

CATHOLIC TEACHERS'
MENTAL HEALTH AND WELLNESS SERIES

Understanding Mental Illness

It is important to self-reflect and take your mental health needs seriously. To support Catholic teachers and help you reflect on your mental health and wellness, the Association developed the **Catholic Teachers' Mental Health and Wellness Series**. In this resource we discuss mental illness. To understand the **continuum of mental health** and mental illness, see the Distinguishing Mental Health and Mental Illness document in this series.

Most Common Mental Illnesses

According to StatCan, the most common mental illnesses are anxiety, mood disorders, and substance use disorder. According to data from 2022, more than five million Canadians (18 per cent) aged 15 and older met the diagnostic criteria for these mental illnesses in the previous 12 months. External factors influence our mental health and one such factor is the lasting impact of the pandemic.

The Impact of the COVID-19 Pandemic on Teacher Health and Wellness

In *Educators and Workplace Mental Health*, Chief Executive Officer of Mental Health Research Canada, Akela Peoples, shares the following regarding the lasting impacts of the COVID-19 pandemic on the teaching profession:

“Before the pandemic, K-12 educators’ self-reported day-to-day mental health indicators looked average compared to other sectors, including the level of diagnosis of some of the most common mental illnesses – anxiety and depression. Self-rated levels of anxiety were slightly below average and depression indicators were well below average, despite the challenges the

job may present. This may be partly explained by the fact that many teachers came into the pandemic with an additional layer of mental health protection: they are, on the whole, engaged in and proud of their work.

[The] pandemic was very difficult for K-12 educators. This profession showed the second-highest increase in levels of average anxiety – after nurses – with scores peaking in August each year and as new variants emerged. At some points, one in three teachers were self-reporting high levels of anxiety. Given all that we went through, this is likely not surprising to anyone. Our data showed it was especially hard for educators with dual roles as a caregiver or parent; they were supporting their family members while also managing new roles as virtual teachers.” (Peoples, A. (2023). *Educators and Workplace Mental Health*. Education Canada, 63(3), 30.)

Peoples continues to suggest that in the post-pandemic recovery period, “While we now see some improvement on levels of burnout among the health care sector, we have not seen the same in the education sector.” (Peoples, A., 31)



Connecting Discrimination and Trauma to Mental Illness

Not everyone's experiences are the same. One's mental health and mental illness can be affected by different factors. These factors include individual discrimination (e.g., a colleague using slurs or derogatory language about another identity group). Another factor is systemic discrimination, which privileges some identity groups over others (e.g., the disproportionate number of white **cis-heteronormative** educational leaders, which demonstrates that there are barriers to full participation in decision making for other identities). Finally, mental illness can be exacerbated by trauma and traumatic stressors. Further examples of these include:

- » **Individual discrimination** may be experienced in the form of physical or verbal attacks, or being treated unfairly.
- » **Systemic discrimination** may include segregation, over- or under-representation in settings, such as the over representation of a race within a prison population.

- » **Direct traumatic stressors** may be experienced by being on the receiving end of individual racist attacks, racial slurs, microaggressions, or sexual harassment.
- » **Vicarious traumatic stressors** may include witnessing a violent event or assault, or experiencing high rates of suicide in one's own community.
- » **Transmitted traumatic stressors** refer to traumatic stressors that are transmitted from one generation to the next, for example stressors related to Residential Schools or the Holocaust, etc.

Adapted from Mental Health America.

For more information on the disproportionate impact of stress on Indigenous and equity-deserving groups, see the Association's guide: *Understanding Stress* and *Understanding Trauma*.

Pillars of Workplace Mental Health in Educational Contexts

To improve these outcomes, consider the following four pillars of workplace mental health in educational contexts:

Pillar 1

Effective Policy and Programs

- Effective leadership starts at the top and is supported by decisions at the highest levels of school board management. Does your board have programs in place to engage employees on mental health? Are there metrics in place?
- Do the policies move beyond information to consider behaviour change?
- Have the unions, the school boards, and the Ministry of Education made this a priority?
- Have they considered staff well-being across all their policies?

Pillar 2

Supportive Middle Management

The greatest policies can be undermined by poorly planned execution. Less-than-ideal leadership styles and microaggressions can undermine improvements in mental health. In the education context, this is primarily a role for principals.

- Your board should be asking how they can best support principals to learn about mental health, identify red flags, ensure programs are delivered effectively, and build a supportive environment for all staff and students.
- All levels of management must support mental health.

Pillar 3

Understanding and Mitigating Psychological Harms or Traumas

Some workplaces have inherently more risk for psychological harms (e.g., bullying, micro-aggressions, and discrimination). Most would certainly consider schools as one such workplace.

- Schools likely have policies around major traumas that teachers might experience, but do we build metrics that indicate how they are working? When does a policy kick in? For example, is verbal abuse from a parent a trauma by all definitions?
- Workplaces where trauma is inherent have a responsibility for specific policies over and above typical workplace mental health policies to ensure the psychological safety of employees.

Pillar 4

Individual Responsibility

As humans, we have social interactions and pressures in our lives. No one is immune from bringing pre-existing challenges into the workplace, or workplace challenges into the home.

- It might surprise you to know that custodial staff who hold a critically important role in the school community are among the highest in anxiety diagnoses.
- Even within the various roles in schools, every person will respond differently as we all have different capacities.
- Demonstrating empathy, flexibility, and adaptability to those who need extra support is not only important, but also a collective responsibility of everyone in the workplace.
- As we strive toward stigma-free workplaces, individuals have a responsibility to learn more about, and be in tune with, their own mental health – to better understand and respect the mental well-being of others.



» Additional Resources available at catholicteachers.ca

Catholic Teachers' Mental Health and Wellness Series

- [Distinguishing Mental Health from Mental Illness](#)
- [Strategies to Promote Mental Health](#)
- [Resource List - Mental Health and Wellness](#)
- [Understanding Anxiety and Depression](#)
- [Understanding Mental Illness](#)
- [Understanding Stress](#)

Catholic Teachers' Safer Spaces Series

- [Safer Spaces? Braver Space? - Our Collective Responsibility](#)
- [Understanding Trauma](#)
- [Being a Trauma-informed Release Officer](#)

If you need help understanding or accessing resources responsive to your mental health and well-being, reach out to your **local OECTA unit office.**