One is our Employee Family Assistance Program which most districts have.

Cathy – Is that a type of EAP program?

Mr. Wilson – Yeah. Its employee and family support. It's counseling, for divorce, or if someone's struggling with issues in life, or if their kids hit adolescence and says they hate them. Whatever the case may be. And that's good.

Cathy – Can we have a copy of that?

Mr. Wilson – Yea sure, take it. And it's a good program but it's not our only program. We have a rehab program that the BCTF pays. And basically what that is, the BCTF, if you go on long term disability, they are the ones who have the carrier for LTD and they're the ones that end of picking up the cost. And that cost, provincially, was sky-rocketing though the roof a few years ago and they were concerned about that. And general what would happen is if someone went off on sick leave they would have to have a medical note, which they still do and so on and we'd have to know what's going on. But once they were off, they were more or less off in the ether. There were no strings attached to them through us at that particular point in time, except to check with their doctor or to have them come back in to give us a doctor's update and let us know what's happening at these different points. If they were off for three months, at two and a half months we would be saying "what's happening here?" right. "Are you coming back to work now?" It was too separate. And when people were off in that kind of setting, what ends up happening is that it becomes very difficult to come back because it's almost like you're coming back to a foreign body. And statistically, if they come back and they fail, if they have another break, the chances of successfully getting them back is greatly diminished. Some say up to 80%.

Bruce – After a relapse?

Mr. Wilson – Yeah. Well, say a person goes off cause they're struggling with , in your case you're talking about mental health and depression, and the doctor says "look, we've had our meetings here" and maybe they're getting some help from the family support program. But remember that's kind of an emergency program, so what will happen there is they'll go for counseling sessions and we have it have it scheduled that it's up to five. It's all set up confidentially. It's all good. If they need more than that, the provider will call me and let me know what the situation is. They won't give me the name, but I usually know who it is anyways, but they'll give me the situation then I will approve more if they need it. But by keeping it at five, I have also been able to. So we have the rehab program with the teachers union and they pick up the cost. The big concern for me was that I didn't want to participate in any program, as far as the lower mainland school district goes, if they're only goal was to get them back into the workplace because I know that if they came back into the workforce, which was what was happening, not ready to come back but we had to take them back because their doctor said "Oh, why don't you go try it?" having no idea what they were really going to face (the doctor was in school and so they think they're experts). And there were a lot of cases where we knew this isn't going to work and when they crash, which they did, and they were out again, the chances of them being able to successfully come back and regain their mental health and live a happy life where they are able to deal with stress on a daily basis, day-to-day stress that anyone going to run into and be functional, was abysmally low. So we have that conversation before we set up a program with the teachers union even though they are picking it up. Politically it's a great thing, "Oh wow, look at this!", but if it's not working and it sells "Oh isn't it a great thing". But you know what? If it doesn't work, then screw that, we're not going to use that. We're going to set this up. What we said to begin with was we're not interested in a program that will cut down your costs initially because you managed to get them back to work but when they get back to work they're not mentally healthy and they can't cope. It's not good for the kids, it's not good for the teachers, and it's not good for anybody. So that is what this is about. So we developed a program where they said "no we're not really interested in that either". From a purely economic point of view it didn't work very well either cause if the person goes back off they end up helping them. So we got all those sorts of issues out on the table to begin with and now we have a program where we have some rehabilitation specialists that the teachers union pays for who comes in a meets with us in part of those meetings I was talking about. Now you have the family program as something we can. You know, sometimes if mom or dad passed away and you're struggling. That can be a really good program. In other ones where there is ongoing health problems issues, we wanted some people who have some expertise in the area and that's where the rehab program comes in, who will link up with them, find out what the situation actually is, go with them (if they need to) to their doctors, because often when people are struggling and they go to the doctor they kind of sit up when the doctor comes into the room and says "Well, how's it going?" And they say "pretty good". And the doctor goes "Oh, okay. Why don't you go back and try to work" or that kind of thing. And so our rehab people have the ability, with the permission of the teacher obviously, to work with them a bit and say to the doctor "well, look.

This is what the person is going to face going back. They deal with these kinds of health issues all the time". So they are talking the doctors language and they are looking for a course of treatment going to be like here and how can we do as much as possible can to make this a success. We use this quite a bit. And then I went to this support staff, because remember that we have all of these microcosms tied to the larger cosm. And cases that are similar but aren't teachers, they don't come under the teachers union program because they won't finance them. We struck a deal outside of the contract because this isn't contractual as the district support staff. We had a similar conversation as we're having today and basically said "look if this is the case; let's take the experts we have who we are meeting with on a regular basis we have some confidence in. What do you say we split the cost? It's not going to happen that often but when it does, let's get someone in there as quickly as we can and try and get some support in place." And they are also coming in and once a month they report back to me and I maintain it old style in rehab book here where they basically give us an update. And if there's things that are going to be set up, for example a graduated return, we will talk about when the graduate return will be, how we will go about doing that, where the person will be coming to, and we begin the preparation before they even step into the graduated return process.

Cathy – And this is support staff or teachers?

Mr. Wilson – Both. This would be both.

Cathy – So I guess what I'm wondering right now is that you have all this understanding of mental health and you're meeting with the union representatives and people that are going to provide services, what about the administrators on the site? What do you think their understanding is of mental health is and the things you are talking about?

Mr. Wilson – It varies but I think it's pretty good. We did, or I did, a number of workshops for administrator related to, about 10 workshops over a couple years, not all focused on mental health issues. One day might be a labor relations thing. But other days it might be about what kinds of obligations do we have? Why do we have to do things this way? Often, because of the confidentiality of these sorts of issues. If Bruce is the principal, Bruce will know what I'm doing because I'll be talking to Bruce. But all the other admin staff won't have a clue because I'm never coming out to them to say "I'm dealing with Mary here and the rest of you might be interested in what I'm doing", because it's a breach of confidentiality. I would never do that. So consequently, the ability to be able to work with administrators and talk to them about why we are doing that becomes very important. And actually it comes very very important because if you're an administrator in a school you're going to (to a T), doesn't matter who they are, you're going to get the best person you possibly can in your mind in front of kids to provide the instruction and hopefully extra-curricular kinds of activities that will enhance the education of the kids and help them with their well-being and mental health as they find their niche and how they fit, whether it be through sports, or music, or choir, or drama, or whatever. And so as the building administrator you're very focused on that and if you've got someone who's taken the

place of one of your other staff who's been off after struggling with depression, and maybe things weren't going so well, you're keenness to let the other person go while the other person returns aren't so strong. And the other thing is that almost always, not always, but almost always there have been serious performance issues ahead of time.

Cathy – Can you tell us a little more about that? Because we hadn't really considered that aspect of how someone comes in and how their rescuing, but you have to make room for the other people to return?

Mr. Wilson – Yeah. And so what happens is take a step back to when all this begins. If someone is struggling with a mental illness issue, which is what you guys are focusing on, (pause), often the family doctor largely because, this is my own ideas, I have nothing to back this up, but I think a lot of the time in the early going the person knows something's wrong. You know, they're struggling. They're not sleeping properly. Things like that are happening. Physical things. "I'm not sleeping properly". "I feel stiff". "I have aches and pains". "I'm feeling sad". And they go and see their doctor and they just ask how's it going? And they say "Well, pretty good". Or they perk right up there.

Cathy – Well, no one likes to whine.

Mr. Wilson – Yeah and they don't really see their doctor very often. It's almost like a little bit of social event. And the doctor in the meantime is bringing them in and out. They ask "well, why are you here?" and they say "well, I'm just not sleeping very well." A very physical kind of thing. "Is it new?" "Did anything happen?" "Well, I don't know. I'm kind of worried about my son and so on. But he's doing okay." So the doctor says "well, why don't I give you something to sleep" and off they go. And if it's early depression, it may or may not get identified. If there's high anxiety in fact that the person is over the top with high anxiety. He might not pick it up there. Chances are almost for sure that you won't in the early going. So, in the meantime the way the person in trying to cope is usually things like all of a sudden, not all of a sudden, but over a period of time their sick leave goes up. They're trying to manage by using their sick leave. And as they use their sick leave, they're becoming more and more separated from the children in the classroom. And the parents are getting anxious. So the parents are coming in and saying "god, I'm really worried. You've been away a ton of times and we keep getting rotating subs" cause guess what? They go off at odd times and they'll phone in first thing in the morning and we can't get a consistent person. Then the principal is going "the person seems to be uncooperative, making a lot of excuses, and when they go in things aren't getting done, the staff is often frustrated because they've been part of a committee and they haven't done anything for the committee or helped it." And I could go on but you get the idea. It's a cycle of problems so by the time you get to deal with the situation, often you've got some real serious performance issues.

Cathy – As an administrator?

Mr. Wilson – Yes, as an administrator. And often I’m involved by then. They phone me and they’ve said “I’ve got a problem in here. So now we can go in and write an unsatisfactory report if indeed the situation is unsatisfactory. That’s another topic in itself and it’s fairly complicated. But certainly that’s our duty. But if it’s a health issue, if it’s a mental health issue, realistically why the heck would we want to go in and write an unsatisfactory performance report when in fact what the person is dealing with is a mental health issue? So often I’ll have the discussion with the union president and say “I got Bruce over here at Seaside Elementary. I’m really worried about what’s happening. Here’s what we’re seeing: the principal is really concerned. The person is arriving late. In one case, they’re calling the secretary to let them in the back door because they’re arriving late”.

Cathy – Does that really happen?

Mr. Wilson – Oh yeah. And you know, when they’re there you can barely get in the room cause they appear to be hoarding. The person is a nice person but this person is struggling. Now I can...

Erin – Do you speak to the person?

Mr. Wilson – Yeah, yeah, yeah. Almost always. No, well yeah. Pretty much always. And quite often we will take the union person with us for that conversation.

Bruce – A school visit? Is it usually a school visit?

Mr. Wilson – Yeah or quite often we’ll do it in another location so that there is a bit of privacy. But if you’re dealing with someone with a mental health issue, often they won’t come clean to begin with. They’ll go “Well, there’s nothing wrong”. And the union wants to support that because their job is to support the member. So they start making excuses. This is the worst thing that can possibly happen because it gets, it drags it out. And of course, it puts us in a position of saying “okay we have no choice here except to initiate and evaluation”. Knowing, because we have to do something about it, knowing that what we should be doing is treating a mental health problem. So this goes back to the very beginning when I was talking about meeting weekly the president because that’s where I’m saying “listen, Bruce is a good guy. I like Bruce. But right now we have some real problems in that classroom. And I got to tell you, through my experience, I don’t believe that it is strictly an unsatisfactory working teaching situation simply because he’s an unsatisfactory teacher. I don’t believe he is. I think he is struggling with something here. I think we have a mental health issue happening and we need to do something about this. Together. Don’t enable this anymore. The person is going to get worse. You know, it’s going to go downhill.”

Now if you haven’t got that trust situation with your people at the board office and you’re the union president, you’re not going to cooperate. If you won’t cooperate, you’re not going to be able to help the person. Ironically, the very person defending the teacher is the very person that

can put a wall right up in the middle and create issues for us which stops us being able to help the person quickly. So it's incumbent upon us to build those relationships and communication systems such that we can work on these things together.

Erin – And why do you think that is? Do you think it a lack of understanding of mental health issues for that union person who resists it?

Mr. Wilson – No. well, yeah, partly. But what happens is the local union and the union is not a federation and is not an association in reality. They are a labor union under the labor code. Labor code says you, and their job, their function and their definition under the labor code, which can be challenged if they don't do this and that's a serious thing too, is to represent the members, period. End of story. To the teachers. Not the students, not the parents, not the administrators, certainly not the assistant superintendent. It's the teachers, period. Now as they do that in bargaining, they are going to talk about how much they care about the students and how they want the best for students cause that's going to help your bargaining position. But in the case of a mental health issue, if you haven't been able to bring the person along, cause they usually arrive with no understanding at all about mental health issues. Or for that matter or what happens related to surgery if it's a physical issue and you're getting a hip replacement.

Cathy – Is this the union rep now or is this the actual teacher that's experiencing it?

Mr. Wilson – Yeah, it's the union rep. So consequently if you can't, if you have that discussion with the union rep it comes pretty fast. Monday I don't know about it, Tuesday I've got the administrator in there, Wednesday I'm taking a look at what the issue actually is Thursday want to talk to the union president because clearly we have a problem here. And I want the rehab people coming in to help the person. We're probably going to have to slot some time off for them. I want their doctor to know what is that's actually happening at work because they never phone us. They never phone. They believe what the person says when they go in to therapy. Which is an odd, odd thing because if you're struggling with a mental health issue, you know, what you tell people is sometimes unrecognizable to what's happening? All the time we see that. But we can enable that you can see we have those systems built in, you see. And all I'm saying is, so now I'm going back to what you were saying, why would the union president not want to go with us. Well, because you know, we're kind of wondering if there's a mental health issue. We're seeing all the signs. And maybe there is, maybe there isn't. They have no background in that kind of thing, right. They don't have any history. It's not like they've dealt with a lot of cases like I have in the past. So it's going to be quite incumbent on me, which the assistant superintendent doesn't have to take this role at all, I just do it because I think it's important. I think it's crucial, actually. But the union president now, you see, if you're the union president you are the position you are thinking "I know there is a lot of trouble in that class. I know there are problems all over the place. I've talked to other teachers who have said its getting weird over there. But I'm not going to tell him that. And so do I now work together here or do I say no we believe there is no issue. Because that is usually what the teacher with the mental health issue is

saying”. “Oh no, I’m fine”. And their standing there in the winter in flip flops and a Hawaii shirt. You know, you go “what the heck is going on here?” So if you’ve got that, if you got a, and the proof is in the pudding to, you know. If you do a couple of cases and it works out well, then the union president the next time know we’re not out to screw over any employee or to do any of that kind of stuff. And know that we have a lot more experience than they will ever have, and so come with us on the journey to help this person.

Cathy – So you’re developing the reference points for this?

