

# **Joint Interview Education and Solidarity Network Mental Health**

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**NASUWT and TEACHERS HEALTH :**

**Joint Interview**

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**MGEN :**

**A mutual commitment regarding mental health**

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**EDUCATION INTERNATIONAL :**

**Resolution on Teacher and education support  
personnel's mental health**

## Joint interview

On World Mental Health Day, the ESN meets with NASUWT and Teachers Health, two of its English-speaking members, to discuss the challenges and issues related to the mental health of education personnel.



Gareth Young, NASUWT



Brad Joyce, Teachers Health

**Hello. Can you introduce yourself and your organizations?**

**Brad Joyce, Teachers Health** - My name is Brad Joyce. I am the Group Chief Executive Officer of [Teachers Health Group](#) in Australia comprising Teachers Health Fund, Nurses & Midwives Health Fund, Teachers Health Centres, Teachers Healthcare Services and the Teachers Health Foundation. The Teachers Health Group provides health cover to over 350,000 Australians working in the Education and Nursing sectors. I have been the Chief Executive here since 2006.

**Gareth Young, NASUWT** - Hello – my name is Gareth Young and I am the National Official (Campaigns, Policy and Communications) for

[NASUWT – The Teachers Union](#). I have been in the post since December 2010. NASUWT – The Teachers' Union is a trade union for teachers and headteachers across the UK and has approximately 285,000 members.

**What does the concept of mental health refer to?**

**G.Y.** - When the NASUWT discusses issues around mental health it is primarily doing so as a union for teachers and that therefore we would discuss the mental health of teachers. The issues primarily relate to growing evidence that many teachers are suffering from poor mental health and that this is caused or

exacerbated by their experiences from within their own jobs.

**B.J.** - TH approaches Mental Health from a whole of person perspective and person-centred care. Whilst we have specific Mental Health programs to support members in low and high acuity illness areas, we look at the whole person as a valued person, and mental health or more appropriately building mental wealth is one lens through which we can support members to achieve their best state of health and wellbeing. For example, you are not the sum total of a mental illness [although it can feel all-consuming]. You are a person suffering with a mental illness and we help our members address these issues through a variety of evidence-based programs whilst also considering their physical health, diet, exercise, other chronic diseases, family dynamics, social engagement, work life, sleep etc. Mental Health is not a concept at Teachers Health – it is a priority and it is a very practical journey we are committed to traversing with our members – on their terms, in their time and when they need it.

**«Addressing psychological distress is a priority because of the clinical risks it presents»**

**Since when has the issue of teachers' mental health been discussed in your organizations?**

**B.J.** - It has always been discussed at Teachers Health from a claims perspective, but when the Board made the strategic decision to build health services 'in house' this was the first opportunity Teachers Health had, to do something practical in terms of providing evidence based health programs to support members. Our first Mental Health program commenced in September 2017. We are currently designing the third iteration of this program with multiple quality improvements that are data driven but also based on feedback from members who have participated.

**G.Y.** - Issues relating to mental health including wellbeing, stress, workload and work life balance have in different forms been key considerations for the NASUWT since

foundation in 1919.

However, in recent years the poor mental health of teachers has been flagged as a specific concern by NASU WT members both in surveys that the Union has carried out and in motions that members have submitted, and voted upon, to the NASUWT Annual Conference.

**What were the key factors for the agenda planning? Was it different than for other health-related topics?**

**G.Y.** - Whilst there are connections to other issues surrounding teacher wellbeing and physical health issues, for mental health there appear to be specific problems related to the experiences of teachers in their work and the impact that this has had upon their mental health.

