eleading
June 2017 (19)
MANAGEMENT STRATEGIES FOR SCHOOL LEADERS

Mental illness: the elephant in the staffroom

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We all use the jovial reference to the invisible but ever present 'elephant in the room', but what about the silent illness that lurks in the lives of people, including those of teachers? In this case I am referring to the elephant being mental illness. How do we know that mental illness is present in every staffroom? Skilled researchers gathered this information; in a way that many Australians who were diagnosed with mental illnesses had no apparent awareness of this diagnosis. The 2017 Australian National Survey of Mental Health and Wellbeing is recorded by the Australian Bureau of Statistics as stating that one in five Australians aged between 16 and 85 years of age will experience a mental illness every year. They in fact believe this figure is more realistically one in four every year. Think about this prevalence now in terms of your staff team. The smiling happy annual staff photo can now be explored with caring honesty if we take the results of

ACEL Inspiring Educational Leaders

e-Leading June 2017 (19) – researched and prepared for ACEL by Jules Haddock, Owner Anxious Bird, Mental Health Educator, Facilitator Art of The Minds Project, REACH Facilitator & Principal Master Mental Health First Aid Instructor. www.theanxiousbird.com.au

PERCENTAGE OF AUSTRALIANS aged 16-85 WITH A COMMON MENTAL ILLNESS IN ONE YEAR

	% MALE	% FEMALE	% TOTAL
Any **Anxiety Disorder**	10.8	17.9	14.4
Any **Mood Disorder (including depression)**	5.3	7.1	6.2
Any **Substance Use Disorder**	7.0	3.3	5.1
Any Common Mental Disorder	**17.6**	**22.3**	**20.0**

Another 0.5% people have **a psychotic disorder** in any one year.

Source: 2007 National Survey of Mental Health & Wellbeing

Figure 1

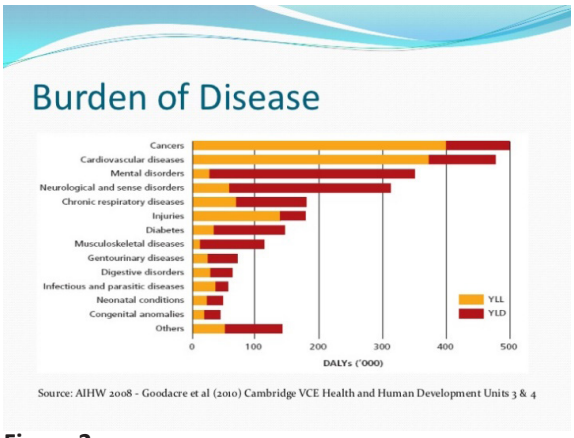

Figure 2

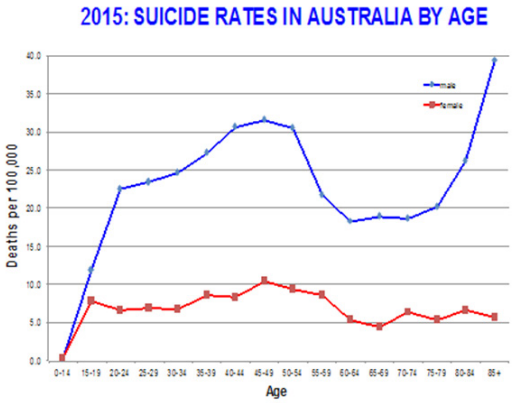

Figure 3

The issue is that unlike an evident physical injury, or even a nasty cold, we can't always see the symptoms of a mental illness, particularly when staff may be hiding their illness out of shame and stigma

evidence-based research seriously. Mental illness is a real experience in your staffroom. See Figure 1.

How do we talk to teachers about mental illness?

The research outlined in Figure 1 also revealed a poor literacy in Australian mental illness language. This is evident when we are happy to tell one another we are feeling stressed, or a little burnt out, but never that we may be experiencing the early stages of an anxiety or depressive disorder. Add to this language, ignorance and the ever-choking stigma associated with mental illness. Interestingly, staff are more than happy to share stories around the staff lunch table about their self-diagnosed cold symptoms, or the back injury resulting from too much bending in the garden over the weekend, or the torn muscles from reliving the football days with a kick in the park. But, to admit that you may be experiencing a mental illness that is diagnosable and treatable, doesn't pass the lips of many staff at the same lunch table.

Next, lift the veil of sick leave purchase. How many staff make the early morning call to school, not stating the truth, that a much-needed self-nurturing day for mental wellbeing is required? Filling the phone lines are statements like, "I must have the bug that's going around!"

So let's pause on why teachers, like many Australians, are so averse to honesty when it comes to admitting we are experiencing a mental challenge? Ignorance perhaps, but in my experience, the real driver is stigma. Understandably, who wants to be known as the cracker, or a weak nutter who is just unmotivated and choosing to be in this headspace? Who wants to be labelled with images of straight jackets and psychiatric hospital settings? Who wants the misdiagnoses that a mental illness means you're weak and incompetent as a teacher? No one. So, many teachers continue to hide in shame of admitting 'failure' in a very incorrectly labelled illness experience.

In saying this I am occasionally extremely and pleasantly thrilled to see that this culture of stigma is and has been challenged in the hierarchy and operations of many a school culture.