Mr. Wilson – Yeah, if I haven’t got that in place, I can’t do any of that to help people because I’ll keep getting blockaded by people who think it’s going to be a disciplinary road instead of an assistance road. And they’re trying to not do anything wrong on the disciplinary road under the code, the labor code, which is what drives the function of the union. Does that make sense?

Cathy – Oh yeah.

Erin – Yeah, very much so.

Bruce – Sorry, I just want to add something that I’ve been thinking about quite a bit. How often would you say a teacher approaches you as compared to an administrator? But I know from my own experience in the district that you do have a good relationship with staff. People know you and.

Mr. Wilson – That’s just a little bit unique because of my history here. But I would say about.

Bruce – Sorry to jump in there. I’m just very interested.

Mr. Wilson – No, it’s a good question. I would say about seventy percent of the time the administrator will phone me and say “You know I’m pulling my hair out over here”. And, in fact, they are. The person is denying that there’s anything wrong. They have a high absenteeism rate. They’re not showing up at staff meetings. They never seem to know what’s going on, even though people are bending over backwards to provide them with the information. They’re letting down staff members. Parents are knocking down the door of the principal going “something’s got to be done.” And so seven out of ten times, the principal will let me know fairly soon because they want to talk about it. They’ll phone me up and say “what do you think I should do?” And again, that’s the relationship with the principals, because I know there’s some locations where never in a million years is the principal actually going to call the assistant superintendent, who’s their boss, to have a conversation about what I should do. Because if that’s not a part of the culture of what you expect, “yeah let’s work on this together or let’s get a group think on this”, then you’re not going to call. So I would say in our case about seven out of ten times it’s the principal that would twig it. Sometimes, and the other thirty percent will be the teachers themselves, although more often the teacher will let me know when there is quite a bit

of water under the bridge, like quite a bit of stuff has happened. They're on the third death in the family before they phone me and say...

Bruce – "I need some help."

Mr. Wilson – Well, they won't even say that. They'll just catch me when they're walking by, or whatever, and I'll say "Hey, how are you doing?" and we get into a conversation and I'll find out that something's up.

Cathy – So based on that, what do you think the teachers understanding are about mental health? Is it just all of a sudden by the by, that as teachers are we actually thinking ahead and thinking about how am I going to stay healthy or geez, is this a warning sign?

Mr. Wilson – Well, I think it's getting better because there are more people in the workforce who have actually been through the help road. But you know, if you're really struggling with mental health too and often there's medication and different things involved there, particularly if you're dealing with a psychiatrist instead of a psychologist, or whatever the case may be or whatever the condition may be. But they'll fall off the wagon sometimes, so to speak. You know, they'll come back and things are going pretty well and then some other crisis happens and there is always going to be crisis, that's what mental health is tied to. Can you deal with day to day stresses and activities and can you enjoy life and can you in fact go on and do well that way? But they'll come back and there will be a medication issue or some crisis that overwhelms them, and if they're not...if there's not someone there checking in on them, particularly in those early stages, they can fall off quite easily. That's where our rehab people will stay with them for awhile. They won't close when we're doing a graduate return to work, they'll stay with them. They'll be with them for months while they're back. You'd never see it in the school, right. But what you ultimately end up with is more people who have actually gone through it themselves, so when they see someone else, there is a better chance that they're going to say "you know, maybe you need should check into it", because they know we've got the employee assistance program. Often that's what it is they'll say and that will start things. But teachers aren't very good at having those conversations. And mental health, despite it getting better, it's still a world that people that don't people want to talk about. And it still carries stigmas because there are a lot of people that do not understand this at all. And for that matter, mental health itself is very confusing. And often you're dealing with multiple symptoms and sometimes there will be drug or alcohol abuse. Prescription drugs usually and alcohol are the two big ones that they've tried self-medicating while they've been dealing with issues and it can get quite complicated and sometimes you're not too sure what you're seeing. Again, are you seeing the performance issue? Or are you seeing drug-related issue? Or is this driven by alcohol? Or is this driven by sleep deprivation? Or is this driven by the high anxiety or depression? And we love to compartmentalize. Like what's wrong with Bruce? He's depressed. Well, you know if it was ever a case that it was only one of those things, for god's sake, call me up and tell me about it right away because I would love to see it. Because they're usually a series of complicated issues

around it. We put a label on it for the purpose of clinician work, and sometimes even for funding, but it's very very rare that you haven't got a very complex thing happening. I don't know if I've answered your question or not there?

Cathy – No you have. In particular when you were saying in your story about people not having the awareness, that what they are doing isn't really serving themselves well or their students well. Like your example of someone losing touch in that its winter now, and they haven't worn a coat or perhaps wearing flip-flops like you said. Clearly, anyone coming across that situation, if they saw that person on the street you would stop and say "do you need some help?" And yet we have this person in the school.

Mr. Wilson – Now in a traditional working relationship, this is very typical of school districts, in that particular case the assistant superintendent wouldn't necessarily be in the picture very early on. It would be a case of a, in that scenario, there is problems in the delivery of instruction in the classroom. And the administrator would be involved in that, which they should be. The teacher is likely trying to get them to go away. Phoning the union and saying this person is bothering me. Maybe throw out the harassment thing, you know, they're harassing me. When in fact, that's not at all what's happening. They're actually trying to help them but they're -they feel like they want them to go away. All of a sudden you have someone in there that's seeing this and this fear and anxiety that goes with it. And the structure is set up so what do you when there's a situation like that? Well, we have the right to evaluate our teachers at any point in time, so we trigger an evaluation. Now there's kind of a traditional sort of approach. What I'm saying to you is, I don't think it makes any sense in any way, shape or form to initiate an evaluation, it's actually kind of mean, to initiate an evaluation on someone who's struggling on a mental health issues when what you need to do is you need to get in and you need to get them connected with someone that they feel comfortable with. And then steer the journey through them because often the person they feel comfortable with isn't us.

Erin – Is that hard to find, to get, teachers to agree to that?

Mr. Wilson – No, not really because often if you have a relationship with the union president, you can send the president in. And the person knows that this person is here to represent me. They don't understand the labor code stuff, and all that, and they don't need to know that. The truth is that they are there to support them but, they may or may not support them the way they really need to. Because the union is actually there for a different purpose. But if you have someone who's on board with you and they're scared of us because the principal is the boss and the assistant superintendent is the chief, and they don't want to go anywhere close to those guys even though they might like them, they still want to try and avoid them. But you have the president in there whose saying "you need to consider taking some time off". We refer them to our rehab program. We have a little meeting in here. We get the rehab specialists who know what they're doing in this kind of an area, to talk to them and to begin working with them. They say they're going to need to take some time off. We get them to the doctor. The doctor meets

with the rehab person and says “well, I had no idea this is what was happening” and gets them off to a specialist. You can see how now you’re moving into a situation where from clinical point of view you’re helping the person. But, from a purely a pragmatic point of view as far as the school district goes, you can restore the instruction for all those kids who were held captive by the very person who was struggling with the mental health issue.

Erin – So when the principal first notices something that’s going on, the teacher is kind of resistant to the principal coming into their room?

Mr. Wilson – Yeah and that happens almost every time, right.

Erin – Is there sort of relationship stuff that happens there that damages when the teacher comes back. Is it difficult to go back to that school to work with that administrator? Or how does that piece work?

Mr. Wilson – Sometimes. Sometimes we move them back into a different setting. Often the return will happen at a natural point. So we’ll bring them back in the next September. Or we’ll bring them back at spring break, after spring break or whatever, we’ll bring them back. And you know it really varies as to what’s happened prior to the person going off and during that particular point in time. And you can track people. Bruce hasn’t been with us that long but even in the short time you’ve been there you can probably close your eyes and think of people who have been at several schools over the last ten years. And you know, even though you won’t be clear on the reasons why, but there appear to be problems at every location they were at. This isn’t something that usually just happens with teachers cause most teachers, most teachers, not all, but most teachers have gone into teaching because they really like the idea of working with kids. Now some haven’t and that a different problem, right. They really wanted to do something else but they’ve decided “Oh geez, I think I’ll teach” because it didn’t work out. That’s a different case but the vast majority won’t stay if you’re like that because, you know, you’re working your butt off and if you don’t enjoy kids having success, if that isn’t what lights you on fire, and makes you want to work for that, I can’t imagine why you’d want to come in and just teach in a classroom. But that’s me. You know, because the joy also comes with being able to be out on the basketball court or to be sharing a few laughs together and doing the, I mean that’s, and seeing what happens as the kids grow and move on their way. I mean, that’s what lights most teachers on fire. So in these kinds of cases where you see people, sometimes this goes on for a decade, they’ll be at one school and they’ll be having conflict, almost always with the administrator, the teachers around them are pulling their hair out too in truth they’re not saying anything, because after all they’re in the union they’re not supposed to say anything, and then the person moves and starts getting hot at that school as they begin to go what’s going on here and off they go to transfer to another school. For the first year or so then the same thing starts happening and off they go because of post and fill kind of language. But when you track it back, you realize “Oh geez. There are issues here, here, here, and here”. What I’m saying is, that’s going to happen once and awhile but it should be a rarity. I should be able to say, I could tell you

exactly who they are and I can count them on these two fingers. And usually what's happened is there's issues but there's issues where they are still coping day to day for the most part being able to get their grocery shopping done, being able to come to work, they're taking or using up all their sick days. We'll check their sick days and take a look and say "geez, they should have like 45 sick days and they have none", you know. And at that point in time we'll be going out to say "We're worried about you". And they'll be trying to get rid of us (laughs). Because they are threatened by us.

Cathy – Is that one of your suggestions? I guess we are wondering too, what are your suggestions to improve people's understanding, in particular teachers or administrators understanding of mental health? Because what you're describing is that people seem oblivious to what's going on or they're not really being proactive.

Mr. Wilson – Well, you know what happens with teachers. Here's what happens with all teachers and I can include myself in this. But generally speaking almost to a tee. As a matter of fact, get me someone where this doesn't fit who's a teacher. You'll find them at all other areas of work but you'll have a hard time finding them in the teacher ranks. I know you will. Because what happens is when a person is down in the dumps and they're complaining and they're snotty, usually the other teachers don't agree. Like they're frustrated too because they're not helping out, they're not able to rely on them, they're worried about their kids, and none of that gets spoken of in the workplace. You might talk about with another colleague. Bruce might say "You know I'm really worried about Cathy" kind of thing. But that's about it. And now you're in the staff room and this teacher comes in and the administrator has been down there and said "you know, you've got to do this, this, and this" and they're angry. And they're in the staff room and they say, and you're thinking the behavior has been awful odd. And I don't know if the principal, cause the principal has got the whole school going "I don't know if the whole school knows that you are kind of odd. You know, you don't come to the staff meetings. You don't seem to be aware of any of the communications. And you're sick all the time". But teachers are encouraging people. That's what they're like. They don't say that. They say "How are you doing?" And the person says "ah that bloody principal. What an asshole. I'm just sick and tired of this shit and no one knows what's going on. The communication is terrible isn't it? It's just awful". Now you don't agree with it but what do you say if you're a teacher? "Yeah, I can see where you're coming from". They agree with them. And then they stay quiet because their nature is to be encouraging. The kid "two plus two is twenty two". "Okay, you didn't get it this time but next time!" And this is the mental health thing of two plus two is twenty two. So what they do instead is say "yeah, it sounds bad. Oh look at that, I got to go" and they leave. Meantime, the person hasn't taken from that conversation, or they have taken from that conversation, that "Bruce supports me. He thinks the same thing".

Cathy – So what would you suggest to, because it sounds like you're looking to colleagues to do something a little different?

Mr. Wilson – Well, it's not an easy question. Because the teacher's not going to want to be in the position of the other teacher where they're fighting with this person all the time as that person is trying to convince them of their line of reality. And at the same time, the teacher is been told by the union a lot if the time "don't talk to the administrator". When really the administrator is probably the one who needs a little word in the ear, and this is often what happens. Is the teacher will say "I'm worried about Cathy. She's just weird". And that will get things going. But they don't really know what to do so life carries on. It's weird. Like a whole school will carry on like that. You now, just as if nothing is happening.

Bruce – That this one teacher is struggling and the rest of the school carries on? Is that what you are saying?

Mr. Wilson – I don't know that they all know they are struggling. I guess they know they're struggling. But at least they know they're odd. Something's odd here. You know, they'll be off sick all the time and for the first little while you'll say "are you alright?" but then you realize after awhile "wait a minute, they seemed pretty good yesterday and they're off today and they seem pretty good today". And you realize...

Cathy – It's kind of "kookiness".

Mr. Wilson – If the "kookiness" is yelling or really weird behavior, then it gets identified pretty easily. But in the earlier stages when you can be most efficient and most effective, you don't usually have that. You've just got symptomatic stuff beginning to happen. So, in answering your question, I'm not really sure I have the answer. But I think continuing ongoing education tied to health and wellness is pretty important. But I think seeing how to help is actually the better way to go. Now here, I think it makes it more complicated. I think here, what I'm describing to you; we've had some pretty good results. But I know, just from working with colleagues, a lot of the senior staff, for example who might have human resources training, or maybe even be assistant superintendent of schools, they don't really know what they're doing related to that. You learn more in the human resource training area if you're not a teacher, is here's how the various pieces of legislature work. Here's how contracts work. Here's what the obligation of the employee is. Here's what the obligation of the employer is. What we're talking about here is a hard thing to talk about. It's so complex and it's not right. As much you want to say "this person is depressed" and so that's what it is because there's probably all these other factors. The course of action and treatment for each individual is markedly different. And getting them there, we can get them there once we kind of know what's going on. And if we really need to, if we really need to force the play, then we will say "look we have no choice because there is such an issue in the classroom, we are going to trigger an evaluation. And we sometimes begin that process and then part way through...

Cathy – Almost from an ends base?

