

Mental Health as a Human Right: A Review of Mental Health Policies in Winnipeg School

Divisions

by

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Abstract

The past two years of pandemic schooling have pushed many educators into a mental health crisis. Teachers were navigating the stress of educational outcomes, increased safety risks, lack of protection, regular COVID-19 exposures, constant changes in protocols, and providing increased supports for students in their classrooms. A 2020 profile of Canadian mental health services identified that per every 100 000 Canadians, there are 283 total mental health professionals (WHO, 2022). These figures average one mental health professional for every 353 Canadians, leaving mental health services understaffed and often inaccessible. While mental health services struggled to meet the demands of individuals pre-pandemic, the WHO has identified that anxiety and depression have increased 25% across the globe since March 2020 (WHO, 2022, COVID-19). According to the UN Special Rapporteur on mental health (2017), “there can be no health without mental health” (p. 3). The purpose of this research is to review current policies in Winnipeg’s six school divisions, identify formal mental health protections for educators, and propose recommendations for a sustainable future in education. The exploration of the mental health of educators will draw on international and domestic instruments to argue that mental health is undoubtedly a universal human right. This research will conclude with recommendations for stakeholders in education, including: the review of current policies, prioritize early interventions to reduce occupational burnout, increase capacity and availability of resources, increase accessibility to and remove barriers from mental health supports for educators, and make space for educators to process educational opportunities and challenges. It is crucial that every Canadian is afforded the right to security of person, and it is imperative that educators are protected in their classrooms as well. These protections must be mandated in policy and prioritized in school culture to ensure that teachers have the space to fully enjoy them. Schools must commit to nurturing a healthy environment for all within their buildings.

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Introduction

“It just feels like it’s been piled on...or there’s more and more...and it’s like well, how much more can we take? How much more can we do, how much more can we still change [...] we always figure it out, but at what cost?” (participant in a 2020 Canadian teacher *Mental Health Check-In Survey*, Canadian Teachers’ Federation, 2022, p. 32).

The past two years of pandemic schooling have pushed many educators into a mental health crisis. Teachers were navigating the stress of educational outcomes, increased safety risks, lack of protection, regular COVID-19 exposures, constant changes in protocols, and providing increased supports for students in their classrooms. In a Canadian Teachers’ Federation (2022) study of 2200 teachers across Canada, participants were asked to complete a *Mental Health Check-In Survey* about their experiences teaching during the pandemic. As noted by one teacher, the 2020 - 2021 school year was “a year of stretching the elastic as far as it would go, until it was almost broken” (Canadian Teachers’ Federation, 2022, p. 64). As a former teacher and current school division consultant, this research has resonated deeply with my experiences teaching during the pandemic. I witnessed the initial shock of the remote schooling announcements and the eventual decline in teacher health. I noticed the stress and absentee rates of my coworkers increased each week in response to the changing demands of Public Health restrictions. My hope is that with this research school divisions will begin revising their policies and protocols to prioritize the mental health of their staff. The purpose of this analysis is to review current policies and protocols in Winnipeg’s six school divisions and identify formal commitments to mental health for educators. Using the experiences of educators during the COVID-19 pandemic, this research will propose recommendations for a sustainable future that addresses the evolving mental health needs of the teaching profession.

Unfortunately, the immense pressures of teaching did not begin with the COVID-19 pandemic. Nearly 15 years ago, teachers in Seven Oaks School Division in Winnipeg, Manitoba, completed a survey on mental health in education. Many teachers noted that they were stressed, exhausted, and struggling to keep up with the demands of teaching. These demands often resulted in overloaded schedules that included contact time, preparing resources, marking assessments, adapting lessons, providing extra help sessions, supervising extra-curricular activities, communicating with parents, completing reports, and other duties as assigned. According to one teacher in Seven Oaks, “[t]eachers don't want to admit that they need help...what are we teaching the students if we keep going [to work] when we really shouldn't?” (Kaplan Research Associates, 2009, p. 26). Over a decade later, the onset of the COVID-19 pandemic in March of 2020 created a new set of challenges, pressures, and fears for teachers around the globe.

This analysis will explore the mental health of teachers; the social and economic costs of a population on the verge of a crisis; and why institutions must prioritize positive changes in mental health supports within the education system. By drawing on international and domestic instruments, it will be argued that mental health is undoubtedly a universal human right. As emphasized by the UN Special Rapporteur on mental health (2017), “there can be no health without mental health” (p. 3). With a focus on examining these issues through a case study of Canadian teachers, this analysis will use qualitative data to better understand the realities of teachers during the COVID-19 pandemic and the accessibility of mental health supports available to them. The purpose of this exploration will be to reconcile the current state of teachers’ mental health and the protocols outlined in school division policies in one urban centre, Winnipeg, Manitoba. Winnipeg is unique in having multiple school divisions in the city, and

thus, this research examined and compared various divisional policy documents as they applied to educators in one context.

The findings from this analysis indicate that there is a glaring gap between teachers' experiences in schools and the protections afforded to them in educational governance documents. Thus, the paper will conclude with a set of recommendations for school divisions and administrators to ensure teachers remain in the profession, provide quality education, and have the capacity to oversee the growth of the whole student.

An Overview of Mental Health

According to the Constitution of the World Health Organization (1946), “[h]ealth is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity” (p.1). In 2019, the WHO identified that 80% of individuals experiencing mental health concerns did not have access to appropriate care (WHO, 2019). By 2023, the WHO had strategized to increase mental health services by 50% and decrease suicide mortality by 15% (WHO, 2019, p. 3). According to the UN Special Rapporteur (2017), “everyone, throughout their lifetime, requires an environment that supports their mental health and well-being; some face barriers in the exercise of their rights...[yet] everyone is a rights holder” (p. 3).