Blocks to supporting teachers experiencing mental illness?

If we imagine illnesses are like an invisible backpack you wear every day, with a substantial weight inside, this somewhat describes the term, 'burden of disease'. Illnesses impact all of us from the moment we put our feet on the floor to climbing back into bed at night. Even sleep can be sabotaged by a bad back. Mental illness can also have this 24-hour impact upon teachers. As supported by numerous research efforts, as seen in Figure 2, mental illness stands as the third biggest burden of disease in Australia.

The issue is that unlike an evident physical injury, or even a nasty cold, we can't always see the symptoms of a mental illness, particularly when staff may be hiding their illness out of shame and stigma.

Burden and impact of mental illnesses upon teacher performance

This raises a few dilemmas in school, particularly when we know mental illnesses can have a holistic impact upon our lives. Not only can relationships be affected and engagement in out of school interests and connections constricted, if not paralysed by the choking effect of the invisible illness, so can the ability to perform at your optimum sharp level of operation. This in turn can make every school-based decision as confusing as deciding what takeaway you buy, when there are so many options. The difference is, the rewards are not as palatable. Being focused and sharp after a sleepless

Figure 4

night of anxiety or depressive focused thoughts will have incredible impacts upon the drive, motivation and output of teachers. At the extreme end, we can also face the facts that mental illness can see people at risk of taking their own lives. Refer to Figure 3.

Assisting teachers to manage mental wellbeing

One of the simplest, yet often overlooked strategies in supporting a teacher experiencing any illness, is understanding the illness. Firstly, how can a person recover from an illness which they may not know they are experiencing, in this case a mental illness? Self-diagnosis of a mental illness is not something to run from, rather embrace. Just as we self diagnose our colds and physical injuries and assess when we need help, so we can with mental illnesses. Education in recovery is like all illnesses. We need to know what we are experiencing, to effectively recover. For example, a diabetic will know not to over-indulge with the cakes in the staffroom during morning tea birthday celebrations as this will affect insulin levels. Education is required for taking responsibility in managing an illness as highlighted in Figure 4, one model of mental illness and recovery.

MHFA Model of recovery

Support also sits under the framework of the psychosocial model, where not only do we want to strengthen a teacher's capacity to manage mental illness, but to also provide support, as we know many hands make light work. Therefore, we as support frameworks, need to be educated about mental illness. Professional development days, conferences, providing links to sites such as Beyond Blue resources or The Back-Dog Institute, to name a few, all empower teachers and support staff in a journey of wellness centred on educative awareness. As a Principal Master Mental Health First Aid (MHFA) instructor, I gladly witness the changing journeys for teachers who engage in this accredited training as supported by their schools. Education options outside of MHFA may see schools invite guest speakers to staff meetings, such as, mental health professionals or people with lived experience of mental illness, to share and educate about hope-filled wellness. These conversations all create steps in cultural change for schools, and ultimately teachers, in accepting and understanding mental illness as a normal part of life.

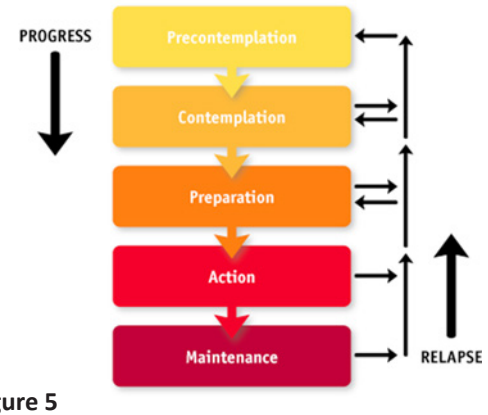

Figure 5

When the severity of any illness starts to impact on the performance of a teacher, the answer will not always lie in taking a few days off. In fact, that may worsen the sense of isolation being experienced. Beyond Blue, as well as MHFA have on offer excellent work place guidelines that can see teachers continue in their roles and reach recovery.

As demonstrated in Figure 5, recovery does take time, but it can, and does happen. Actively engaging with teachers in the process of change to prepare and act does see positive outcomes for the whole school.

It is important to also review personal leave conditions, where offering mental health days for the honest engagement of leave, contributes to the retention, reduced absenteeism and presentism. (According to PricewaterhouseCoopers it costs Australians $10.9 billion yearly.)

Just as we look at the type of coffee and tea options that are present in the staffroom, mindfulness approaches can be explored to create spaces and activities for staff to still their minds for precious moments throughout the day, as is required in the management of, for example, anxiety disorders.

With 60,000 thoughts travelling through the average brain in one day, toxic thought increases may require professional support. This requires schools exploring a comprehensive variety of services on offer. Encouraging the use of Employment Assistance Programs and lifting the veil of transparency about EAP as not a failure step, but as a great option for professional supervision in managing a complex teaching role, further shifts the culture of acceptance of mental illness in the lives of all people.

Ultimately, supporting the mental-wellbeing journey of teachers creates ripple effects into the lives of so many vulnerable children. Let's get it right at the top, so the trickle extends into the classroom of those lives we are ultimately here for.

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References

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Acknowledgment

Graphs from Australian Bureau of Statistics, available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0