Mr. Wilson – Yeah, what I’m saying is we can help by getting them linked in. And it’s not that you take criticism. For example, our EFAP program. We pay based on units and units are basically your hours of counseling or whatever it is what’s happening there. Most school districts have more visits than ours. Ours is five visits. Five visits! What good is that? Of course what people don’t know is that there are a couple things happening here. I’ve got the rehab program in there and when I need the rehab specialist who knows about mental health with a teacher assistant who is working with this teacher over here who’s a program and this is causing some mental stress. And we need to deal with this. With that union, I’ve said “look, I realize this isn’t in the contract or anything, but let’s do it anyway. You pay half and I’ll pay half”. And I have experts in other buckets. And depending on the case, I’ll steer them in there. Now if they need more than five, then Human Solutions phones me and says to me what the situation is. There’s five kids, mom and dad have broken down, one of the kids is really still struggling, and I think I should still see him another couple sessions. I’ll steer them towards a family counselor to take over because it’s more urgent. Fine, I’ll pay it. Sometimes I’ll double it. But if I double right from the word “go”, I have to pay the money in the contract to maintain the service. So I have ten visits and everyone goes “right on, that’s way better. We get ten visits. Right on”. But I don’t really need ten visits. I need the money to be able to get the right person to help the other individual. And so at Human Solutions, they do a great job but they’re a company. They try to sell the product and sometimes what you see isn’t always what you get. And so you have union groups saying “you should be paying for more than five visits”. They might even use it as a negotiation ploy at the meeting saying “do you know that other districts have ten visits. And we only have five. What are you chopped liver?” Of course they don’t understand the rest of the picture.

Bruce – We only have a few minutes left in the interview. We just don’t want to take up too much of your time.

Cathy – So is that one the challenges of talking about mental health that it becomes all about contracts and money? Because what you were trying to talk about is being more creative.

Mr. Wilson – Well, it can. It can. It can be like that. But you know it is going to be like that no matter what happens. You’re always going to have labor discussions. You’re always going to have times like it is now where there’s a strike happening. And you have to get the membership going. But all these things are always going to happen. It’s not as important that those little bits are happening as much as it is that there are people who are staying focused on what it is you’re actually doing. Which is you’ve got these crisis here. Now we have to figure out a way to help them out and to ensure that the learning situation in the classroom and that the functionality of the school the best it can possibly be. And you have to stay focused on that. And I know that sounds easy in here, but it isn’t. Because all these other things keep coming up. But that’s not a big deal if you really know what you’re doing. The five visit thing, yeah, they’re going to throw out the ten things. And that’s going to get the teachers on board for a strike action. Other districts

are doing the same thing over there. They're saying "you see we pay a hundred percent for benefits. We're the only district who does that." So in other districts, they're going to be saying to their people that they pay all their benefits, in our district what are you, chopped liver? So you've always got to have that. But wasting time figuring out how you're going to manage that never made much sense to me. Cause there will always be something, right. So, with the teachers, if you're fairly open about it, the lesson goes on doesn't it?

Erin – And with your rehab program, you're saying that someone will stay with that teacher, sort of behind the scenes when they go back into the classroom. How do you feel about the success rate of that re-initiation into the classroom?

Mr. Wilson – Um, well you know we've had mixed success and sometimes it's not as simple of weighing well was your support was good enough because sometimes that we're talking a medication change, the individual themselves and all the supports in the world is not going to change that. We've had pretty good success with that. And in some cases people have also made career decisions that if it's been too stressful for them to be able to continue in the classroom because the actual job itself is too stressful. That's where it becomes a problem. If you've had people who have been very functional in the class and then over a period of time something gone wrong and you can help them to deal with whatever the illness or the mental health issue or whatever it happens to be and you get them back in. You stand a better chance of success but if they are really feeling the stress of the job, and the job itself is stressing them out. Like two days ago I met with one of our teachers who has had a series of TIA's, mini-strokes. And it really affected her whole functionality in been able to work. She was pretty open about it all. But she made the decision to retire. Retiring early. And we helped her with the ins and the outs and hooked her up with the people who could, independent of us, council or explain what her options were. And she dealt with some other situations in her life. So she had these physical mini-strokes, but also some other health issues to take a look at. But when I met with her a couple days ago. We just happened to bump into each other and so we sat down and talked for about half an hour. And she hasn't had a mini-stroke for a year. This is huge because she was having, in some cases, getting knocked down on a monthly basis. So sometimes the return to work, and she went through some return to work stuff, but when she got in the return to work she was having some trouble with her functionality tied to the nature of the physical ailment. And then the stress of the job. Everything is kind of compounding itself. So the solution in that case wasn't return to work and we could see that fairly soon. But we had someone riding with her all the way along because the other thing that can happen is that often they won't fill the forms out, you know. They won't fill the forms out. They won't answer the phone calls. You go over to the house and all the blinds are pulled and they're sitting in the dark. And so they need someone to walk them through it in those critical times. Anyways, I'm talking more clinically than I should be.

Bruce – It's after eleven o'clock. As long you're okay with this.

Mr. Wilson – Yeah, I’m okay with it. I’m okay for a little bit longer.

Cathy – We would just like to know if your opinion and this is one of our key questions, what you would see a mentally healthy school looking like. If you had that power and if you could wave your magic wand, what would it look like when you walked in there?

Mr. Wilson – I think if you’ve in and out of school long enough you can see that. And what happens is you, for me, the kinds of schools that you’re talking about are quite focused on what the task at hand but at the same time they are a really caring towards one another. And so you have people wanting to do things. They’ll do extra things and so on. They’re happy and they’re teasing each other. And they’re joking. And when you have events you put together, a lot people try to make it. And they’re be an announcement to the rest of the department that if you don’t show up we’re going to talk about you the rest of the night. You know, there’s something to joke about and they’re enjoying one another and their dealing with stresses and their watching out for one another and there’s a trust that’s happening. Mountainview Middle School was like that. But we got some criticism tied to the fact, from the staff, I was the administrator there, we weren’t communicating enough. And it was a middle school so billions things are happening at that age and the kids are growing like mad. A thousand kids in grade seven, eight, and nine. That’s a lot of middle school kids. But you can do some marvelous things with kids at that age if you have the staff to do it. And so a few things happened there. When that school was staffed, they basically said “This is what we’re going to do. If you want to be a part of this adventure, then come with us. If you’re a senior high teacher and you’re really not interested working with kids at this age and it’s just not your thing, let me know and I’ll try to get you transferred to another school where you can. Because they’re important there to but we had that. And then I hired time after time for people who were looking for middle school. But I’ll give you an example. We wrestled with the communication thing and it just had so much happening so how do you keep everybody up to date? We had newsletters that went out every morning. We had announcements, you know. I mean there was a lot of communication. If you lived to be a hundred and ten, they would still criticize your communication. But we decided to do a, at the suggestion of some of our staff members, and you have to be prepared to take kind of suggestion to, and weigh it for its worth if you’re going to be in a happy school. We decided to do what was called a Monday morning briefing. Now, you’d have more trouble now because, well we were unionized at that time, but never the less. What we said was “okay, here’s what we’re going to do. Every Monday morning. 8:15”. I think it was 8:15 or whenever it was. Twenty five or thirty minutes before school started. “We’re going to do a briefing. You don’t have to come but if you want to come, we’re going to brief you on what happened last week and what’s happening in the week coming up and we’ll open it up so the departments can tell us what they’re doing. Well no one’s going to come to the meetings after awhile, so what we said was “and there’s going to be muffins”. Now if you out food out, the ex principal of another high school told me the other day out of frustration when he went down there for the ten thousandth time and there wasn’t a scrap of food left after there had been treats there, teachers will eat anything. He said “you put cat food

out and teachers will eat it". So we said okay, we'll have food. So everyone would troop in. And darn near everyone would come and we would also do some sharing around there. Like last week such and such happened and so and so. And they would name a student in grade nine and he did da-da-da. And when the staff was around during the week, every time that student walked by, the staff members were there saying "hey, I heard you were awesome last week". And when Christmas rolled in, the PE department, a bunch of them rode in on reindeers and they had Santa Claus on the back and you know they were doing different things like throwing muffins out and things like that. There were a lot of people who would criticize that kind of thing because they would say "well, how that is really professional and functional?" Well, it was fun and people cared about each other. And the spin-off was a real big deal. At the same location, we had kids who we wanted to participate if they wanted to participate in activities. And so with sports for example, if you turned up for rugby you were pretty much on because the team was so big, you know. If you showed up for track and field, well, we could put a shot put in your hand and you could throw it three feet, you're in. But things like basketball we had a problem with because when the kids would make the basketball team, say you made the team in grade seven and eight, chances are when you track those kids there's a pretty good chance that you wouldn't see anyone else breaking the ranks. Or it would be very rare. There were tons of kids who wanted to play basketball but the select kids who have been doing basketball, well you get the idea. So we thought, and the secondary leagues are set up in a manner where to look after the kids who are at the higher levels for that, which is a good thing. They need to be looked after as well. But the kids in the lower end and the ones who were just beginning, they weren't getting to play. And we wanted them to be able to do that. And so we struggled. One year we ran several basketball teams and we got a lot of grief from the secondary athletic association. And we thought maybe this is a good idea, and it was a disaster. The reason was, of course, was because the kids were keen to be on the basketball team but when they went to play in the leagues, they were playing against these high end guys and saying "please don't put me in". And when they did get the ball they would lose the ball and the score would be a hundred and seven to two. So that didn't work very well. So the staff wrestled with what the issue was, and the Phys Ed department at the time said "you know what we're going to do? We're going to offer Tuesday night basketball and anybody can come out. It doesn't matter who you are. And they would have music pounding in the gym, you know. And they'd do practices and then split them into, and of course those guys knew how to divide them up so they'd have some fun in mini-games. And that place was packed. They'd get eighty to ninety kids coming out for that. And you'd get the kids who were on the teams as well. And then we had different kids breaking into the teams throughout the years. But that's something that they really wanted to do and it wasn't something that I could order. And the spin-off of those kids finding their niche as to how they fit, felling good about themselves, reflected itself in the classrooms. And guess what? We didn't have so many problems in the classrooms all of a sudden, right. And there are all kinds of different examples like that and some of them were quite controversial. Nowadays they talk about them as "new ideas" but some of the "teaming" stuff like the planning time together, but we had built that in back then. And it

was pretty neat what you could get out of that. But that's kind of the healthy picture for me. Sunnyvale High School was a lot like that, although we went from a senior high with about nine hundred and fifty kids to a thousand kids, to a junior/senior when I came in.

Bruce – What year was that?

Mr. Wilson – That would have been around 1995 or something like that.

Bruce – Because I was there in 1994 and it was still a senior school.

Mr. Wilson – We opened the south campus and when I say we took criticism, we took criticism for things like: we built a timetable so that you, you, and you teaching grade seven would have the kids. You would have them for English, you would have them for Socials, and you would have them for Science. We would prep you out in the same block. So when you came out, if you were worried about Freddy Morton, you guys could have a cup of coffee and sit down and go “what's wrong with Freddy?” And that other person could say “well, you know, he's tight with his grandpa and his grandpa just died, right”. And all of a sudden, all those courses are going to Freddy. Freddy's under the magnifying glass, in a good way. Now they do that and everyone thinks it's brand new and a break through, but we have staff members out there who did this over a decade ago who aren't been honored because no one knows they did it, right. So it's not particularly new but it is the right thing to do.

Cathy – And the collegiality that develops from that?

Mr. Wilson – Yeah. People are a lot happier at work. They like coming and the other we did at Mountainview is, and it got quashed after I left because there was a feeling that it wasn't professional enough, but it was magic. What we would do is during the year, when you made mistakes and screwed up, as teachers or all staff involved it didn't matter if it was administration or whatever, we would pass what you had done to one of the guys in the drama department who would religiously keep track of all of this all year long. And at the end of the year we would have this big breakfast. Guys talked about it all year long. It was called the “Rookie Awards”. And this guy in the drama department was great at presentations and he would have videos and everything else in there like notes. And he would feature all the dopey stuff we had done during the year and no one would escape. And whoever had done what had been ranked the doper, it would be on the floor laughing, they would get the “Rookie of the Year Award” which was, I don't know, a bucket or something and everyone would cheer and along they went. In the years to come, there was a feeling among the administration that “oh gee, we shouldn't be talking about mistakes”. But these were celebrations of people stepping up and doing something. I remember the vice principal won one year. And what happened was in the event, and you know, in today's day and age you would never hear about this because you would want to keep this quiet. It's exactly the opposite of what I'm describing to you. And what had happened was this kid had broken a window down in the PE area and so the parents had been classed in. The vice

principal had to meet with the parents. So the parents were sitting where you two are across the table from me and the vice principal is here. And you come in over here and there are these glassed windows around the outside edge and the windows behind you opened up to the office where the secretary was and so on. My office was over on the other side. And the kid was a good kid but he'd been goofing around down there and the vice principal says "well you know, your son is a good kid and I don't think we need to get carried away here". He was going to make the kid pay for the window. Out the new window in and leave it at that. He says "you know, I think what he did was I think he took his runner", and he reaches down and he took his runner and grabbed his runner, and said "I think what he did was he just went to throw his runner", which is what happened and he threw the runner through the window, right. And the two parents are sitting right there, and he says "I think he just went like this" and as if the hand of the lord was on that runner, it came out of his hand, went flying between the chairs, and right through the windows (bang). And the VP goes "I don't think we need to discuss this anymore". And the parents went on their way and of course he won the "Rookie of the Year" award for that. Instead of those things been covered up they became a great source of celebration.

Erin – Yeah, to recognize everyone has fallacies. That it's okay to make mistakes.

Mr. Wilson – Now if you've got a staff together that are looking forward to those kinds of events, you've got a healthy place. And I mean done in a caring way. I'm not talking about a way where they are making fun of people. But this is the fun events of life that you do that just, you know.

Bruce – Happen.

Erin – Part of being human.

Mr. Wilson – Yeah.

Cathy – And it's stressful to think that you can't screw up so that you have to be perfect all of the time.