The importance of mental health continues to be neglected in government policies, healthcare funding, and organizational priorities. Mental health services in Canada are often inaccessible or understaffed. Individuals are expected to pay at least 20% of the cost of services and medications for mental health care (WHO, 2022). A 2020 profile of Canadian mental health services identified that per every 100 000 Canadians, there are 283 total mental health professionals (WHO, 2022). These figures average one mental health professional for every 353

Canadians. In a report by the UN Special Rapporteur on the rights of persons with disabilities (2020), it was noted that mental health services in urban, rural, and reserve populations were often underfunded and underserved. Without a positive national commitment to mental health supports, individuals are likely to experience the profound consequences of isolation, exclusion, and disempowerment in employment and education (UN Special Rapporteur, 2020).

While mental health services struggled to meet the demands of individuals pre-pandemic, the WHO has identified that anxiety and depression have increased 25% across the globe since March 2020 (WHO, 2022, COVID-19). According to WHO Director-General Dr. Tedros Adhanom Ghebreyesus, “[t]his is a wake-up call to all countries to pay more attention to mental health and do a better job of supporting their populations’ mental health” (WHO, 2022, COVID-19). Over two years after the official declaration of the COVID-19 pandemic, countries are beginning to see the multi-layered impacts of the crisis as social, mental, and emotional consequences are being reported around the globe.

It is important to recognize that school environments have been recognized as sites for significant mental health challenges among youth. A preliminary study by the World Health Organization revealed that instances of self-harm increased among adolescents between 2020 and 2021 as a consequence of the pandemic (WHO, 2022). According the UN Special Rapporteur on mental health (2017),

The fact that children spend a significant amount of time in schools and most adults at the workplace, means that rights-based action must promote healthy, safe and enabling environments...a person’s mental health affects life within those domains and is integral to shaping the health of communities and populations. (p. 16)

While the social and emotional consequences of the pandemic have yet to be fully realized, it is essential that institutions establish a proactive and responsive approach to mental health for their staff and student populations. As mental health challenges continue to rise among youth, so do the burdens placed on teachers in the school context. As educators are the primary contact for their students, if teachers are unwell, they cannot support their students.

Human Rights Obligations

According to the UN Special Rapporteur on mental health (2017), all state parties have “an obligation to respect, protect and fulfil the right to mental health” (p. 9). These obligations call on states to take positive, progressive, and tangible action to ensure the right to mental health is actualized, promoted, and enjoyed (UN Special Rapporteur, 2017). State parties are also called upon to create strategies that prioritize mental health services, promote equitable accessibility to these services, and situate mental health policies within a rights-based framework (UN Special Rapporteur, 2017). To fully benefit from mental health services, individuals must be empowered to participate in them. However, this full participation is often hindered by a variety of power dynamics, stigma, and other social barriers (UN Special Rapporteur, 2017). Institutions can combat these barriers to mental health supports through advocacy, education initiatives, and support networks (UN Special Rapporteur, 2017).

The challenges that arise with human rights obligations are often grounded in the concept of negative and positive rights. According to Ries (2003), negative rights prevent states, and by extension, institutions from any “action that impinges on one’s personal autonomy and integrity” (p. 29). In other words, negative rights ensure individuals are not overtly and directly prevented from their rights. However, positive rights exist when the state creates the conditions in which all individuals can enjoy their rights (Ries, 2003). For educators, the difference can be exemplified

in the protocols for personal days. In the 2009 Seven Oaks Mental Wellness survey, one teacher noted that “[t]here is a Personal Leave Day, but you almost feel punished when you take it” (Kaplan Research Associates, p. 33). While administration is contractually discouraged from denying a personal day when requested (negative rights), if they do not actively promote them or take a personal day themselves (lack of positive rights), staff are socially discouraged from utilizing those days.

Barriers to Accessing Supports

According to the UN Special Rapporteur on mental health (2017), the current approach to mental health services reflects a biomedical view of mental health as a “burden of disease” (p. 5). This approach situates mental health as an isolated, individual problem that neglects the widespread, systemic need for proactive responses to the mental health crisis (UN Special Rapporteur, 2017). To ensure the realization of mental health as a human right, institutions must address the “global burden of obstacles” that continue to prevent mental health needs from being met (UN Special Rapporteur, 2017, p. 5).

As noted by Reis (2003), while individuals may possess rights as defined by law, these rights are “are hollow unless the [institution] bears some obligation to assure conditions in which individuals may enjoy those rights” (p. 29). Thus, without active promotion of rights, the existence of them does very little to benefit the rights-holder. Therefore, the realization of rights is inextricably dependent on removing the barriers preventing people from enjoying them. The UN Special Rapporteur (2017) called on leadership to address these barriers and ensure policies reflect a rights-based approach to mental health.

Mental Health as a Human Right: International and Domestic Instruments

International and domestic bodies have advocated for mental health as a human right, situating it in line with physical health and the right to security of person. As declared by the UN Special Rapporteur on mental health (2017), “[t]he right to mental health requires care and support[s]...that are available, accessible, acceptable and of good quality” (p. 12). It is crucial that institutions regard mental health services with the same urgency and priority as all other rights as defined by law. The following sections will briefly discuss international and domestic human rights instruments that support the right to mental health.