**B.J.** - All health programs that Teachers Health provide to members are based on a whole person perspective – it would be dangerous to approach health in any other way. We have a risk rating model that identifies priority healthcare issues/states and by extension, care interventions for all members. We also have a dual coaching model [where we agree to work in tandem on what is important to you and your health, and what I know is a clinical priority – this forms a therapeutic relationship]

However, Mental Health issues are quite often identified very early in the care process as members present in psychological distress and we deliberately undertake screening processes. There are evidence-based interventions that can be implemented quickly and easily to support these members. Addressing psychological distress is a priority because of the clinical risks it presents and potential for decline. Moreover, without a state of relative calm it is difficult to address other health and whole person issues over the phone [as is our model of care].

**What are the identified causes that impact the mental health of education personnel?**

**B.J.** - Causative factors for Mental ill-health of education personnel are not that dissimilar to the general population. However, whilst we don't have any hard evidence, anecdotally we

have identified some common themes that emerge for participants in our Mental Wellness programs who are education personnel.

- Work related stress [including but not limited to bullying from students and parents]
- Perceived unrealistic expectations arising from the profession [ie parents feeling they deserve individual attention or responses to every interaction with a teacher about their child – and rising frequency of interactions]
- For teachers working in high migrant and/or low socioeconomic areas there seems to be a higher degree of concern or worry for the children [their life, access to basic resources, domestic violence etc]
- Drug and alcohol misuse.

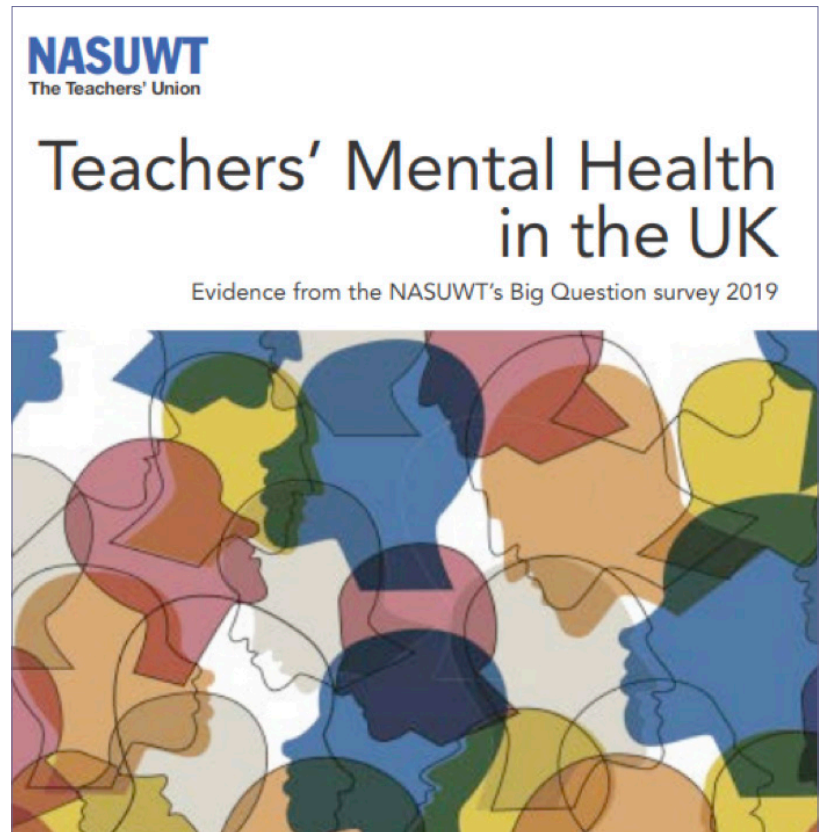
**G.Y.** - The NASUWT can only talk specifically about teachers as we are a teachers' union. In relation to teachers, the causes for mental health issues are manifold and will include both in work and out of work factors. For the in-work factors, the NASUWT's Annual Big Question survey identifies issues including poor work-life balance, stress and the impact of the performativity culture that has developed within schools.

**«Effective measures will include addressing the issues at a system level»**

**What are the effective measures, in terms of prevention or support?**

**G.Y.** - Effective measures will include addressing the issues at a system level, including tackling teacher workload and the performativity culture and at a school level, ensuring that work is done to ensure that there are effective processes to give work-life balance for teachers and to allow support and space to talk about these issues.