Mr. Wilson – Well, yeah. The big thing at that school is that if you screwed up you wanted to be as quiet as you could about it because it would never work right. But going back to your question, I think that you can see that if you, particularly if you are in and out of school a lot. You don't have to be too long in a school before you realize something good has happened here. Now, Mountainview was an interesting one because of the middle school age kids, we had all kinds of different things we were doing, right. And they were designed to engage those kids. But when the bell went and they were changing classes, everyone was happy. But they all come bumbling down the halls elbowing each other. Because they were twelve and thirteen years old and that's what twelve and thirteen year olds do, right. So I can remember one time when I had a tour coming around with trustee types who said "Oh, they're pretty noisy in the hallway there and they're pushing around coming down the hall" and they thought it must be a bad thing. And

in fact there were some administrations that tried to stop that. Well, why would you want to stop that? The whole thing was designed for that age where things like hats at that point in time, much more so than now. Everybody wore hats at the mall, everywhere they went. It was all tied to their self-identity and unfortunately we were dealing with a few kids who were dealing with cancer too and the last thing I wanted in the world was hats getting snatched from those kids, right. And if you had a no hats policy, well, you're setting the world up so the administration and the teacher were going around talking about hats and taking your hat off. We would say, when it came to things like Remembrance Day, we would say ahead of time that traditionally in Canada it's a sign of respect to take your hat off. Now if you're struggling with cancer or something like that, it doesn't count. But that's what we do. It's a sign. When the veterans are in, they're going to see you and they're going to feel you're caring. So when we get in there, we got to take our hats off for this. We never had a problem with that. I get that. Some teachers didn't like hats in the room because of older traditions you didn't do that before. They would say to their class that they'd rather they didn't wear hats and so they wouldn't. Most teachers, they didn't care as long as they're paying attention, right. So we wrestled with things like that. I remember another one was tied to belly buttons, girls' belly buttons, in the spring and in the fall. Because you go to the beaches and everyone is in flimsy bikinis and at the middle school age, everyone is self-conscious and trying to be as fashionable as could be. And when we had girls coming to school dressed in the best fashions they could afford, they felt they were looking great. And they were all covered up and everything was fine but the mid-rift. So who was going to go and this administration did not want to be going up to girls struggling with their own self-worth anyway, and who were perfectly covered up and stylish by today's standards and say I can see your belly buttons. Go home and change. We had a big item on a staff meeting where we got into a big discussion about that because years ago you had to be totally covered. If you see any skin it was a bad thing, right. And we came to terms with it as a staff and basically at that point in time I was saying "I'm not going to do this. It's not going to happen. If you want to talk about it, go ahead and have a philosophical discussion about them. But I'm not going out there to do that. And this administration is not going to do that. We have better things to do than to go out and talk about hats and belly buttons. And it became a non issue over a period of a couple of years because all the fashion went that way. You know, when the weather is warmer out you see it at any high school you're at, no one would be wearing anything provocative. If someone was wearing a shirt that said "fuck you" and that would happen every now and again. Or a big marijuana leaf, then I would have a conversation with them and ask them to change it. But anyway.

Cathy – Okay, well.

Mr. Wilson – I'm not sure if I have gone through your list of questions.

Bruce – No, you were fantastic.

Cathy – Our intention was not to ask all of the questions. It was just our guide.

Mr. Wilson – It's hard not to have you understand anything unless I tell you some of the stories.

Appendix F: Mr. O'Riley Interview Transcript

Cathy – Here's our ice breaker. If you could just tell us a little about your typical day and what kind of contact you have with teachers and you can be specific to our topic. That would be good too.

Mr. O'Riley – Well, I start early because of choice and the district has graciously accommodated. Or maybe they're cowardly; maybe they haven't come and told me what they think. Anyhow, I do that because I do a lot of coaching and working with kids after school and if I work the nine to five, I wouldn't be able to do that. In large measure, that's why I come in early.

Cathy – Are we saying five in the morning?

Mr. O'Riley – Well, I'm here about six in the morning or shortly after six. Because then I can leave at three. It's funny, and it ties into mental health, is because some people have a notion about a workday. They've measured it out somehow and I don't know where they got it from, that "Oh, it has to be eight hours". Or maybe it should be ten. And then if you're not there for the ten hours then you're not doing your job. And I think this cause anxiety and stress. So, if that culture is there. That culture is alive and well in this building, you know, the whole notion of "pouring in the hours". Well, I always say it's the quality of the hours that you're pouring into the darn thing. So, I could sit here from nine to three and then do nothing and then say "oh I put in my eight hours". So that's funny. I think that the culture is quite negative in terms of people's mental health. That they feel; "oh I can't leave early. People are watching me". So I come at six and I leave at three and I basically care less what people think, as long as I'm able to do the job. Now there are people that get to know that I'm here so sometimes administrators will phone me early because they're early. Sometimes teachers will. Or it allows people who want to get jobs to come and I can interview them and they can still get to whether they're TOCing or something. So it does have its conveniences. So basically I work between those hours. I always go for a

walk, you know. I really feel again that this mental health requires this balance. If you sit here it doesn't matter how busy you are, if you don't take time to get that balance, then things start to get skewed and I think you become less healthy. I always have to have that exercise. Now, people could say why don't you do that after work? Well, I can do that too but I think a break in between, and it doesn't mean to say I'm not working. I think of all sorts of good things. I wrote my thesis while I was running for goodness sakes. So it's not unproductive time as it relates to your health or your job.

But basically, the most important job I do in my mind is I hire TOC's, and I really take it seriously and I'm basically looking for caring reflective people. I won't go into all what I mean by all of that. But I think that is part of what makes a healthy school. Caring teachers. Caring reflective people who create the kind of caring relationships that schools need. Anyhow, I'm getting ahead of myself. But that's what I really work hard on. That's not the most of my job unfortunately. I love to talk to these young people and older people too, but a lot of brilliant young people wanting to get into teaching and they can't. So I hire as many as I can on the TOC list, but there's a limit to that. So that's one thing that I do. And then of course, I am responsible for the staffing for all of our schools. It's not like other big districts where they have over a hundred sites. We only have a limited number of sites so it's a lot easier. But I'm responsible for postings and working with principals. And I work with teachers too because some of them they always want questions answered about human resource things. So I talk to them about that kind of thing. We have a teacher coming down next week to talk about the posting coming down in spring cause he got hired as a mandarin teacher and now he wants to branch out. You know that kind of thing. Then there's workers compensation and Workplace BC. We have to deal with injuries and involve, although we do have a contractor who helps us out a lot on that because I'm not an expert on it. And I'm also in charge of the emergency earthquakes. Doing all of the preparation and putting in place all of the policies related to emergency type things.

Bruce – That sounds like a lot.

Mr. O'Riley – It's okay. And I get involved in the unfortunate side sometimes in working with Wyatt in discipline cases. And we meet with the union to discuss union management issues with the president. And I sort of take it upon myself as been Human Resources to look out for the welfare of the staff. You know, we have a social committee. I'm always interested to see how they're doing. I take it upon myself to, not because I see it as part of my job, I just do it because I like people.

Bruce – And you visited our school to answer questions and talk to us. It was really good.

Mr. O'Riley – Yeah. There's a major initiative where teachers are going to have to initiate their own absences through an automated system. Which is unfortunate because the best system is the old system where you call up the operator; "Hey there" and you know her. "How are the kids?" You know, that's the greatest system. But we cannot keep up. Too many people have gone to

automated so you're in competition. It takes you hours to get your message out whereas the automated system. There are also other reasons which I won't bore you with. But we're going to that system. There again that somewhat problematic again where we are distancing ourselves from people. But it can't be helped unfortunately.

Cathy – Can I ask you a specific question about mental health? What do you think administrators understandings are about mental health just in general?

Mr. O'Riley – Yeah, that would be hard to know. I haven't talked to them about that per say. And I would imagine it would be all over the map. I could say that there are a variety of styles out there. There are some styles out there that lead more towards what I call "staff morale" and there are some styles that tend to negate "good staff morale". So I would say, those principals who are more shall we say "autocratic", I think don't think about mental health. They appear not to. And those who appear are looking to serve the staff, like when I was a principal I thought that was my job. I am here to serve you so you can serve the kids. So if I can go and get you a hamburger, then I'll go and get you a hamburger if that what it takes. Or whatever you know. I remember we used to go up to Whistler and I'd say we're going up there to work and play. We're going to work in the day and play in the afternoon, and I don't care who thinks that's good or bad. We're going to be doing that. So I was trying to help people have fun and I probably didn't put it under the rubric of "mental health", but I put it under "staff morale". The culture of the school. That's probably what it was. But what it was doing was contributing to a positive sense of self.

Bruce – Did you know that at the time? The link?

Mr. O'Riley – The link between mental health and?

Bruce – School morale and positive mental health.

Mr. O'Riley – I don't know, Bruce, whether I did or not. I mean I don't think I consciously thought about it. I was consciously building a staff morale. That's what I was building. We were trying to build a learning community and I had my ideas about what a learning community was and part of it was being happy! Having a good time. Sharing a joke. Fooling around. Being loose, you know. Not being serious all the time. I didn't want to be around people who were serious all the time. Get me out of here. That's a loony bin!

Cathy – So there's no specific training where you do a module about administrators to be looking out for these signs of mental health or how we're going to promote a positive school culture?

Mr. O'Riley – Well I probably would now, Cathy. You're bringing it to the surface may speed it up. I mean, we do things but I don't think we have a program that says; "okay administrators. You need to think about this, this, and this." So that's why it's hard for me to answer your question. I sort of say I look at their behavior and I make guesses from that behavior about what

they might think about it. Am I right? I don't know. I don't think I've engaged one administrator about talking about mental health.

Erin – So do administrators come to you or do they come to you with teacher discipline problems?

Mr. O'Riley – Well, not to me. They'll come to Wyatt, and Wyatt is being phased out, so the new assistant superintendent will be taking his role. So I get involved on a need to basis. But I talk to principals, some of them, who say; "you know I have this problem". Especially if they can't get a hold of them, they'll come get some help from myself and we do talk about that. And I think as a result, I think we are always on the lookout for what we consider "ill health". My job is to look for that and if a principal brings it to me and it sounds like a mental health problem, they say "well this person has been away for sixteen days", my ears start pricking up and we should start looking into that. We'll get them referred to the BCTF rehab. Or we'll get them on to our employee plan.

Cathy – So further to what Erin was asking you. What do you think teachers understandings are about mental health? Do you think they actually frame their behaviors of they actively think about how they're going to stay well? Or when they are not well do you think they understand what is really happening to them?

Mr. O'Riley – well, I hope this changing and I think it will. When you talk about mental health people tend to think it's something to keep secret. They look upon it as something you do as a rehabilitation program; they don't see it as a prevention program. So as a result we have six people, mentally sick people, and now we have to get them better. So a lot of denial out there I think among teacher. One of the biggest problems that we have, unfortunately, is whether competence came first or incompetence came first or mental health came first? And it is a real difficult thing. We see a lot of people whose abilities as a teacher are questioned and "boom" they're off. And they get a note saying "stress" until further notice. We get a lot of those people. I think we have a culture, in our schools, that still looks at mental health as a negative. And I think it's really unfortunate, but there's no place for management and union in teaching. Now that's my old self coming out. Because what it has created is a "them" and "us". "We" against "them". When we should be working together. What happens is, as a manager I say "gee, you know I have some concerns about your teaching." Well, in comes the union and says "I'm here to defend you". We didn't ask for a defense lawyer but what we wanted to do is work this through. We want to help you. "Oh no, you're questioning her competence." You know, and so we get into that silly tug-of-war. And that is creating a lot of unhealthy things to happen. And you see people don't have to book off. They shouldn't feel that "oh god" because someone is questioning or has some concerns, that it's the end of their career for god's sake.

Cathy – Like catastrophic thinking.

Mr. O'Riley – Yeah. You know, so it's not a healthy situation we find ourselves in. Is that going to change? I don't know.

Bruce – That's what our paper is trying to do.

Bruce – You see this is really interesting. You put it in a framework that I think is really important. I think it is. I've always worried about with this when I was a principal. Yeah, I wrote an unsatisfactory report because I had a responsibility to the kids. Here was somebody that we needed to arrest in terms of their behaviors and hope that they would change them. But it was just a nasty business. You know you're just exhausted. So there has to be a better way. It was a challenge to my mental health. It was a challenge to that person's mental health. The whole staff was you know they can get polarized. Even if they don't know what they're talking about, you know. They don't know but they think a brother or sister is in help so we have to, you know, circle the wagons.

Erin – So do you find, because you're saying sort of, that the union representative will come in defense of the person and say you're questioning their competence. Do you find that a lot of teachers go right away to the union and want to meet and have a union person there?

Mr. O'Riley – I think it varies. And it also depends. This is the trouble; we talk about the union like it doesn't have a face. One union president, just like a principal, is going to be twice as good as the next union president. Its personalities here. Same with principals, it's personalities we're dealing with here. And that's what creates good systems or bad systems. So it's really hard. All I really know is that the current system is not really good for education. Not good for the teachers. Not good for the administrators. Not good for the kids or parents. I mean, we're always fighting.

Erin – Do you have any suggestions about what you would like to change if you could?

Mr. O'Riley – Well, I would like to go back to where we were before. We never had unions before and we always got everything we wanted. There were no problems what so ever. And it was togetherness, you know. We all pulled in the same. Again, it was personalities. If there was a principal who was an asshole, you got an asshole for a principal. It was that simple. It's nothing magic about it but if you've got a framework now like we've got, this fixed notion a union and a fixed notion of management and it's really unfortunate.

Bruce – Especially right now.

Mr. O'Riley – You see this is not helping. This is my own opinion and some people might not agree. But I don't think this contributing to anyone's mental health. In a negative way it's contributing. So nobody talks about that and your framework helps people do that. But I'm talking about working conditions and they're thinking about how that affects mental health. We're talking about money here and we're talking about kids in classes. Too many. But

ultimately the spin-offs are difficulties for all of us. It's not a happy organization. It's an unhappy organization and how does that lead to.

Cathy – What would your definition of mental health be?

Mr. O'Riley – Well you know health is a mirage. It doesn't exist. We're all on a continuum from zero to ten. You know, you take anxiety. You take depression. Help me out here.