Universal Declaration on Human Rights (UDHR)

While the UDHR is non-binding, it was formally adopted in 1948 and is widely regarded as the foundation of human rights law. Article 25 of the UDHR states that “[e]veryone has the right to a standard of living adequate for the health and well-being” (UDHR, 1948). As a founding member of the United Nations and member of the United Nations General Assembly, Canada voted to adopt the UDHR within the International Bill of Rights on December 10, 1948 (United Nations Digital Library, 1948).

International Covenant on Economic, Social and Cultural Rights (ICESCR)

In 1976, Canada acceded to the ICESCR (Government of Canada, 2017). The treaty entered into force the same year. The ICESCR is grounded in its foundational principles of equal access and participation in social, economic, and cultural society and enjoyment of these rights without discrimination. Article 7 of the ICESCR states that everyone is entitled to “the enjoyment of just and favourable conditions of work which ensure, in particular: (b) safe and healthy working conditions” (ICESCR, 1966, p. 3). Most notably, Article 12 of the ICESCR

states that everyone is entitled “to the enjoyment of the highest attainable standard of physical and mental health” (ICESCR, 1966, p. 4).

Lastly, Article 13 of the ICESCR addresses education and states that “[t]he development of a system of schools at all levels shall be actively pursued...and the *material conditions of teaching staff shall be continuously improved*” [emphasis added] (ICESCR, 1966, p. 5).

Convention on the Rights of Persons with Disabilities (CRPD)

In 2010, Canada ratified the CRPD (Government of Canada, 2020). According to the Convention, persons with disabilities are defined as anyone with “physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society” (CRPD, 2006, article 1). In 2020, the Canadian Special Rapporteur on the rights of persons with disabilities noted that disabilities related to mental health are often undiagnosed and stigmatized in the workplace. Further, it was reported that nearly 60% of Canadian Human Rights Commission complaints involve discrimination based on disability (UN Special Rapporteur, 2020). The UN Special Rapporteur (2020) reported that current Canadian anti-discrimination policies do not address systemic challenges and called on officials to remove barriers based on disability (p. 6).

Canadian Charter of Rights and Freedoms

The *Canada Act of 1982* embedded the *Canadian Charter of Rights and Freedoms* within the Constitution (Government of Canada, 2022). Section 7 of the Charter guarantees that “everyone has the right to life, liberty and security of the person” (*Canadian Charter of Rights and Freedoms*, 1982). This security of person, as noted by Jackman (1995), “is meaningless without access to health care, both in a preventive sense, and in the event of acute illness” (p.

56). Unfortunately, the Supreme Court of Canada remains undecided on the extent of the state's role in the protection of section 7 rights. As noted by Justice McLachlin in *Gosselin v. Quebec*,

Nothing in the jurisprudence thus far suggests that [section] 7 places a positive obligation on the state to ensure that each person enjoys life, liberty or security of the person. Rather [section] 7 has been interpreted as restricting the state's ability to deprive people of these. (para. 80)

In dissent, Justice Arbour argued for wider interpretation of section 7 stating that "one can reasonably conclude that positive state action is what is required in order to breathe purpose and meaning into their [section] 7 guaranteed rights" (*Gosselin v Quebec*, 2002, para. 377). In an effort to mitigate the risk of finality, Justice McLachlin acknowledged that future interpretations of section 7 could widen its reach to include positive obligations (*Gosselin v Quebec*, 2002, para. 82). An inclusive, positive approach to section 7 *Charter* rights would allow recognition and access to much needed mental health services for many Canadians. As surely without it, "it seems unlikely that marginalized Canadians will receive consistent and equal Charter-protected access to the resources they need to survive with dignity" (Flader, 2020, p. 59).

The Manitoba Human Rights Code (1987)

According to the *Manitoba Human Rights Code* (1987), Manitobans are required to "ensure that reasonable accommodation is made for those with special needs" (s. b). Discrimination against individuals is prohibited based on a series of characteristics including, *inter alia*, "physical or mental disability or related characteristics or circumstances" (9.2). This legislation reinforces that accommodations for mental disabilities, and by extension, mental health, must be incorporated into all workplaces. According to the Manitoba Human Rights

Commission (2010), the term disability is contextual and applies to both visible and invisible disabilities. “Invisible” disabilities such as mental health, are often misunderstood and neglected, creating stigmatization and barriers for support (Manitoba Human Rights Commission, 2010). For teachers, as with all Manitoban employees, the *Manitoban Human Rights Code* affirms that they are entitled to the accommodations that they require for full and equal participation in their workplace.

The Public Schools Act

The Public Schools Act explicitly states that all school boards “must have due regard for the principles of *The Human Rights Code*” (s. 41, 1.7). Thus, schools are required to establish a code of conduct that prohibits discrimination based on protected characteristics as outlined in *The Human Rights Code* (s. 47, 1.2). For teachers, these protections would include accommodations for mental health.

Mental Health in Canadian Teachers

In 2009, Seven Oaks School Division, in conjunction with the Manitoba Teachers’ Society, produced *The Seven Oaks School Division Wellness Project Report* based on a survey that was distributed to over 1100 teachers (Kaplan Research Associates Inc., 2009, p. 9). The results revealed that of those surveyed, nearly 60% of teachers reported experiencing some workplace stress due to being overworked and undervalued (pp. 13-14, 25). When respondents were asked how they coped with workplace stressors, they identified that exercising (64%), peer support from colleagues (55%), recreational activities (35%), and “learning to say no” were beneficial to maintaining their mental health (p. 19). It is important to note that while many of these stressors continue to exist 13 years later, most of these options were unavailable to teachers

during the pandemic. When teachers were asked why they continued to work in Seven Oaks School Division, the responses included enjoyment of their job (80%), working with students (87%), and that they found meaning in their work (77%) (p. 21). The circumstances and protocols of teaching during the pandemic significantly impacted the quality of the aspects of the job that teachers valued.