**B.J.** - Teachers Health offers members access to three mental health programs. All have clinical eligibility criteria and 2 of the 3 are Commonwealth Department of Health approved pilots. Within Teachers Healthcare Services, we support all members with their



mental health, however if mental ill-health is identified we refer to partner organisations for specialist support. This support is telephonic, so available nationally.

Prevention and support must always be based on best practice guidelines, so intervention may be as simple as referring, guiding and coaching through the use of online digital tools [all evidence based and designed by peak bodies] through to longer term 'outpatient community type' psychiatric referral interventions that support members with high acuity psychiatric diagnosis.

**What actions do you take within your organisation?**

**B.J.** - As above – we have the 3 Mental Health programs to support eligible members. For referral into Mental Health programs and follow up [part of the care process] we make



more contact attempts [compared to other programs] to try to engage with or follow up members. This relates primarily to the nature of the illness and which is why we have to 'go the extra mile' to connect.

All Member Services staff have also been trained in Mental Health first Aid - to support members who ring in and present with psychological distress [increased suicidality]. A process has been designed to support them in caring for the member – getting them the help they need and then referring them to Teachers Healthcare Services for ongoing support or referral into Mental Health programs. All Teachers Healthcare Services staff have also been trained in this Critical Call process to care for the member as well as the Teachers Health call centre staff.

**«All Member Services staff have also been trained in Mental Health first Aid»**

This process presents a duty of care and we will continue to monitor the member until we are confident they are safe and are receiving appropriate care in the community and with their GP – EVEN if they are unfinancial and no longer a member of Teachers Health. This is a life saving process.

**G.Y.** - Gathering evidence and lobbying on behalf of members - The NASUWT has raised this topic following the gathering of evidence from members at school, local, regional, national and international levels, making this a key campaign theme. This has included lobbying of all governments within the UK and of the OECD. It has also included raising the issue through campaigning materials including presentations, leaflets and videos and through motions to the Trades Union Congress and Education International.

Providing support and training - The NASUWT has provided Mental Health First Aid training to members to support them and works with a number of organisations including the Education Support Partnership to provide sources of support when teachers need them.

Taking collective action, including industrial action – The NASUWT has supported members

who have wanted to take action short of strike action and strike action in disputes with employers who manage teachers adversely.

**What are the actions and commitments of your line ministry? What other actors do you think need to be involved?**

**G.Y.** - This is an urgent issue that all actors need to address including governments as it is an underlying factor in the recruitment and retention crisis affecting teachers. Organisations including those from the third sector are working and should continue to work with unions to act.

**B.J.** - The Australian Government views on Mental Health issues are very public knowledge and Mental Health is a National Health Priority.

The 'bodies' that are involved in Mental Health care in Australia are the right ones, however there needs to be increased collaboration – with a shared purpose [which is not making about making money!]. Mental Health care in Australia takes input from the WHO, UN, Federal govt, state govt, private sector, right down to individual employers starting Mental Health programs for employees, churches, and charities. No one else needs to be involved – everyone IS involved they are just not communicating.

**The topic of mental health of education staff was raised: what about the mental health of students? How can it be transmitted to students?**

**G.Y.** - The issue of mental health of students runs parallel with teachers and it is the NASUWT's contention that a toxic culture of poor mental health for teachers is likely to lead to, or certainly exacerbate poor mental health issues for students.

The NASUWT's Big Question survey shows that the vast majority (81%) of teachers have seen an increase in mental health incidences in students over time and that almost two-thirds of teachers (64%) do not think that they have been given the support and training to help with student mental health.

Further support is needed for schools to help to deal with these issues for students and that this should not be about trying to turn teachers into health workers but should be about allowing schools, teachers and students to have access to appropriate mental health professionals as and when they are needed.