Bruce – Exhaustion, stress, burnout.

Mr. O'Riley – Stress, anxiety, depression. All of those things. We're all on a continuum. And it's always bouncing up and down. So when someone says mental health, what are you talking about? I don't know what it looks like. Some days I feel better than other days. And other days I feel quite ill.

Cathy – One of the things we're trying to talk about is that normalization of it's not "this" or "that". There's more of a human experience and we're finding that there's lots of things that are hidden in policy and abstractions, but they're not talking about people.

Mr. O'Riley – Yeah, so it is a process. And I don't think anybody ever gets to the ten. Or if they do, they don't stay there very long. Because events that are often outside of their control will impact them. And here's the union management mentality here. That impacts on you. You can't say anybody that's a teacher today is at a ten or way down there totally healthy. That's not possible. So I don't see it as a condition. I don't know that I would have ever been there myself. All I know is there's other days that I am really happy. Is that it? Is that mental health? When I'm totally happy? Or is it because I'm ignorant and not conscious about some of the things that I should be? You bounce around so that's my unsophisticated understanding of mental health. And the three big things that I see in this game here, is depression, is anxiety, is stress. Those are the three big things that impact on all of us in this game.

Erin –Can you talk about a little but about what causes some of those things for teachers?

Mr. O'Riley – Well, again I alluded to it, is their performance. If their performance is questioned. I think principals cause a lot of problems you know, depending on their style. I think the union president can cause a lot of stress by doing things in an inappropriate way. So anybody that's in the game has a possibility of helping or hurting. I have the possibility of helping. If you call me up and I can be nice to you or I can you might make me mad and I'll say buzz off. I'm not interested. If I'm always helpful and happy, then I'm going to contribute less to your stress. So everyone is involved and everyone plays a part. And I guess it's this whole notion of what it is to have developed caring relationships among and between people. I've got fairly well defined for what I believe is a caring teacher towards kids but I haven't really thought about the caring attitude towards my fellow colleagues should be totally. Because I have spent most time looking at the student-child relationship and when I was a principal I really liked the people I worked

with. That doesn't say that they were all great teachers. But most of them were and we, I don't know, was it happen chance that we all got together at one time and was in large measure one happy family. I mean, I don't know. But I do think there were some of us who were there together and there was a critical mass, if you wish who really enjoyed each other's company and wanted to make sure you were generally well. Who took an interest in each other?

Erin – Do you think when administrators are being considered for their position that the caring aspect is looked at?

Mr. O'Riley – Well, it depends on the flavor of the month. You know, now if you're not an I.T. genius then you're not going to be an administrator. If you're not a curriculum master, you're not going to be. And I'm thinking that most of the people are forgetting about the ability to create caring relationships. I mean, that's what it's all about. I'll find out the IT bit if I have to but I think some people forget that the principals job is, again my opinion, I'm here to help you do your job. Not interfere with it. Not micro manage it. We have lots of principals who like to micro manage for some reason. I could never figure it out. Your job is not to micromanage. You tell me what you need. Is it supplies? Do you need a break this afternoon or what's happening? Did something happen today? How can I help you? That kind of thing. It's sort of holistic not just how can I help you related to teaching. You're a person just like the kids coming in from their houses. Should I just ignore that and put it over on the side? No it doesn't work that way.

Bruce – How often have you found administrators who are not caring? Who cause problems with teachers because they are so autocratic? Because there are some great administrators out there and there are some that we've all seen that are. How common would that be and what do you do with that when you have it?

Mr. O'Riley – Well, you see this is a huge problem with the selection of administrators. I have sat on these committees and the superintendent basically controls it. If the superintendent wants that person they usually end up getting that person. Which is bizarre? I have seen so many poor decisions made at, in my opinion, for administrators. Because I see administrators the way I've outlined it. They look at administrators as been competent curriculum leaders. Competent IT leaders. And seemingly missing out that key piece. There are a lot of good people out there that are good administrators but it only takes one. It only takes one cause a lot of problems at a school, which then spills out. And so I don't know whether I answered your question because once they're in the system, what can be done? It's like a teacher that shouldn't have been a teacher. They usually limp through with a lot of difficulties that affect their mental health. You'll see they're off for days, weeks, months, years.

Cathy – You talked about the importance of relationships with teachers; giving them what they need in terms of supplies. I mean, that's going to be a stress reducer. What do you think the challenges to just talking about mental health in schools with administrators and teacher in naming it in another way? Or do we even have to do it?

Mr. O'Riley – Well, it's interesting. I had a bi-polar teacher and she was sick. Sick to the point where we couldn't carry on a conversation. So we never talked about that. We were always picking up the pieces. She was always in late and I would open her room for her and get the kids going. And I knew there was no sense in taking her on because I mean she often did herself in. She would be off for weeks and months and so on. So we had no discussion about that.

Cathy – No discussion. What I mean, that discussion happened at the end. What about the discussion that could be more preventative?

Mr. O'Riley – Well, yeah.

Cathy – Is the culture not like that? We just don't want to talk about weaknesses or?

Mr. O'Riley – Yeah, it's not there you see. Again it depends on the person who is the union leader. About how open they are or how guarded they are. I've experienced both guarded and open. And hopefully we'll have the open type who will say you know it's not looked upon as a weakness. We want to help this person and we do get help for them and it has worked out. But I don't think we're at that open stage where as a principal I can take a look and say "gee, you're away frequently and I'm concerned you and do you want to talk about it?" There you would have to have a good relationship. And there I go back to the development of relationships as being the building block for establishing a healthy climate. And a healthy climate to talk about it. So if we haven't got those personal relationships in place within the school setting, the only thing we can do is clinically identify it and treat it. We're not talking about if I'm right about the union management. You think we're going to talk about that and change that just for the sake of mental health? I don't think so.

Cathy – Well one of the things we found interesting was that how people will be totally, they're not inhibited to talk about how they hurt their arm or I have a heart condition so they're taking medication or I got diabetes. But people won't come in and say "Gee, I'm really still feeling depressed about my divorce or the death of so and so. Like, its what your were saying how the stigma is just not talked about. And as you were alluding to, the relationships aren't there. I guess we were wondering if you had any idea of how it could be addressed?

Mr. O'Riley – Well, I think sometimes the relationships are there. You know, you might have one or two teachers who might come to the principal because of the relationship. But not all of them are going to do that. And again, I think your project is a useful one in that sense we need to provide a framework for looking at people. People are generally looking through a teaching perspective. How good are you as a teacher? They're not looking at how well you are. And so that framework would be nice to put in place. As a starter. To view people on staff in a positive way, not looking for people that are ill, but looking through a mental health framework to prevent, to create, that kind of atmosphere. I mean, I'm not an expert in mental health but I do know that if you create good relationships, which leads to happiness and where people are

happy, then you're not going to have the amount of depression or anxiety. It's just not going to happen. And you can feel it when you go into a building whether it's a happy place or not a happy place. So there are huge changes that would have to take place in regards to the people who are in a situation. And maybe we should start moving people around and start getting rid of people who can't create a sound mental health place. Maybe that's a framework we should look at.

Bruce – You mean, any role in the school?

Mr. O'Riley – Well, perhaps. You're saying how do we choose our leaders? Well, that's one framework that's not discussed. That whole notion of how you build a healthy culture. Mental health culture. Not how you build a strong curriculum, a strong IT. I've never heard of that. You know, when I read your proposal I thought "wow, this is certainly different".

Cathy – Where are the steps that would need to be taken?

Bruce – It's a common thread between the three of us that has come about over the past two years that we've all touched on a few times about where our passions lie.

Erin – Our philosophy.

Cathy – So in your role, and I'm not sure if it's you or Wyatt, what resources are currently available in your district?

Mr. O'Riley – Well, the first one is ourselves. The people need to have assistance with whatever questions, we are open. I think we are fairly approachable and open. Wyatt and I are always joking around, you know. Wyatt has been around in this district a long long time and I think a lot of people have a trust in him. So I know that people who've known him for a long time do come and talk to him. I'm relatively new here but I have had some people who've asked questions and so on. And then we are constantly meeting with the union president and talking to him about our concerns in regards to various people that we have looked at their attendance and saying "well, this is not good". So we're always looking at that attendance and seeing what the pattern is. And off every Friday or off every Monday, whatever. So we look into that and refer them to the teachers' union rehab and then we have our own mental health program that people can access as well.

Bruce – In that teachers union rehab and that spot where you first see the attendance, is there a middle step where you speak to the teacher first, or do you go right to the program? Of the union head first?

Mr. O'Riley – Sometimes, well it depends on who it is. Sometimes the union will speak to the person and say "you know, we've noticed you've been away". Or maybe it will be the principal who may have said "we've noticed you've been away". Again, it's who has the relationship with the person. And then they are made know about the program.

Cathy – Is that common? Since you've worked in other districts, that there has been any awareness that people, I mean, it's the first time I've heard that people pay attention to attendance.

Mr. O'Riley – Well, it's a small district.

Cathy – So you are able to do that?

Mr. O'Riley – My last district is a large district and did not operate that way. But here we're able to operate that way. And small schools have a wonderful opportunity to create wonderful environments. You know, it's great.

Erin – So one of the first warning signs you look for is the attendance?

Mr. O'Riley – Yeah. Now everybody could do that but you're looking at three thousand employees as oppose to five hundred employees. It's a very different way of doing business. So there should be no excuse for us having someone on the job that is ill. They're should be their colleagues, the union, us here in HR, and the principal. There should be enough eyes, enough caring eyes, to know that someone's in trouble.

Erin – With these current programs you have in place now, how successful would you say they are?

Mr. O'Riley – Well, I've never consulted private. We can't be asking questions of any of the programs.

Erin – In terms of them going back in to the classroom and been successfully?

Mr. O'Riley – Yeah, that happens. But again you're never fully cured and you're never fully well. So you know it's trying to get people where they cope or where they enjoy their life and be able to function.

Bruce – Do you have a happy story? Just in your memory of a teacher who had some concerns and they were supported and they came back and it was a nice story?

Mr. O'Riley – Well, yeah. I think that's true because we have, this district is fairly generous with its teachers. And we take an interest in them and there have been some people where a spouse may have died and they're having trouble. Or a spouse is really sick and is about to die. And all of that kind of anxiety and depression. We, or Wyatt in large measure because he has worked with and knows these people, he gets involved personally. He'd even go over to their house and talk with them and things like that. And those people have made it back and carried on and been successful. So those kinds of things definitely. But we still have a lot of people who are hiding and it's all connected with their mental health and their inability to teach with those kinds of problems. I don't know what the solution is there. Just the whole notion that you're inadequate

instead of working with the person and saying “you know, we recognize that there are some difficulties here and we want to work with you and it’s not matter of trying to get rid of you or firing you. It’s more of “hey, let’s work this out”.

Cathy – So you see a relationship between the teachers’ mental health and their ability to function in the classroom? You see a parallel between student achievement and teacher mental health?

Mr. O’Riley – Oh boy. I don’t know what it would be like to everyday wake up and go in to that classroom and that’s the last place you want to be because you don’t feel successful. You feel the kids don’t like you, the parents don’t like you, and principal doesn’t like you. Oh my god. What could that feel like? Just saying it makes it, wow. That’s ghastly. And there’s nothing there for them. All the union will do is provided a defense. Now in defense, the union does do some remediation. But they won’t do the kind of remediation that says maybe we should work towards looking at a different job for you. Instead of trying to hold the person’s feet to the fire when they’re not able to. And what happens there, and it’s a good outlet I guess, they’re on leave for the rest of their life or until they retire. We’ve had some of them.

Bruce –In your experience, is the union head and the school board management a more positive or more negative relationship? Because you talk about it quite a bit and so that’s why.

Mr. O’Riley – Again, that depends on whom? Well, this is all private so the last the last union president was great. He was a former president of the provincial union, and then he was president of the local union. He was fantastic. He cared about students and he cared about teachers. And he wasn’t a defense council. He would try to keep a balance. And when that was going, I think there was a lot better chance of people being healthy than when you get people who are not like that. And there are people who are like him and there are people who are not like him. He’s great. And he and I would always share information about teachers and so on, because that was the kind of openness that we had. But when that get’s shut down it’s not good. It’s not healthy.

Cathy – In your opinion, with your definition of mental health, what would a mentally healthy school look like? If you walked in there, what would be some of the things you were looking for?

Mr. O’Riley – You would know it right away because everyone would be happy. I’m not talking out of their mind sort of happy. You will find when you go into a school people will say hello. I know it sounds funny, but they won’t turn away from you. They won’t just walk by you. They will stop and say “Hi. Can I help you?” So right away you know you’re in a healthy school. Everybody’s up. When you phone a school you would know because the person answering the phone will be upbeat. They’re not going to be oh. I mean, do you feel like going in there? So you know, again, and those are manifestations of a happy school because again, these are caring relationships. Maybe I’m making it too simple but its caring relationship. End of it, beginning,

and end of the whole thing. And now how do you develop caring relationships is a whole other question that you would have. But again, some people have a lot of baggage they bring and it's sometimes not their fault. Life has been very miserable to them and here they find themselves in a school now. And they find that very hard to operate. Now, if I've got that person, I have to find ways to which I can interact with them on a positive basis. Nobody said it was easy and you're not going to have them all. When I was principal, I'm sure they weren't all happy and I'm sure they weren't all happy with me. But I never took anything personally. Maybe I'll get you on board tomorrow.

Cathy - It's the same attitude we should have with our students as well?