The study also revealed that some teacher respondents were likely to leave the school division within the upcoming years due to workplace stress (29%) and lack of support (22%) (p. 23). According to one teacher, “I didn’t know how stressful [the job] would be. I didn’t know how much I would take home” (p. 32). Teacher respondents also felt that mental health was stigmatized in their workplace as teachers who took stress leaves were perceived as weak or “taking advantage” of the system (p. 26). According to one teacher, “students were given more support to address their feelings of stress than [teachers] are” (p. 26). The study concluded with recommendations for the future: open communication, active promotion of mental health strategies and wellness, and modelling a work-life balance.

On March 12, 2020, the Manitoba government announced its first three supposed cases of COVID-19 (CBC News, 2020). On March 20, 2020, the province announced an official state of emergency; schools were to close on March 23, 2020 for an extended Spring Break (CBC News, 2020). One week later, the province announced that schools were closed for the remainder of the year (CBC News, 2020). On September 8, 2020, students and staff returned to school; most were unvaccinated (CBC News, 2020). Within two weeks of schools opening, 17 of the province's 817 schools had identified at least one positive case of COVID-19 (CBC News, 2020). Between September 7 and November 30, 2021 there were over 1500 cases across 360 schools in Manitoba (CBC News, 2021).

As noted by Canadian Teachers' Federation (2022), "educators [were] frontline workers without frontline protection" (p. 17). In the Canadian Teachers' Federation (2022) study of Canadian teachers, one-third of respondents said they were "barely coping" with the pressures of the school year (Canadian Teachers' Federation, 2022, p. 64). In many instances, the collaboration and collegial support systems that are often embedded within teaching communities were non-existent during the pandemic.

Occupational Burnout

After two years of emergency response teaching, many educators were in crisis, exhausted and depleted from navigating the challenges of the pandemic (Canadian Teachers' Federation, 2022). Răducu and Stănculescu (2022) defined this burnout as "a psychological response to prolonged work-related stress that affects one's health and emotional balance" (p. 2). In an educational context, occupational burnout in teachers has been observed to manifest as overwhelm at work, cynicism, and a lack of fulfillment and purpose in classroom interactions (Răducu & Stănculescu, 2022). Of the respondents from the Canadian Teachers' Federation (2022) survey, 97% acknowledged that they had experienced some degree of burnout during the 2020-2021 school year. Their extensive workload included pedagogical changes and planning, managing student emotions, communication with parents, technological challenges, inadequate resources, and new sanitation responsibilities (Canadian Teachers' Federation, 2022).

All these changes created a hyper-vigilance in teachers that was assumed into their "new invisible workload" (Canadian Teachers' Federation, 2022, p. 41). This occupational burnout manifested in physical symptoms like weight fluctuation, insomnia, loss of voice, and stiffness from prolonged screen time (Canadian Teachers' Federation, 2022). One teacher described their experience in detail,

I was having heart palpitations...I called my doctor...and said, 'I can't do this.'...I went to my principal...[a]nd I said to him, 'I'm not making it...I don't know how much longer I can last.' And then that Friday, my doctor put me on medical leave. (Canadian Teachers' Federation, 2022, p. 115)

While the teaching profession has always been a stressful occupation, the pandemic magnified the daily stressors and exacerbated occupational burnout, sick leaves, absenteeism, and decreased quality instruction (Gómez-Domínguez et al., 2022).

Health and Safety

For some teachers, the illusion of safety due to COVID-19 protocols added another layer of stress and frustration. As noted by one teacher, “[t]he...distance thing is really practically impossible...even though there’s protocols in place, they’re mostly cosmetic, [because] if the virus is in the school, it’s going to tear through the place like a wildfire” (Canadian Teachers’ Federation, 2022, p. 54).

Hutchinson et al., (2022) revealed that school staff reported higher rates of psychological distress, approximately 4% higher than the national average pre-pandemic. In Alberta, a 2020 study found that teachers reported “extreme levels of fatigue, anxiety, and stress” directly connected to navigating public health measures and mitigating risk of infection throughout the school (Canadian Teachers’ Federation, 2022, p. 16). For many teachers, the risk of exposure within their classrooms added a layer of uncertainty beyond their control. As noted by one teacher, “every day in the classroom I feel a little afraid for my health and I feel a little disposable” (Canadian Teachers’ Federation, 2022, p. 53). For others, the psychological weight of their roles continued into their home lives as well. As one teacher shared, “I’m just so...stressed and anxious, and those anxieties...come home with me...then, I get a letter twice a

week probably saying that I've potentially been exposed to COVID-19, but not to worry about it" (Canadian Teachers' Federation, 2022, p. 42).

In addition to the increased anxiety regarding the physical risk of 'catching' the virus, many teachers articulated that most of their fears came from being responsible for transmitting it or failing to prevent the transmission within their classrooms. One teacher admitted to fearing that parents would pursue legal action if the transmission was due to improper sanitation (Canadian Teachers' Federation, 2022).

Administration and Divisional Pressures

Many teacher respondents to the Canadian Teacher Federation Survey noted that in addition to their already overloaded schedules, they were constantly shouldering pressure from administrators to meet provincial academic standards. In a remote teaching context, teachers noted that they felt micromanaged by their administrators as they were required to log their hours and prove their professionalism. Across Canada, 60% of teacher respondents felt like they were not supported by their provincial Department of Education (Canadian Teachers' Federation, 2022, p. 111). One teacher felt that the "Board of Education right now, it's like they have their foot on my neck and they haven't taken the pressure off" (Canadian Teachers' Federation, 2022, pp. 102-103). One Manitoba teacher stated that "[t]he superintendents...it felt like they didn't trust us... it just didn't feel like we were being treated as professionals" (Canadian Teachers' Federation, 2022, p. 108).

