

Food for thought on Canadian campuses

‘I’m Not Okay Either’: The Mental Health and Wellbeing of Faculty by Anita Acai, Ph.D.¹

Canadian postsecondary institutions are at the frontline of a mental health crisis. A 2022 report by the Canadian Alliance of Student Associations (CASA), Abacus Data, and the Mental Health Commission of Canada (MHCC) found that three of four postsecondary students in Canada reported experiencing negative mental health during their studies, a statistic strongly exacerbated by the COVID-19 pandemic (CASA et al., 2022). Meanwhile, colleges and universities have struggled to meet the increasing demands of students’ mental health needs. CASA et al. (2022) reported that one in three postsecondary students felt that on-campus services did not meet their needs and fewer than one-third knew how to access the limited services that did exist. These statistics confirm the need for more mental health supports for students, but there has been little discussion about the needs of faculty. How can faculty help students manage their struggles with mental health when they are dealing with their own?

As someone who has supported friends and family with mental health concerns, and at times struggled with my own, I have often found myself at the vulnerable intersection of patient, or the loved one of a patient, and confidant to students. When students confide in me about their mental health concerns, which is increasingly common, I am expected to respond and offer support. However, it is difficult not to feel a mixture of emotions as many students’ stories parallel my own. There are times when I want to tell a student not to worry about completing their assignment. I want to comfort them, and I want to tell them everything will be alright. *Just hang in there. There’s hope.* Then there are other times when I resent students who I believe are abusing the system. How

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dare they play the ‘mental health card’ when I sense they just want the weekend to catch up on some work? Don’t they realize how hard some students and faculty must work just to get through each day? But I am careful about when and how I engage with students about their mental health. As an instructor I am not a trained counsellor, nor do I have any right to impose on someone else’s journey the details of my own. Although I can be empathetic and offer resources and words of support, I must be fair to all students and maintain professional boundaries and academic standards. This is one of the many balancing acts educators must manage when navigating the many struggles students are facing.

I am fortunate to be surrounded by supportive family, friends, and colleagues, and I am aware of and able to access various on- and off-campus supports should I need them. These resources help me balance the demands on me because I have a support network I can draw upon when I need to. Unfortunately, the same cannot be said for many of my colleagues. In a cross-institutional survey of faculty with self-identified mental disabilities, mental illness, or mental-health histories, over one-third had not disclosed to anyone at their institution and nearly 70% had no or limited familiarity with academic accommodations (Price, Salzer, O’Shea, & Kerschbaum, 2017). Furthermore, graduate students and postdoctoral fellows also play a critical role in university teaching and are among those who are the most vulnerable to mental health struggles (Evans, Bira, Gastelum, Weiss, & Vanderford, 2018).

I am not suggesting that every mental health story ought to be shared or that everyone with mental health challenges requires accommodations, but it is clear to me that we need to do more, and have greater compassion and better resources, to help our students and our colleagues, before we can meaningfully confront mental illness on our campuses. Mental illness continues to be stigmatized and poorly understood. Moreover, increasing workloads and scholarly and administrative duties, combined with a culture promoting being busy and overworked as aspirational status symbols (Bellezza, Paharia, & Keinan, 2016; Lancaster, 2022), hide the reality that the system is broken. One of the first things we need to do is promote more inclusive conversations about mental health to ensure that all voices are heard. By doing so, we will begin to normalize conversations about mental health and hopefully over time develop a more compassionate and informed approach to mental illness. After all, we cannot support students until we can support each other.

FOOD FOR THOUGHT

1. What do you think are some of the factors contributing to declining faculty mental health?
2. What, if any, mental health supports for faculty exist at your institution?
3. What gaps exist for addressing faculty mental health? How might they be addressed, and by whom?

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