Mr. O'Riley – Well, you can't win them all but you keep trying. And I think that your motivation should be that you want to develop this healthy school, a positive culture. I'm only putting healthy school now because it's the framework you brought forward. It's a healthy framework. But we were certainly trying to create that. And I thought about how I would I introduce something. From introducing new things to protecting teachers from getting into difficulties with parents. All of those kinds things you have to think about as a leader. They don't just happen. If I am going to introduce this, I am going to think very carefully about how I'm going to introduce this. I'm still thinking about how I'm going to introduce the automation to the teachers but with the strike it's not easy, it's impossible. But that's really important. You know it's going to be stressful because some people don't like change. They get the number, they get to talk to the operator, and they feel perfectly calm. And now it's like "oh my god, now I have to deal with my computer". Even though they know how to do it, they're not happy. I'm sick and now they want me to do this. So I can anticipate all of the mean mouth things that people are going to say about this new system. So we're going to have to do our best to think through this. So in schools, in order to create this the principal has got to take the leadership role. And recruit a few key people on staff and get them going. And then eventually build up a core group. And if you have a union them against us, then it's tough. And fortunately I didn't have that kind of difficulty when I was doing it. Lucky! We had strikes but that's all.

Bruce – We only have a few minutes left so is there anything you want to ask us about our project or anything? I can turn this off if you want.

Mr. O'Riley – I think it's amazing that you guys are doing this. I think it's a very worthwhile thing to do because I think by just reframing how we look at it, and how we should look at, would or could if people looked at it positively, be really good at how teachers looked at each other and how they look at administrators. How the administrator looked at the situation. And it's amazing just by reframing how you can get people thinking in a more positive way. So I applaud it. It's wonderful. I don't think I had anything valuable to say.

Bruce – You are a treasure chest. It's fantastic. I'm excited and I was just saying that hearing from you excites me. We are so passionate about it and we see a need for it and to hear you say that it excites us.

Mr. O'Riley – Yeah for sure. Sometimes, this is for your masters? Some of the damn things can be just a waste of time. It's just an exercise but this is good.

AppendixE: Mr. Smith Interview Transcript

Mr. Smith – It's a coincidence that I work here and this is what I do. My other work, my other life, is for the university largely and they have a company. We call ourselves organizational health consultants. At the university we have done a lot of work for the mental health commission in particular, but also frankly to help the authority create a depression guide in the area of workplace health. So I was there workplace mental health guy because one thing that we developed was something called the MORPH which is the Measure of Readiness for Psychological Health. So it's how ready a school could be. A system is to engage in some good things. Hopefully good things. And the concept in the very least is relevant to change, the readiness for change.

Cathy – To change in relation to offering services for mental health?

Mr. Smith – Whatever it is, frankly. I can talk about it later if you want. But what we did was take some specific actions like resilience training. Like training managers in the workplace context to be more aware. What are some other examples? Like developing job descriptions to take the psychological perspective in the job descriptions. And stress management training and distinguish it from resilience training. A bunch of actions and asking a staff of a rehab center how ready do you think this organization is to do these things? So readiness for change in a specific way.

Erin – So you would assess a specific site?

Mr. Smith – Yeah we would describe a change. It could be anything.

Carol – Could this be in terms of a school?

Mr. Smith – Sure. Absolutely. This thing doesn't exist yet. We've only done a pilot. We're hoping to get it out in the world. It will be a freebie. But it is really almost like a primer before you go with something. A good example might be, well right there's labor action going on so it may be a really a good idea but a really crappy time to do it. Everyone might say "yes, this is a really good idea and it would be really helpful if all admin got better training". And that's a good idea actually. If admin got better training on how to appreciative and sensitive might be struggling with psychological health problem. That is a bread and butter recommendation to any organization. It really is a good idea. It's a good thing for everybody.

Cathy – And what would that look like? Because that would be something we would be interested in.

Mr. Smith – The training?

Cathy – In terms of an administrator. That is one of our questions. What are administrator's understandings of mental health and what would you recommend in terms of training?

Mr. Smith – Do you guys know a program called "Mental Health First Aid"? Check it out. The Association offers it. It comes from Australia like all good things. And it's all around mental health literacy. And that's what it's about. Its two things in a way. Its mental health literacy as well as mental health first aid. How to be supportive and available if someone around you is struggling. Not around diagnosing, that's a thin line. It's not just a thin line; it's a line you constantly have to walk. This is about responding appropriately if someone that you find in tears in the washroom kind of thing or whatever the case may be. So that would be one thing, the awareness piece. But the other piece, and we have training program for them, is actual specific training and how to respond in the confines of the union agreements, and so on, for a manager or principal in that context, to respond appropriately. It's not my business to say "Cathy, are you depressed?" That's inappropriate. It really is. That's a no-no on a bunch of levels. But for me to be able to say to Cathy as a manager, principal, or someone else to say to me the stop phrase would be; "we really appreciate you, you're a great teacher. I've notices lately however that you have been coming late to class and I have had to cover for you a bunch of times. And when you do come, you seem to be kind of scattered and disorganized. I'm concerned for you and this behavior has to change because it's a problem. What can I do to help?" That's kind of the stock little bit of patty cake. But that's legitimate patty cake language. It deals with; frankly, it deals with issues of performance. Because that's (?) view of administration. That is their job and it limits their job in some ways. So that kind of training. How to have these kinds of conversations which are usually damn hard to have. And there are really hard to have, they're hard to have anyways, but they're really hard for mental health stuff and I fully get it with teachers because you're usually looking at a deteriorating pattern of performance. So I definitely get teachers. Colleagues will cover up to a certain point; "yeah I went and stepped in because he didn't show

up in time” which my wife has done a couple times recently. My wife’s a teacher. But maybe after the fifth or sixth time in a month or two, you’re going to start to get pissed off. I mean, you don’t really feel like covering their class. You have your own class to cover. So there’s been a process there. It’s not like showing up one day with a shaved head because you’re going through chemo or something. Or showing up in a cast. There’s usually a pattern there.

Bruce – Why do you think it’s hard for administrators to have that talk if that’s their job?

Mr. Smith – Because they “A” don’t have the skills to do it. They don’t have the conversational skills, even the scripting to some extent. They’re afraid to say the wrong thing. They’re hoping it will go away and who can blame them? They’re afraid of making it worse. What if the person breaks down in tears? That would feel yucky. And partly because they’re quite possibly feeling a bit pissed off at some level. It’s a nice kind of thing. There has probably been some kind of issues. You’ve covered for me a bunch of times so you are a bit tired of it. You speak to your principal or VP and say “you know he’s a great guy but I’m really getting kind of annoyed having to cover for him”. So I’m now dealing and now you have to deal with me in some sense. So that’s the kind of stuff around it. And the stock response, to get away from my rants but its true, is kind of supposed to be because I can’t diagnose or repair, that’s not my scope, it’s to probably say who’s your EFAP?

Bruce – We hire out. We just found out in our last interview.

Cathy – Vancouver does Shepell.

Mr. Smith – Shepelle FGI.

Cathy – Yes.

Bruce – I don’t know. I remember he mentioned something.

Cathy – I actually looked at your pamphlet but I didn’t notice who the provider was.

Mr. Smith – Shepelle FGI does about sixty percent of Canadian markets. They are huge. It’s a tough business so the stock is okay. I don’t want to knock EFAP. We have an employee family assistance program. If you have some personal issues going on they are available to you. Here’s the brochure. Now that’s okay to a point but, and this is probably pushing it a little bit, but if you have some health issues going on please go see your family doctor. When it comes to mental health, which is a stock response far too often, the health care system does a crappy job with mental health period, but workplace mental health in particular. Family docs are put in a real bind. And they’re in a bind because they are judge, jury, and executioner in other words. Now you’re now my family doc and I go and say “Hi doc. I’ve come to see you.” I’ll pick something easy. “Lately I just don’t seem to care anymore. I’ve been feeling numb. It doesn’t matter. I’ve been drinking a bit too much. My wife and I are spating all the time and I just don’t give a shit about work anymore. It really doesn’t matter and I just don’t know what it’s all about. This has

been going on now for a couple months.” The doc just goes check, check, check and has enough things to diagnose me with major depression. I just hit a whole bunch of them: mood, loss of interest, hopelessness, anhedonia, lack of pleasure, possible even suicidal thoughts. Bam, bam, bam. And it’s been for a sufficient duration of time. Those are the DSM criteria for depression. So then what I then answer is the reason why this is going on is I think my kids are, I found a pipe and I think he’s using crack. My mother is really, really sick and I’m really worried because I don’t think I can be there for her. I got this one bastard of a principal who’s on my case all the time as a new guy who’s obviously trying to prove himself. I’ve gone to the union but they’re obviously just dismissing my complaint. All those situational causal factors are irrelevant to a diagnosis. They really are. To a GP I can do nothing about them and my only option really is to here take this pill and call me in the morning. I’m getting a little off track but that’s kind of the response. The system isn’t terrific. But I’m now the care giver and I may say, and this happens, I may write a letter and so on. Why don’t you take six weeks and call me in the morning. And off work. And often what happens off work and I usually use teachers as a good example of this because teaching is a seasonal profession. And I appreciate that. It’s like farming. You have the hard work times and it’s just the nature of the work. I watch my wife to all nighters when it’s report card time, or when it was report card time. So what happens, and you guys know this better than I do, but what often happens is that I’m a seasoned teacher, I know how the system works and stuff like that, I’m off and you get a TOC in, the TOC is key and they really want the job. “Sure, I’d love to teach the 6am girls basketball. I’d love to carry that kind of stuff”. And maybe my colleagues there, who are getting a little pissed off with me to some degree not been available to them, are delighted with this new younger person who has taken some of the optional stuff and so on. And I think they don’t really want me back.

Cathy – So they’re on to long term disability leave?

Mr. Smith – Potentially. I actually heard, a bit of an aside, a colleague told me about a case of someone, a teacher, who had been off in the interior for something like seven years (which is not unusual) and was ready to go back when the whole threatened to quit if she returned. That’s hardcore!

Cathy – So then I’m thinking that goes back to the whole stigma in the first place?

Mr. Smith – Partly stigma, yes. Stigma for sure but it’s this whole judgment and I mean, stigma is such a loaded. I don’t know what stigma means entirely. Well, I do and I don’t. I think we have to think it through what stigma means and let’s take it back to my scenario which could play itself out easily. There is some truth to your opinion of me that I’m not holding up my end of the job. I may be a great teacher and I may be struggling for whatever reason. All that stuff is legitimate. Stigmatization is if you judge me and think less of me because of it. But I’m not living up to my own standards. I mean seriously. And I would argue questions here. Teachers are a great example, and health care workers. Both professions for whom mental health is sort of a leading cause of disability. Or addressed anyways. People get in there, I sincerely believe, to

help people. If you want to get rich, bad job choice. So I don't think these people are slackers. If you don't give a shit about your job in the first place, it's hard to get burnt out. Seriously. And that's the little piece that's worth remembering. That whatever the cause, whatever the cause of any mental illness is, are often dedicated hard working people. And sometimes you'll see a little performance because they will over compensate. Like someone will react when their phone goes off (phone ringing). So they would be putting in extra time because their concentration a bit shot so they're putting in overtime because their functioning isn't up to par. And so for any of us, you have to put in that much more in order to compensate because you're not at the top of your game.

Cathy – So what role do you think that job demand and lack of resources play in teacher mental health?

Mr. Smith – Huge! There is, and research backs this up time and time again, the leading. A quick step back, as I said, we do not know definitively what causes any specific mental health disorder. The little drug companies will show you little chemicals and so on or neurons, but we don't know that.

Bruce – But not hereditary?

Mr. Smith – We don't know that. Probably for some individuals there is more of a biogenetic component, but not all. There is no magic gene. Even schizophrenia with mono psychotic twins has about a fifty percent concurrence. So if you and I are identical twins and you have schizophrenia there is roughly fifty percent chance that I will too. And that means we have exactly the same genetic structure. That's as high as it gets in schizophrenia. So no, we don't know that. So because we don't know it, is one of the reasons why the diagnostics system is so rocky. And so it should be. And it also means that the mediating variable is stress. We cannot say, and back to my scenario with the physician, I just gave you a whole bunch that may have caused me, they make sense and I have every reason to feel miserable, but the causality matters but it doesn't matter for diagnosis and frankly for some ways in a medical point of view, doesn't matter for treatment. This medication will not help me deal with my kid who's abusing, my parent who is dying, and my spouse who I'm scrapping, whatever the case may be. Or my worker. My running gag is the only medicine you can give in a bullying situation is arsenic you give to the bully. And so it doesn't do anything there. So it means a solution, and your getting my biases in psychology, but the solution from a biological perspective aren't at all relevant to the nature of the problem. Getting back to our question of stress, the other "S" word, whatever that might be, and there's multiple definitions. We do more and more about the impact of stress, chronic stress, biologically or biochemically. That's actually treating it. There are bridges and links there for sure. But stress seems to be (?). We do know in terms of workplace factors that impact stress, one of the most prominent and biggest models is called The Demand Control Model or Karasek Model, which is workload plus ability to control it. Ability to do something about it. It isn't just the amount you have to do; it's your capacity to have your hand on the off

switch. Do you guys know what the “Lucy and Ethel Chocolate Factory” is? Okay, of a certain age. That says it to a tee. It really does. I use it all the time in talk. I ripped it off you tube. It’s essentially an assembly line which keeps going faster and faster and it stops with the breaks.

Bruce – It stops you?

Mr. Smith – No, the stop switch isn’t there so you over what’s coming down the conveyor belt.

Cathy – So what happens in that vignette is that Lucy and Ethel are in a chocolate factory and they’re supposed to put them in the baskets, but they can’t do it so then they start eating it, and putting them in their bras, in their hands, and they do all these wacky things to combat malcoping.

Mr. Smith - So it’s not just workload. So what that means in a teaching context I think, and again I’m not trying to be at all trivial, I think teaching is seasonal work. So it does depend if we’re talking report cards season kind of stuff. Because it is easier to manage, I think, during relatively quieter times. Like people do in any job in that sense. But the reality for teaching, and the reality for health care and I think that’s really relevant, is the kids keep on coming. The conveyor belt keeps on going. The class sizes keep getting bigger. The special needs kids keep on coming with the demands of the job continuing to some extent to pile up.

Cathy – So what would you suggest to administrators that are leaders to do about that?