For some teachers, the expectations from administration were over and above what teachers could provide. One teacher noted that their administrator advised them that they were not doing enough to provide one-on-one supports to students in their class. For this teacher, this

felt like “a slap in the face” (Canadian Teachers’ Federation, 2022, p. 95). One teacher noted that administrators often failed to acknowledge that additional supports required time that teachers would have used for lunch or to prepare for class (Canadian Teachers’ Federation, 2022). Teachers explained that their employers continued to contact them during after school hours and union representatives were not helpful in pursuing recourse (Canadian Teachers’ Federation, 2022). In extreme cases, teachers were expected to perform their reporting duties despite being on sick leave.

Pedagogical Pivoting

A 2020 University of Winnipeg study found that teachers struggled to manage the constant shifts in teaching and learning protocols (Canadian Teachers’ Federation, 2022). One of the most distinct stressors as noted by teachers was the shift to a hybrid model of teaching: a model in which teachers were expected to teach both online and in-person, sometimes simultaneously. As explained by one Manitoba teacher, “It’s...exhausting. You feel like you’re split into two different people...you almost feel you’re doing 8 to 10 jobs at the same time” (Canadian Teachers’ Federation, 2022, p. 82).

Many teachers carried the psychological struggle of uncertainty for the duration of the pandemic as Public Health changes often were sudden and without notice to schools. Because of this, teachers lived in a constant state of unpredictability, unable to plan but being required to adapt and respond with each press conference (Canadian Teachers’ Federation, 2022). According to one teacher, “every day we’re going to work and...thinking is this the day...they’re going to tell us that we’re in lockdown and we are teaching from home...and we have nothing to teach at home” (Canadian Teachers’ Federation, 2022, p. 37). This pedagogical pivoting forced teachers to scramble and teach day by day (Canadian Teachers’ Federation, 2022, p. 70). The experiences

highlighted in the Canadian Teachers' Federation (2022) study suggested that there are significant mental health consequences for teachers as a result of the COVID-19 pandemic.

Document Analysis: Winnipeg's Six School Divisions

As these studies attest (Kaplan Research Associates, 2009; Canadian Teachers' Federation, 2022; Gómez-Domínguez et al., 2022; Hutchinson et al., 2022; Răducu & Stănculescu, 2022), mental health is a significant concern among teachers. To learn more about how school divisions were addressing this concern, a qualitative study was designed using document analysis to examine all publicly available governance documents from each of Winnipeg's six school divisions (Winnipeg, Seven Oaks, Louis Riel, River East Transcona, Pembina Trails, and St. James-Assiniboia). The purpose of this document analysis was to explore mental health policies for educators in Winnipeg. In the first phase of this study, data were collected from governance documents available on each school division's website. The information was charted, grouped thematically, and analyzed based on mental health supports for teachers.

Methodology

This research was grounded in document analysis as a qualitative research method. According to Bowen (2009), document analysis involves “finding, selecting, appraising, ...and synthesizing data...into major themes, categories, and case examples” (p. 28). The document analysis combined content analysis (organization of information into categories) and thematic analysis (recognition of prevalent topics within the data) (Bowen, 2009). Together, the research was guided by intentional reading and review of all the selected documents. Data were selected based on connections to, and mentions of, safety and inclusion, mental health and wellness, and

staff specific mental health. These “predefined” categories allowed the researcher to narrow the scope of data selection (Bowen, 2009, p. 32).

Data Selection

The research focused on mental health policies in each of Winnipeg’s six school divisions. The following documents were analyzed from each division’s website: Collective Bargaining Agreement, Health and Safety Policy, Strategic Plan, and Accessibility Policy. In some divisions, additional policies were available regarding diversity, equity, and inclusion (Winnipeg and River East Transcona) and mental health and wellbeing (Winnipeg, Louis Riel, and Seven Oaks). Each document was selected based on its relevance to staff mental health as outlined in school protocols, employment policies, and visioning for the future within each division. In this analysis, 40 documents were analyzed with an effort to have balanced representation from each division. Theoretical sampling was used to extract data from documents, essentially looking for references that were relevant to the predefined categories (Bowen, 2009).

Data Analysis

Using careful reading and key word searches (“safety,” “inclusion,” “mental health,” and “wellness”), relevant sentences and paragraphs were selected and copied into a digital chart. The chart was organized by school division, policy or document title, and the three categories of Safety and Inclusion, Mental Health and Wellness, and Staff-Specific Mental Health (see Appendix A). Any insights or common trends in the data were noted in red, and all other entries were inputted as black text.

After all 40 documents were reviewed and pertinent information was entered into the digital chart, the data were analyzed using thematic grouping. This method “guided the data analysis...[by] scrutiniz[ing] and compar[ing] data...in order to organize ideas and pinpoint concepts that seemed to cluster together” (Bowen, 2009, p. 37). This analysis identified clusters of data that were specific to staff mental health and, by extension, a lack of staff-specific mental health information in governance documents. This process narrowed the research to relevant data for the purpose of this analysis and produced a comprehensive overview of staff mental health policies in school divisions in Winnipeg, Manitoba.