**«Toxic culture of poor mental health for teachers is likely to lead to, or certainly exacerbate poor mental health issues for students»**

**B.J.** - Fundamental causative factors of mental ill health [low and high acuity] are similar across most populations of a similar sociodemographic profile – and can be considered in the context of the social determinants of health. Learnings from the adult / educator population can always be translated and some therapeutic interventions would likely be similar but contextualised for the youth.

Most therapeutic modalities can be used for multiple pathologies and can be suited to the youth or the adult.

There is heightened concern however with the youth in that:

- there is more likely to be reduced impulse control,
- parental supervision may be required [and in some instances contraindicated],
- commitment to the therapeutic intervention may be more difficult for the youth
- access may be a concern for the youth [ie they may not be able to drive to an appointment]

Principles of care remain the same:

- whole person focus, non-judgemental, person centred and person driven care.
- early, easily accessible and community-based interventions benefit both groups.

**A word to other Network members who would like to work on mental health issues?**

**B.J.** - Partnerships with specialist clinicians [to mitigate risk] and cross collaboration with a shared purpose is key.

We know that provision of early, easily accessible, community-based interventions are successful in reducing serious episodes of illness that require acute care [and these are the ones that cost more too]. Insurers need to consider partnering with industry to co-design these programs with the shared purpose of reducing acute care costs and providing best practice evidence-based care. This is exactly what we did with our Mental Wellness Program and it has been very successful.

Insurers need to think more laterally and consider the whole person [not just consider the issue when multiple hospitalisation costs have presented] and focus on early intervention [wellness] to minimise psychiatric disability.

**G.Y.** - The NASUWT is more than happy to discuss our approach to this issue with other Network members and learn from their experiences and their action in a mutually supportive process.

**B.J.** - So is Teachers Health!

**ESN : Thank you so much!**

# MGEN commitment regarding mental health

The care and attention given to those dealing with mental illness has remained a constant topic for MGEN since its foundation in 1946. In fact, since its inception, the mutual has forged an open, inclusive and humanist approach to psychiatry, which is certainly part of its aspiration, as a society of people, to have a liberation project for health, education and citizenship.

To this day, the mutual continues to focus its attention on all of its mental health institutions on national territory; it promotes and organises collective thinking amongst its health professionals, stretching beyond borders and surpassing its mission to manage a mandatory regime in its role as a global player in the healthcare sector.

MGEN thereby hopes to significantly contribute to the quest for new rights promoting the engagement of users and contributing to the improvement of treatment and reception conditions in the mental health sector in France, in order to simultaneously better meet the expectations of professionals, institutions, citizens and society.

The health, social and medico-social measures of MGEN have been rolled out for this purpose, and since 2013, on the basis of the following five key themes:

- **CONTRIBUTE to reducing economic, territorial and social inequality with effective access to care**
- **CONTRIBUTE to the efficiency of the healthcare system**
- **BOOST healthcare democracy**
- **ASSIST with life situations**
- **PROMOTE innovation, research and quality**

In applying these five themes in the mental health register, MGEN, via its institutions, is predominantly working on reinvesting in the mental health sector where treatment remains a critical issue in public healthcare.

In order to do this, the mutual aims for and enlists the three objectives and the following priority actions:

## Restructure mental health provisions

- By continuing to work on the development strategy or the restructuring of MGEN services
- By developing attractive benefits and services
- By reinforcing health and medico-socio partnerships

## Break new ground in mental health treatment

- By supporting life situations (work, academic education, housing...)
- By facilitating courses
- By developing innovative, complementary treatment

## Enhance skills in mental health

- By recognising and sharing MGEN practices in the mental health sector
- By participating in applied research programmes
- By promoting health democracy

# Resolution on Teacher and education support personnel's mental health

The 8th Education International (EI) World Congress meeting in Bangkok, Thailand, from 21st to 26th July 2019 notes:

- (1) Quality education is critical to the wellbeing of children and young people;
- (2) Too many students are denied access to appropriate specialist support for their mental health and wellbeing due to a lack of investment in education;
- (3) Whilst teachers and education support personnel play an important role in supporting students, they are not a substitute for appropriately qualified and specialist mental health professionals;
- (4) That good school leadership, which respects the school personnel, has a major impact on the wellbeing of teachers and education support personnel;
- (5) The mental health and wellbeing of teachers and education support personnel has been affected adversely as a result of job-intensification, a climate of high-stakes performativity in schools, and increasingly precarious terms of employment and working conditions;
- (6) Teacher and education support personnel's morale and job satisfaction are further impacted adversely by cuts to salaries, poor working conditions, excessive workload demands and other adverse management practices, which, in many countries, are also resulting in fewer people wanting to be teachers and education support personnel;
- (7) There has been a profound and devastating impact on teacher and education support personnel's mental health in many countries arising from lack of investment in education and as a consequence of policies of economic and financial austerity;
- (8) Evidence confirms an increased incidence of depression, anxiety and teacher and education support personnel suicide exacerbated by poor/adverse management practices and the lack of support for teachers and education support personnel;

(9) The important endeavour by member organisations in leading campaigns and taking collective action to secure tangible improvements to working conditions and working practices in schools in order to address concerns regarding the mental health and wellbeing of teachers and education support personnel.

Congress further notes:

(10) The profound and devastating impact on teacher and education support personnel's mental health in many countries where teachers and education support personnel are subjected to politicised targeting and victimisation by governments, security services and other authorities, including intimidation, arbitrary arrests and detentions, incarceration, torture, beatings and killings;

(11) The impact on teacher and education support personnel's mental wellbeing of violence, intimidation and the militarisation of schools;

(12) Economic austerity policies and the privatisation and commercialisation of education have, in many countries, resulted in discrimination, scapegoating and exploitation of teachers and education support personnel;

(13) Many teachers, education support personnel and students have been displaced from their countries of origin due to armed conflict, violence, sexual exploitation and persecution are in greatest need of support for their mental and physical wellbeing.

Congress believes:

(14) Quality education, teachers and education support personnel are central pillars of a democratic society;

(15) School leaders should get appropriate training to implement practices that stimulate positive involvement and wellbeing of teachers and education support personnel and to implement a positive feedback culture in their schools. They should also be trained in the detection of psychosocial risks;

(16) There is a significant risk to achieving the global commitment education under the

United Nations Sustainable Development Goal 4 arising from the failure to recruit and retain sufficient numbers of qualified teachers and education support personnel;

(17) Quality education for children and young people requires quality working conditions for teachers and education support personnel and investment in the team around the child;

(18) Lack of investment in teachers and education support personnel, together with adverse management practices in schools, are major causes of poor mental health issues amongst teachers, education support personnel and students;

(19) All teachers, education support personnel and students should be entitled to support for their mental health and wellbeing, and encouraged to access to such support without criticism, penalty or stigma.

(20) Congress resolves that the Executive Board will take action to:

(i) Continue to advance the ideals, aims and objectives of the Unite for Quality Education campaign, recognising the centrality of the health and wellbeing of teachers, education support personnel and students to achieving the goal of quality education for all;

(ii) Highlight and support the work of member organisations that are campaigning and taking collective action to challenge unacceptable working practices;

(iii) Continue to assist and highlight the efforts of member organisations that are taking steps to support refugee and displaced teachers, education support personnel and students;

(iv) Continue to promote the goal of schools as safe sanctuaries for all;

(v) Advocate with member organisations to secure an appropriate national and international index of teacher and education support personnel's mental health and wellbeing;

(vi) Collate and disseminate to affiliates examples of effective practices to support teacher and education support personnel's well-being in various country contexts;

(vii) Engage with member organisations to promote the aims of World Mental Health Day.