Mr. Smith – Well to some extent, and there are even limits there. It’s not just teachers and administrators; it’s the union getting in there as well. And the control side is probably where the most, I mean the demand stuff you can try and speak to and I appreciate the current discussion over class size. I get it. That’s a workload pure and simple. The other is capacity for control or autonomy within the job itself. And there’s going to be restrictions by virtue of curriculum and other demands and so on, but to whatever extend possible to allow for some flexibility or give and take or at least input into how the work is done. Appropriately and respectfully and so on. It doesn’t mean you have to do your own thing entirely. So some degree of autonomy. The other variable that’s a big one for stress, and again lots of research, is essentially called recognition and reward. It’s the extent, and may be the thing that more leads to burnout, but a sense that you get recognized. And reward does not just mean pay-check. It can be some kind of little thing as well. Again, I will speak to my wife in that sense. The kind of feel good thing. Well no it’s really wonderful and I feel for her in a sense when we go to seven eleven and some twenty three year old kid who was behind the counter says “Oh Mrs. Smith, I remember you. You taught me grade 8 English. That was my favorite class”. That is just heartwarming. That chokes me up kind of thing. But those are “add hawk”. And I think again, for teachers and health care workers here, there is that assembly line that once the kid is gone, they’re gone. Or, in the high school or elementary setting, where you hear about them again and they’re either little angels in the next

year on or it seems to reflect that somehow you blew it in some fashion. Or the other way around that you wrecked it. Their reputation may precede them or continue and so on. So it's whatever possibilities there are to build in meaningful opportunities for appropriate recognition.

Cathy – When you said that I automatically thought of money. Like merit pay.

Mr. Smith – Well, that would be nice. That's partly what reward means but it's important to think well beyond that because, especially in unionized environments, strict rules on that.

Erin – Is that part of your MORPH that you ask about?

Mr. Smith – That isn't one of actions specifically; give people more money because it's not going to happen.

Erin – Or just regular types of...

Mr. Smith – Well it isn't but it would be and could be. Should be and could be in that sense as well. I mean, it doesn't tie in specifically as well to mental health. The stuff that we did in this study is specifically around, actually we didn't even talk about mental health, and we talked about psychological health.

Cathy – Yeah, let's talk about that.

Mr. Smith – Sure because I'm a psychologist. If I was a podiatrist I would talk about foot health. I think there are a couple reasons we do. Actually we talk about PHS; Psychological Health and Safety. And that's one of the reasons why we talk about psychological health and safety and PHS and not OHS, and throw that term that no one knows about, because people are familiar with and there's legislation and regulations on occupational health and safety. There cannot be asbestos in these walls. That lighting has to be a specific way. There are rules and work safe will come down hard on those rules. If I'm kicked in the head hard by a kid here that's a work safe incident. There are as yet, and I'll say more about this in a second, there are as yet no rules about psychological health. But that's about to change. The mental health commission of Canada is putting together as we speak a draft standard for psychological health and safety in the workplace. As a national standard. There will probably be a voluntary standard for organizations who decide not to pay attention to it. But it will be setting a bar, a template, these are the criteria. This is what psychologically healthy place looks like.

Bruce – Is there an example on there you could give us?

Mr. Smith – Sure. I just gave you a couple. Because the measure they are using at present we designed. The thing I was talking about through the university. The language, and we talk about psychological support as one of the organizational factors in psychological support, means are there things in place within the organization to support someone who may be struggling with psychological health problem. I didn't finish my answer to your psychological health and safety

or why we think it's a good concept. One is simply to actually mimic, intentionally, OHS. Because that stuff has been tried and so we want to tag on. The other is much as we say mental health and we talk about positive mental health and stuff like that, we think mental illness. We immediately go to the problem. So psychological health perhaps is not a terribly much better, I think it makes it easier to think of the true range. Everyone has health along a continuum when it's psychological health. And the other related reason to that is mental health, when we go to that thing; we end up thinking mental illness. If we think mental illness we think this little grey book (DSM-IV) which diagnosis specific disorders. And what psychological health does is allow for a continuum and so everyone has some sadness, some anger, some worry, has those dimensions. It has that universal construct. We all have some but we don't all have mental illness, even though one study found that fifty percent of us do. But most of us probably don't. So that is why we keep using that term and keep plugging the term to some extent. And it seems to resonate.

Cathy - And who's using the term would you say?

Mr. Smith – To some extent it's the national standard is talking about a standard psychological health and safety. There are not using mental illness. Mental illness sounds like you're just talking about semantics, and maybe it is. But we're going to stick to our guns. We in this context, my colleague and I, have just written the guide to psychological health and safety in the workplace for the health commission. Which some of these actions came from.

Bruce – And supports?

Mr. Smith – And supports. And reasonable evidence for these things being good ideas.

Cathy – So can we go back to the actions? One of the actions, this was in one of the articles that you gave us, one of the actions you mentioned was psychological support.

Mr. Smith – This will be semantics a little bit. We did, in a different piece of work, is look at twelve factors in the workplace that are risk factors. And what we tried to do is say risk in a by-directional way so as to say support strengths. There are psychological supports like the recognition award, controllable work load which was already talked about and I'm using wrong words. Psychological safety which actually brings in the legal side of things from harassment, discrimination, to bullying kind of stuff. Which is different than support. An example is of psychological supportive environment would be EFAP; which is there to support people who are struggling. Safety is more that legal kind of protection. We talk about psychological safe culture language and so on. Which is kind of a fuzzy one. We talk about psychological job fit which I think is a very interesting notion of most jobs, including teachers who are not described well according to psychological demands. They're described by technical support and knowledge, which is very important but what do you need to have psychologically? And this gets to be a

hairy one. It's been pushed back for the union. Do you have a test to solve? No. That's not what we're saying. At least go try to figure what the cause and interpersonal demands are for the job.

Cathy – Well it kind of goes back to well I don't know what happened in your districts but in ours there's a firm belief that the teacher is the teacher regardless of your qualifications. It comes down to seniority which is problematic.

Mr. Smith – For sure and its most jobs. The one exception is the city of Toronto, several years ago, took a look at all the jobs in the city and re-classified them, re-wrote them, in terms of their psychological demands.

Cathy – The school districts there?

Mr. Smith – The whole city. The city itself. If you were a city outdoor worker, what are the demands on your cognitive skills? It doesn't mean an IQ per say, what are the interpersonal skills you need. They were trying to pay specific attention to those. And certainly for teachers, the interpersonal skills with colleagues, families, and kids are pretty critical.

Bruce – And the multi-tasking. Constantly. Things coming at you left, right and center. I had a bit of an emergency today that I had to leave the classroom suddenly with a student. Sorry I just want to relate to that comment as been really exhausted right now because that took place at 2:45pm and I'm wiped right now.

Mr. Smith – I recommend Harvard Business Review. That's the most recent issue. Happiness is thriving. It's not bad. It's interesting. It's not my usual reading material.

Cathy – So let's go back to teachers. What do you think teacher's knowledge of mental health is? Or if I use your words, psychological health?

Mr. Smith – Or even psychological health literacy. Mental health literacy. Literacy is the term that gets tossed around a lot. And I think literacy is a good word for the educational context as well.

Cathy – So can I just go back to literacy because I have been wondering about this? Is this the kind of thing we actually need to teach a language so we can have conversation? Or are saying no let's not do that because we don't want the DSM thing?

Mr. Smith – Good question. I don't know the answer. I think it does mean. That is a very good question. Off the top, I always think we need a common language so we know we're talking about the same kind of stuff. But I also agree with you, it doesn't mean that I totally discourage taking it to disorders per say. I mean, I just don't think that's very helpful. So it's probably somewhere in between. I don't actually know what the best way to do it. I think it would probably vary a little bit. For example, in the educational setting it will be different than it is in a mining setting or something like that.

Cathy – Well if you look at what we do for kids in mental health literacy, we do actually go through disorders. I guess I'm just trying to put it in context...

Mr. Smith – I don't know. I suspect that mental health first aid was so (?) we ended up talking about; this is what depression looks like. This is what anxiety looks like. This is what schizophrenia looks like. So probably some of that destigmatizes all of the knowledge presumably destigmatizes. So some of that perhaps but I would hate, personally my opinion, I think we would be creating some new artificial barriers if we suddenly just stopped talking DSM language in that sense.

Cathy – Just some of the things that came up with the three of us initially was you know people walk into staff rooms and talk about their heart medication or for their leg problem. Nobody is talking about their mental health. So how is it and why is it that we can let people? Should people be allowed to?

Mr. Smith – Allowed, certainly. I guess being taught their own language. But what we did in a different context is create this thing; "Dealing with Depression", which is a self-care guide for teens dealing with mood issues. And we used the word depression and then we designed this thing and met with some teens and asked them what language we should use. Should we talk about being down, being bummed-out? And they laughed at us. And they said "talk depression, man". And I actually take a lot of hope in that. Young youth these days are much cooler about this stuff. This is a Kirk Cobain generation. They're much more comfortable about it. "I'm so depressed today. Are you depressed? Are you schizophrenic?" But I think some of the stigma stuff I am pretty optimistic actually. So maybe, and to answer your question, maybe part of that suggests that we can let go a little bit and start talking that language a bit more freely as long as we're trying to do it appropriately and respectfully. Certainly, and let's think this through, if I say that I'm really concerned because my partner has recently been diagnosed with cancer, it elicits one answer. And if I say my partner has recently been diagnosed with depression, it has a different reaction. I don't know. I think not talking about it is not a good thing. I don't know. I think we need to think this one through.

Cathy – But it's the way in which we talk about it. We are always thinking about those fine lines like you describe, and people aren't really, I mean maybe they've been late or they are becoming short with their kids. And then we kind of go down a slippery slope with someone is showing up wearing footwear and you know clearly they have crossed the line a little bit. And it sometimes seems at school that we have all these other things going on but then there's the crossed the line and still we're stuck.

Mr. Smith – I guess it seems to me that in general it's better to talk about things than not. So we're almost a little bit back to your question about administer managers and the fear of not saying anything and it might go away, it can work. It doesn't work for much of anything else. It's similar to language about sexual orientation to some degree as well. Ideally in some ways the

information about the detail of my life I should be in charge of and I should have say in what I want to say. If I want to say to you that yeah I have been going through depression, and maybe your response is “I’m sorry to hear that. People have been asking about you around the staffroom” and so on. What do you want me to say? Well, you could tell them that I have depression and (?) information. And that’s actually a good one to come back to that being off work piece and so on. I find it real ironic that secret think kind of thing and being on a stress leave, which doesn’t exist. There is no such thing as stress leave. That is not a diagnosis, including teacher. If you are off with a medical condition, you have a diagnosis. Stress is not one. Depression is.

Cathy – Well the GP, they have to actually give you a diagnosis.

Mr. Smith – Yeah. And they will probably call it “depressed”.

Cathy – That is why we have anxiety and depression as our biggest reasons why teachers...

Mr. Smith – Right. Because, as another colleague pointed out, depression comes as a bit of a proxy diagnosis. Meaning they have to call it something. I’m not saying anyone is faking it and I’m not saying they are misdiagnosed because they have to call it that. The example I just gave you fits it to a tee in that sense. You would within quite reasonable bounds as my position to call me depressed. I just gave you sufficient information. I would think of myself that way.

Erin – In your experience that Cathy was asking about, what do teachers maybe know about mental health literacy, is there a difference between what teachers know generally and what someone might recognize in themselves?

Mr. Smith – Good point. I don’t know. I haven’t really answered that. It’s a good one. I guess I would reflect back and think is it generally true for any kind of health? What we know about cancer or what we know about anything else. Do we tend to know ourselves better or have blinders to ourselves? A little bit of the answer to that, quite frankly, is that guys are crappy about knowing about their own health. And they’re also crappy about their own mental health. And that is reflected in epidemiology when the rates in diagnosed depression are three to four times higher than they are in men. Does that mean that women are more depressed? Maybe and we can get into some arguments around that by environmental and biological. But we also know that women are much better at seeking care for their own health. They are better at it. Men are crappy at that. So are men in denial? Yes. So it must be somewhere in between. So in that sense I guess I’m trying to (?) your point in that there are probably other variables. Cultural, gender, demographic, age, and so on which dictate both self-awareness and other awareness, whether you are a teacher or anybody else. I would like to think that given communication level and some extent involvement in the larger community, teachers would be more on top of it than anyone else. Or would be more aware of themselves than others, than miner.

Erin – Maybe this is something we don't know about you because we didn't go into detail; with your day to day job do you come into contact with teachers in your job role?

Mr. Smith – Yep. (Muffled conversation)

Erin – But I mean in terms of therapeutic kind of a sense?

Mr. Smith – No. What I do, okay in the context, certainly not. In my other life at the university, generally no. I have actually done a bit of work with the provincial teachers union because they have a unique disability management program. You have a self-administered one. So little bits and pieces that way. But in one-to-one therapeutic sense, no. Pretty much categorically.

Cathy – So what your other job, beside this clinical psychologist here at the hospital, you are also an organizational psychologist researcher?

Mr. Smith – Yes.

Bruce – So from a leadership perspective, and this links in with what you said earlier about supports, and it doesn't have to be principal or administrator, what have you seen or experienced that would be helpful to encouraging to discussion? Because what I think you are saying is people will talk for hours about their physical health but not about their mental health.

Mr. Smith – Well, people do talk about it in different contexts. They talk about how stressed out they are. We will talk and talk about how stressed out we are. And they are talking about their mental health. But they aren't using and nor should we say "I'm so depressed" rather than "I'm so stressed". I'm not saying that but I think those conversations are there. And in that same sense, if I'm not at work or if you are not at work, hopefully someone notices. If they don't it's a problem. And "Oh, Mr. Smith is off on a stress leave" is what starts going around the staff room. That happens pretty frequently. So it is being talked about and mis-talked a bit and probably, back to the whole stigma kind of stuff, when someone is off getting treatment for cancer most likely you would invite them out to a social event or you would give them a call to see how they are doing. But in a mental health situation, you can't talk about it. It might make things worse. There's this kind of wall that goes up. I'm now at home watching soaps because that's what I've been told what to do and I haven't heard from anybody. And then I hear that there was a party at Cathy's house and I didn't get invited. And I think why I didn't get invited and I feel even worse about myself. So there is that kind of stuff. You had a good intention. Cathy didn't mean not to invite me. She really meant well in that sense or in that kind of stuff going on as well. People talk about self-stigma and that's a bit of it. I'm already, by definition, if I am unhappy about myself that is one of my symptoms. And there are environmental factors which trigger that. A quite antidote, I gave a talk a couple of years ago to the eating disorder association. These are people that are definitely "out". There's no question about that. There were two women therein the front row who was very out about their bipolar disorder. And they talked about their former workplace which was a crappy one for support and now they worked for Canada Customs. And

they were very public about their bipolar and even given their colleagues permission to comment if they're make-up was coming on too strong or if there was a little too much purple, let me know. This is feedback. And this is pushing the extreme a little bit, but this is it. We are on the same team to that extent. Bipolar is an easy one and it kind of lends itself to that kind of stuff.