Findings

The findings of this research revealed that of the 40 documents reviewed across six divisions, only 25% (n=10) mentioned mental health of employees (Louis Riel, *Annual Report to the Community*, 2021; Louis Riel, *Multi-Year Strategic Plan, 2019-2023*; Pembina Trails *Action Plan, 2021-2024*; Seven Oaks, *Wellness Project Report, 2009*; Seven Oaks, *Policy GBRL: Employee Personal Problems*; Winnipeg, *Collective Agreement, 2018 - 2022*; Winnipeg, *Policy GBEA: Employee Assistance, 2004*; Winnipeg, *Policy IGAB: Diversity and Equity Education, 2018*; Winnipeg, *Healthy Minds Week, 2022*; Winnipeg, *Mental Health Year End Report, 2016-2017*). Aside from Winnipeg School Division, there were no formal staff mental health policies in any contractual documents across the divisions. These contracts, also referred to as *Collective Agreements*, outline the protocols for and responsibilities of school personnel. Essentially, these agreements are the foundations of teachers’ rights within their divisions. Thus, the important finding is that the mental health rights of teachers are currently not protected by policy in any of the divisions.

Winnipeg, Louis Riel, and Pembina Trails School Divisions specifically acknowledged mental health of staff members in their community reports. According to the Winnipeg School Division *Mental Health Year End Report (2016-2017)*, “promoting mental health and wellness to staff...should be high priority” for the following school year (p. 2). This report also noted that staff should focus on “putting on your own oxygen mask first...[as] students benefit when the adults in their world are knowledgeable about promoting mental health and wellness for themselves and those around” (p. 2). In Louis Riel School Division, the *Multi-Year Strategic Plan for 2019-2023* addressed the need for to “[develop] systemic approaches to promoting and supporting our staffs’ health, well-being and well-becoming” (p. 15). In Pembina Trails School Division, an *Action Plan* was created for the 2021-2024 school years. This was the only direct COVID-19 mental health strategy found within the research. In this plan, the declining mental health of employees was highlighted as many were “seeking workplace accommodations in high numbers” (A.2.4). Other divisional policies made references to safe and inclusive spaces, but the focus of those policies were student safety and inclusion, not staff.

In River East Transcona School Division, *Policy GBA: Reasonable Accommodation (2017)*, employers must “reasonably accommodate special needs of employees that are based on protected characteristics, to the point of undue hardship” (p. 1). It is noteworthy to mention that protected characteristics, as defined by the policy, include “physical or mental disability,” but there was no mention of removing undue hardship to promote mental health or wellness. In St. James-Assiniboia School Division *Accessibility Plan for 2021-2022*, barriers to mental health were explicitly mentioned: “anxiety and depression, can affect a person’s ability to think clearly, concentrate, or remember things...Mental Health Promotion is about creating environments that

promote and sustain positive mental health for everyone” (p. 2). Directly after this statement is a discussion of how to achieve this for students only.

The most poignant data on teacher mental health were found in the 2009 survey conducted by Seven Oaks School Division and The Manitoba Teachers’ Society. In this survey, school employees identified their struggles with stress, wellness, and achieving a healthy work and life balance. The report recommended that “[t]he division should support employees in maintaining their health and in accessing the support they may need to address health issues early” (p. 38). Despite extensive research, there were no follow up documents that were publicly available to report on the implementation or evaluation of this recommendation.

Safety and Inclusion

The analysis revealed that each school division had policies promoting schools as safe and inclusive environments. In Louis Riel School Division, the mission for their *Multi-Year Plan for 2023* was to be “a safe, inclusive, and engaging environment, where personal and collective learning are valued, and each one of us reaches our full potential” (p. 5). The other five divisions had at least one mention of upholding the standards for an inclusive environment (Winnipeg School Division, *Strategic Plan 2016-2020*; Pembina Trails, *Action Plan 2021-2024*; Seven Oaks, *Divisional Plan 2019-2020*, St. James, *Strategic Plan 2016 - 2023*; River East Transcona, *Accessibility Report, 2022*).

Each school division had a written commitment to safety in the workplace. In Pembina Trails, the division “is committed to providing...a safe and healthy environment in which to work and to learn” (*Policy GBG, Health and Safety, 2010*). For Winnipeg School Division, it “shall strive to establish an environment...safe and free from hazards” (*Policy GBE, Workplace*

Health and Safety, 2008). In St. James-Assiniboia, the division website listed a *Safety Program* affirming the “rights...of all employees with respect to workplace safety and health...[and] promotion of safety and health consciousness” (para. 1). The definition of health consciousness was not described within this documentation. The other three divisions all had similar policies (Louis Riel *Policy GBG*; River East Transcona *Policy GBG*; Seven Oaks *Policy GA*). In all documentation related to safety, there was no formal mention of mental health.

After the passing of Bill 18 in Manitoba Legislature, *The Public Schools Amendment Act (Safe and Inclusive Schools)* (2012) required all school divisions to pass a “respect for human diversity policy” (s. 41, 1.6). The goal of this policy was to create a positive school climate that is both safe and inclusive for students and staff members (s. 41 (1.6)). While this legislation addressed the need for proactive approaches to bullying (s. 41 (1.2)), diversity (s. 41 (1.6)), and human rights (s. 41 (1.7)), mental health was not included. These omissions neglect mental health as an integral component to establishing a safe and inclusive school environment.

Mental Health and Wellness

The analysis of the data also revealed that each division acknowledged, though broadly, the need for mental health programming. In Winnipeg School Division, a *Healthy Minds Week* was created in 2013 to promote mental health and wellness (Winnipeg School Division, *Year End Report, 2016-2017*). Pembina Trails created a *Trauma-Informed Action Plan* for 2021-2024 with the goal of “building resiliency for students and staff...and promot[ing] school-based mental health and well-being” (A1.7, A1.8). In Seven Oaks School Division, the *Division Plan* for 2019-2020 explained that the division would continue “promoting positive mental health and well-being in our students, staff and community” (p. 4). St. James-Assiniboia School Division furthered its commitment to mental health by ensuring all 26 schools have Safe Schools

Committees and one school piloted an emotional support dog for students (*Report to the Community*, 2019). In Louis Riel School Division, a comprehensive strategy was developed to ensure student mental health was prioritized (*Supporting Wellbeing and Wellbecoming in Louis Riel School Division*, 2020). In the River East Transcona *Strategic Plan* for 2021-2023, the Inclusion tier includes the phrase “promote and support well-being now and in the future” (p. 7). It is important to note that while mental health programming was mentioned in plans for each school division, most were focused on the wellbeing of the students and neglected to mention any staff-specific mental health policies or programs.

Staff Specific Mental Health

Aside from Seven Oaks, Winnipeg, and Pembina Trails School Divisions, the other three divisions did not make any specific acknowledgements of teacher mental health. For the divisions that referenced teacher mental health, these acknowledgements were found in surveys, year end reports, and action plans; not policy. Pembina Trails was the only division to acknowledge staff-specific mental health concerns as a result of the pandemic (*Pembina Trails Action Plan 2021-2024*). While Seven Oaks School Division had the most comprehensive published data on teacher mental health, it had not been updated since 2009.

Mental health was only mentioned twice in a *Collective Agreement*; both are found in the agreements with Winnipeg School Division. Mental health was indicated as a requirement for promotion as personnel could only be promoted to administrative positions if they are “in good physical and mental health” (The Winnipeg School Division, 2018, p. 75). The second mention of mental health was in reference to students, as teachers are required to “establish conditions and practices in their classrooms that will contribute to the physical and mental health of the pupils” (p. 5).

In St. James-Assiniboia School Division, teachers are responsible for creating a learning environment that is “pleasant, orderly, respectful...[and] promote[s] self-esteem and a positive tone in the school” (*Policy GBE, 2017*). In the same policy, the division addresses the rights of teachers; while it is noted that administrators will provide leadership and support, there is no mention of teachers being afforded the same environment that is required for students (*Policy GBE, 2017*). Divisional policies addressed the wellbeing of staff only in direct connection to students; there were no formal policies within any of the six divisions that specifically targeted employee mental health and wellness, rendering teacher mental health needs invisible.

Research Conclusions

The conclusions from this research suggest that institutional support for employee mental health and wellness is still significantly lacking. While the Seven Oaks School Division study was conducted 13 years ago, there has been limited follow up or evaluation of implementation. The study established that teacher mental health was in crisis before the COVID-19 pandemic. After two years of teaching at the forefront of the pandemic, educators are more depleted than ever before. As noted by the Canadian Teachers’ Federation (2022),

[E]ducation workers carried the emotional weight of their own uncertainties as they tried to continue to be support people for their students...through this, they continued to cope as best they could, however, this did not come without a cost to their well-being. (p. 51).

At the least, divisions should be providing teachers with supports equitable to those students are afforded when it comes to their mental health and wellbeing. Without a formal acknowledgement of mental health supports, and a positive divisional commitment to wellbeing at every level, teachers will continue to navigate profound mental health challenges in silence.

While this research yielded relevant important information regarding policies related to teacher mental health in Winnipeg, there were limits to this study. Due to the timeframe, a complete analysis of all divisional documents was not completed. The ethical requirements of data collection also limited the data to include only publicly available documents; this eliminated the option of consulting with teachers directly. Lastly, due to a lack of resources, the categorization was done manually without the use of data analysis software, therefore potentially neglecting important nuances.

Key Recommendations

Teachers' voices must be heard to understand the lived realities of the pandemic in Canadian schools. As noted by the Canadian Teachers' Federation (2022), "[t]eachers were faced with making impossible decisions that...pivoted regularly, carrying teachers on a not so merry-go-round of responsive pedagogy, intensifying workload, and deteriorating mental health and well-being" (p. 95). Because educators were in the classrooms, navigating the complexities of the pandemic each day, it is crucial that their experiences are included in educational reform (Sokal et al., 2022). As policy makers assess the impacts of COVID-19 school protocols on staff and students, it would be prudent to incorporate teacher recommendations and review current literature in creating healthy and inclusive schools post-pandemic. This literature should reflect the standards outlined in, and current interpretations of various human rights documents including *inter alia*, the *International Covenant on Economic, Social and Cultural Rights*, the *Convention on Rights of Persons with Disabilities*, and the *Canadian Charter of Rights and Freedoms*.

Răducu & Stănculescu (2022) recommended that early interventions for teachers experiencing burnout should be a priority for school divisions. Social and administrative

supports (e.g., collaborative teaching, support networks within schools) in addition to stress-based reduction programs (e.g., cognitive behavioural therapy, mindfulness programs) have proven to be beneficial for teacher mental health and wellbeing (Chang et al, 2022; Gómez-Domínguez et al, 2022; Hutchinson et al., 2022; Kotowski et al, 2022; Răducu & Stănculescu, 2022; Sánchez-Pujalte, 2021; Sokal, 2020; & Zadok-Gurman et al, 2021). The Canadian Teachers' Federation (2022) recommended that accessibility of resources, a balanced workload, and professional and administrative support are crucial in reducing teacher stress and burnout. School divisions are also to be cognizant of the increased support required by students and the decreased availability of support services in schools. As a result, teachers have been bridging these gaps and providing additional supports well beyond classroom instruction. This model is unsustainable and contributing to teacher burnout. Moving forward, it would be beneficial to include a positive commitment to ensuring schools have the resources and capacity to support teacher mental health in all collective bargaining agreements.