Erin – And putting it out there first before people notice?

Mr. Smith – To some extent, yes, it does come down to personal responsibility for your own information including, and I'll come back to the big issue of coming back to work, hoping someone notices. What are you going to say? And first thing back at work the first thing you're probably going to say is "how are you doing?" Now, you haven't been in for a couple of months. That's a highly reasonable and supportive statement. "None of your business. Leave me alone". How did that work out? Now we are warm and fuzzy again. So I need to have a response to that and it may be that I had some health concerns. Thanks for your concern but I'm a lot better now, thanks. That may be how you chose to deal with it and that's my choice. And then maybe they'll be okay. But it may be something more. It depends on our relationship and it kind of depends on what went down before. If we go back to my scenario before where you were covering my class and I know you're pissed at me, and then I went off work, it's going to be harder for you to be warm and fuzzy. And then to go back to that scenario with the TOC who's a real keener and so on, and "I'm back guys" and everyone says "oh good. Welcome back". I think it's a reality.

Cathy – So how is it that leaders can be more welcoming or get the staff ready?

Mr. Smith – Well I think a conversation with that person. And first of all you have to step back; one of our important actions in this thing is to stay at work. The majority of people with mental health concerns and including diagnosed disorders are not off work. They are at work. Do you know the term "presenteeism"? Okay. So they're at work but they may not be functioning at their best, and that's the presenteeism part, but they are at work. So what you want to do ideally is build in supports and strengths. And maybe that conversation I had earlier on where I'm struggling a bit and Cathy is my VP or Principal and saying to be that "you're valued and you really do matter. We know that you're good at what you do but right now you're not doing as good" and pointing to observable behaviors. Not do diagnosis but the fact that I haven't shown up for or been late for my class three or four times in the last month is an observable behavior. It's a performance issue. But being able to point out a behavior to some extent and asking what you can do to support them. "Yeah, I'm sorry. I'm having a real tough time getting my kid off to school and it's really tough these days". And maybe, maybe I'm being a little hypercritical; "well that's interesting. I think Bill lives in the same neighborhood as you. Why don't you carpool or something. Would that be helpful?" Or maybe if there's some flexibility in scheduling you can put a spare there and say "I can play with the schedule a little bit. I can't do this on an ongoing basis but for the next couple of months, would that be helpful?" That's an accommodation. I mean, what can we do here to make stuff happen? And to have mutual accountability which also means "me" having accountability as an individual for my own health

and psychological health. And that's the other, if I were to make standard recommendations; one would be the manager training. Manager awareness or manager training. And the other is providing access to good self-care resources.

Cathy – What does a self-care resource look like?

Mr. Smith – They are different than self-help. I mean, I'm plugging some of the stuff we've done for the university and like that teenager thing, we have an adult guide for people dealing with (?) issues at work. That is self-care. So it's engaging in good self-care. Good exercise. It's lifestyle kind of stuff. Good problem solving skills. Good mood management skills. I don't want to say CBT but good cognitive behavior like things. Like any other health issue, if I have diabetes or something else, I'm going to engage in good self-care things. Good choice of diet, good exercise, and so on. I think that is critical but there has to be (?). For example, let me pick in health care and this is no longer true but I love this question. I'm a psychologist, I'm a union member, guess what my coverage is to see a psychologist?

Cathy – I don't know. Go to coffee with a friend?

Erin – probably none.

Mr. Smith – It's zero. It sucks. It's stupid. You guys have not bad coverage but it's that kind of stuff as well. I'm plugging my profession in that one, but that's one of my beefs with EFAP programs. People think if they have EFAP then they're covered. No you don't. And they suggest that not everyone goes to EFAP for a whole bunch of reasons. And that's not knocking EFAP per say, but its having the access to good resources and materials and information that people can engage in. and it is like having access to an on-site gym or access to community gym. That is access to a self-care resource.

Cathy – So I just want to go back to terminology because this is one of things that we looked at. You've taught both psychological health and in the literature it seems like in an effort to get away from the medical model of an illness perspective they use the term wellness. Where is this term now sitting in organizations?

Mr. Smith – Well, that's a real good question. Within organizations the wellness stuff hits over here. Disability management hits over there. Absence stuff, which s performance management, hits over here. Especially large systems like school boards. The left hand right hand or left foot right foot, don't talk to each other. So wellness would be wellness initiatives and all this kind of stuff, usual around physical wellness and so on, and maybe you see mental wellness but it usually sits in a different camp. And so does some of that stuff I gave you: mental health promotion. I mean those are hundreds. They get it but...

Cathy – So wellness and mental health promotion of synonymous?

Mr. Smith – Well, not synonymous. People talk mental wellness. Wellness is usually the physical side of things. The only time I have seen wellness talked about is having healthy snacks kind of stuff. And that's good. I'm not knocking it. I guess I think in a wonderful ideal world when we talked health or wellness, we would be talking about the continuum of psycho-social spiritual all in one kind of perfect world. And for now personally, I think it is a bit like, oh what's the word for including special needs kids in class? Segregating psychological health a little bit. It needs its own time in the sun because it will get swallowed like it does in health care. Mental health gets swallowed under the health care system. It is the poor cousin. We see it here in this ward. Our little snotty acting out kids are not poster kids for some of the kids in cancer. I mean we lose every time.

Cathy – We never got Michael Buble.

Mr. Smith – No, never. So the language stuff, and I'm being a little regressive in a sense, but I'm actually protective of the, and I'm using the psychological mental health in this context, it needs its own box where it's big and strong and can join the other kids. But it ain't there yet.

Erin – It's that pendulum swing, right?

Mr. Smith – Right. I hope I answered your question. Wellness become all inclusive and its good, but I think we need to be a little bit more specific to name it or it will get lost.

Cathy – Can you talk a little bit about the relationship between teacher mental health, and I don't know if you can draw parallels, and let's say student mental health and the impact the two have on each other?

Mr. Smith – Sure, easy. Modeling. Absolutely. A slight side rant but I'd love it if someone did this. I think our western society does a really good job of giving young people the skills and knowledge to get out into the adult world, including the work world. I think we do a crappy of giving people the psychological skills they need to work. And that's a statement about the educational system. And it's not a knock because no one does it. But the kind of meta-psychological skills, the skills you need to go into any job whatsoever, I don't care if it's teachers or not, to deal with workload issues. Exactly what we just talked about. What are the skills you need to do that? Or what are the skills you need to work with people you don't like. Some of whom may be bullies and difficult to work with. The skills to work with difficult people, parents, or kids. That's the skills. The skills you need to have some degree of balance in your life to manage. People get upset at the phrase: work-life balance assuming that work isn't a part of life. There is life and there is work. It should be work-home balance. But anyways, the language becomes important. But it is a skill and teaching is a beautiful example in that sense given the gender mix and stuff like that. The number of, in particular, women who are establishing a (?). So what are the skills you need to that? I do think those are all learnable skills and critical to being successful in any job whatsoever. Pretty much. Unless you're a cow hand

out in the range by yourself, you need to manage people, you need to manage workload, and you need self-regulation skills. I think some of the stuff we do here in the ward are core competencies for working as well. So to answer your question, I think the extent to which teachers can teach and model those kinds of skills. Just like we ask our parents here in the ward to do, are equally appropriate. The teacher saying and demonstrating; “You know this morning I had a fender bender on the way to school and I was really upset.” Literally in a truthful sense. “You know I was really upset but I couple a few breaths and it’s going to be alright. I called my insurance and I problem solved it. I may have to leave right on time today because I have to run off.” Demonstrating that this is life and this seems real to me. Those are skills. That’s where I think the tie-in is huge.

Bruce – As an aside, this magazine listed the top ten companies to work for in Vancouver and the number one employee factor for why they think their company is the best was training. It wasn’t money, it wasn’t title, it was training. They all felt that the company offered training for that specific field and that just rings a bell for me and my own experience in training. I wasn’t adequately prepared to be in a classroom after one year of my education degree. I’ve learned more experience wise and I think that’s key.

Mr. Smith – There’s another site worth checking out and it’s really good stuff. It’s the American Psychological Association has had a campaign for the last twenty years plus called “Psychologically Healthy Workplace Awards.” And had criteria like balance, training and development being another. And I’ve been involved in this in BC and for example Vancity was a winner.

Bruce – I’ve heard about Vancity actually.

Erin – Me too. Just another quick question?

Mr. Smith – Sure. I can be about another five to ten if that’s okay.

Erin – So with your role and piecing it together I think I’m kind getting more of what your role is. Do you find that there are more occupations that are interested in psychological wellness of their employees?

Mr. Smith – Occupations or organizations?

Erin – Either or.

Mr. Smith – Okay. They are different entities but I don’t know if they’re different in their interests.

Erin – And then also teachers too. Are there school boards that are better?

Mr. Smith – I couldn't speak to that. I don't know. I truly don't know. I think in general the organizations that have done a bit more than pay lip service to this are those who are dealing with the public image and the public. And sometimes it's a marketing thing. It's part of the pitch quite frankly. Vancity wants to win awards in part because you want to feel good being a client of Vancity and going there. This doesn't apply so much for teaching but I think that public face of things. What happened in health care is the auditor general in 2004 put together a report called "In Sickness and in Health", it's online, and it basically slammed the public health care system for not looking after its own. And a lot of that was the rising amount of claims in health care in stress kind of stuff. So that a little bit of (?) but I think it's happening in the human services, broad sense, and I include teaching in that. More so than it is in the commodities in mining and engineering kind of stuff. So, to some degree yes. And in some degree within their professions themselves. This would be more about health care but a little bit about teaching. To some extent some structural aspect of the health care system are almost set up to make it an unhealthy place to work. The traditional historic training for health care, two dominant groups in nurses and physicians, was the military model. You work really hard to get in there and then they work the hell out of you and abused you, as a resident or use a different term if you wish. So you could get out and do it to some other people.

Cathy – There is almost a lot of hazing?

(muffled talking)

Mr. Smith – Uh-huh. If you train people, take it back, we do train people but badly.

Cathy – People feel like they pay their dues so now they get to do it.

Erin – I hear that all the time from people who are doctors. We did it so the new ones have to do it also.

Mr. Smith – And so that's changing. And what's happening in health care we can see some truth in teaching. In health care in particular you have huge very powerful group called physicians who aren't employees. Physicians don't work for anybody. Physicians don't work for us so they are the power group like revolutionary France. You have democracy over here and you have a newly elected legislature over here. But they really aren't accountable to them but they hold the power. So you have some structural things that get in the way. And to some degree in education there is a huge group, of teachers obviously, over here that hold a lot of power and appropriately so. But then there are other groups like service workers, about admin, about principals and vice principals, and we're talking about other people too. And then there are parents but they aren't employed, but you're right. They are constituents. But parents are an interesting one to teachers. Because to one extent they help keep them as public. The parents of our kids in this context and so on. But teachers even more. You've got this group up here with a tremendous amount of influence and power, but no accountability. If a parent comes back to my wife's class, they can

be a real pain in the ass but they're not going to swallow it up. And you don't have a lot of come backs and that's again where I think administration can be supportive and should be.

I have to run in a minute but here's a quick story. About a year and a half ago my wife, who's a high school teacher, and some kid who was in her class, but she never had any run-ins with, came up and ran at her with a jar full of some noxious substance and tossed it all over her. Who knows what was in it but it was something disgusting. So it was assault. The kid was caught immediately because some other people grabbed him. Generally I think the admin was pretty supportive. The union rep was great. She was obviously upset by it. Who wouldn't be? To her credit, very much to her credit, she went back to school the next day. And that could have been pivotal event. And she was sort of okay. She actually tried the restorative justice thing but it didn't work very well. The kid was really kind of inarticulate and really didn't have any grievance. The only thing he came up with was, at one point she was illustrating limericks because she's an English teacher, and she made up a limerick using the same name about a boy not getting out of grade eleven, she didn't mean to but he thought she was making fun of him. That was the only thing that he could articulate that he had taken offence at. Anyway, I bring that up in a sense to compliment her but it was an interesting thing in terms of the ripple effect. The other piece was about two months earlier someone had broken into her classroom, trashed her computers, threw dirt and crap all over the place, and no one knew who it was. And she's convinced, justifiably so, that it was the same kid. And the RCMP came to the school and wanted the kid to fess up, but he didn't. She wanted him to come clean and it didn't happen. So I guess that becomes a little relevant to this kind of thing in the context of expectations.

Cathy – and I'm thinking of resiliency. Why is it that she, and I'm sure you helped her, but why she was able to turn it around and come back the next day? Or maybe not harbor it as long as other people?

Mr. Smith – And that is the other kind of recognition is definitely resiliency training and supports that allow that to happen. And I don't know. I guess there were a couple of things.

Cathy – What is resiliency training? Because I always thought...

(muffled conversations)

Bruce – I took a course on that.

Mr. Smith – Yeah and we have developed a program for assessing and training resilience. And you point to good ones. Some that may be constitutional. The old construct resilience. Michael Ryder's work way back when. Epidemiology suggested some cultures. But there are characteristics in people that are changeable.

Bruce – And the forty support factors that I hear. There are forty supports around people and they need five to ten of them to be resilient.

Cathy – You've been holding out on us Bruce.

Bruce – But I know you have to go so thank you.