The Canadian Teachers' Federation explicitly calls on school divisions to respond to declining mental health in teachers as a result of the COVID-19 pandemic. Their recommendations include immediate, actionable, and continuous mental health supports for teachers. These supports translate to increased funding for mental health services; the creation and implementation of visible and accessible resources; reasonable workload expectations (including after-hours contact); and clear communication between administration and school divisions (Canadian Teachers' Federation, 2022). In the event that the demands on teachers continue to rise, divisions are called on to avoid utilizing teachers for “non-teaching tasks [and] prioritize time for teacher preparation and assessment by adding people power” (Canadian Teachers' Federation, 2022, p. 21). The call for balanced expectations and workloads for

teachers was recommended in multiple international publications as well (see Alqassim et al., 2022; Bohã Lèšeanu, 2021; Chang et al., 2022; Canadian Teachers' Federation, 2022; Gómez-Domínguez et al., 2022; Hutchinson et al., 2022; Răducu & Stănculescu, 2022; & Vargas Rubilar & Oros, 2021). Individual school divisions could support this through their Human Resources department. These teams could create and implement an educator-specific mental health policy that addresses protocols for a healthy work-life balance, communication guidelines, and further clarification on *other duties as assigned* expectations. Additionally, school divisions could encourage all school administration to participate in mental health awareness training for leadership.

In reference to health and safety, school divisions are called upon to uphold health and safety guidelines in classrooms that mirror those in the public (e.g., substantial and quality masks, accurate physical distancing) (Canadian Teachers' Federation, 2022). The Manitoba Teachers' Society (2022) has also stated that school divisions are required to establish and maintain safe working environments in accordance with current safety legislation and expectations (p.150). It is imperative that teachers feel safe, protected, and that their risk is mitigated when they go to work each day. One of the consequences of the pandemic was that schools were acutely aware of the sanitation protocols that were in their buildings. It is recommended that all school divisions review and update their Health and Safety protocols to include new sanitation procedures and expectations regarding contact and exposure to illness.

Teachers identified that the lack of available resources during the pandemic posed another layer of challenges in classroom instruction. The Canadian Teachers' Federation (2022) recommended a deliberate focus on evidenced-based pedagogical strategies that can be utilized in a variety of settings. For the future, educators should have the resources and knowledge to

continue teaching in person, remotely, or in a hybrid context (p. 22). As technology has evolved, school divisions should prioritize professional development that enables teachers to navigate these different contexts with ease and accessibility (Canadian Teachers' Federation, 2022; Gómez-Domínguez et al., 2022; Kotowski et al., 2022). This would help alleviate the effects of technological stressors for teachers (Sokal et al., 2020).

Over the last two years, schools became sites of stress and unease for many staff members. According to the Canadian Teachers' Federation (2022), schools must begin to shift pedagogical priorities from student achievement to student growth and engagement. During the pandemic, teachers faced insurmountable pressure to deliver content and meet curricular objectives, limiting their opportunities to form connections and build relationships. The long-term social implications of this have yet to be researched. Teacher stress was also derived from the unpredictability of policies and communication; school divisions should make a concerted effort to provide regular, professional, and transparent communication through standardized channels (Canadian Teachers' Federation, 2022). Lastly, school divisions should recognize the profound burden that teachers have carried throughout the pandemic. Administration and school boards should formalize sheltered time and space to listen to teachers' voices and form a community of support within the school (Canadian Teachers' Federation, 2022).

The journey to mental health and wellbeing in schools requires the commitment of all stakeholders. When school divisions commit to the mental health of their teachers, they commit to promoting mental health for their students as well. Schools can be the environments that support and nurture their populations. Every Canadian is afforded the right to security of person, and it is imperative that teachers are protected in their careers as well. These protections must be

positive obligations that are mandated in school division policy and practiced in school culture to ensure that teachers have the space to fully enjoy these rights.

Conclusion

Mental health does not discriminate; all of us will be affected inequitably by it and without inequitable supports throughout our lifetime. The right to health and security of person has been fundamentally embedded in many international and domestic instruments and it is imperative that mental health be addressed with the same priority, funding, and intentionality. The COVID-19 pandemic exacerbated an already growing mental health crisis around the globe. Frontline workers experienced some of the most stressful and traumatic experiences while navigating the uncertainties of a health crisis. Teachers were frontline workers without the supports, aid, or protection of those in other services. As noted by Canadian Teachers' Federation (2022) president Sam Hammond, "[w]hat we see across the country is an exhausted profession coupled with public education systems teetering like houses of cards as the virus and the scourge of declining mental health have collided head on" (*Rebuilding public education*, para. 5). While it is unrealistic to hope for a career without stress, institutions can take positive action to reduce workplace stressors and support their personnel.

A number of recent studies have identified the severe mental health consequences of the pandemic in educational institutions. Teachers are experiencing occupational burnout at alarming rates. If targeted interventions are not prioritized by schools and school divisions, the rate of teachers entering, and remaining in the profession will continue to decline. This preliminary document analysis of 40 publicly available documents from Winnipeg's six school divisions revealed that while mental health is a priority for students, there are few mentions of mental health protections for teachers in these environments. Moving forward, school divisions must

prioritize mental health services for staff, mandate reasonable workloads and expectations, and promote positive obligations in mental health awareness and services. Most importantly, schools must commit to nurturing a healthy environment for all within their buildings. It is when policy and practice are aligned that the right to health for teachers will be realized.

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