

Editorial: Caring for the Carer

James Hodgson¹

Juvenal: *'Quis custodiet ipsos custodes?'* (Ramsey, 1918)

Introduction

I am delighted to be asked to write the Editorial for this issue of *JCD&MS*. Apart from the privilege of introducing well thought-through research and interesting Viewpoints, I am struck by the diversity of learned articles we see in these pages, from mental health, physical health and health of companies to views about student retention, very close I am sure to all educators' hearts.

Mental Health and Wellbeing

The rise of teenage mental health issues is well documented. According to the Mental Health Foundation, one in ten children in the UK are likely to have a mental health issue in any given year - the World Health Organisation estimated as many as one in five (WHO, 2002). For those of us working in schools, this clearly has a profound impact on the way we look at educating children. Exam stress created by the misguided perception of increasing university competitiveness; the undeniable rise in family breakdown; the onset of social media with its round the clock pressures on friendships and sleep deprivation, all combine to ensure that the already fragile nature of the teenage child is too often tested well beyond its limits of resilience. It would take, presumably, particularly level headed, balanced, mentally healthy adults to tackle these issues effectively and to role model a sense of perspective and healthy living for their pupils. And yet, in the same report comes the news that one in four adults are likely to have mental issues in the same annual period. In the UK alone, 70 million days are lost from work each year due to mental health, making it the leading cause of health-related absence (Davies, 2014). Who, therefore, is protecting the teachers of these children?

It is hardly surprising that a meta-analysis by Stephen Stansfeld and Bridget Candy in 2006 showed four workplace factors particularly associated with mental health problems: high demands at work, reduced autonomy in decision-making, high efforts and low rewards. Jump forward eight years to a coincidence between increasing mental health issues in the young and a school system where, Talis (2013) reports - teachers in the UK work longer hours than those in most developed countries, and feel underpaid and undervalued by society (OECD, 2013). The issue of reduced autonomy is both personal and institutional. Happily, via its Academy programme, the government is

beginning to allow schools as individual institutions more autonomy; but conversely, via its ruthlessness around league tables, it forces head teachers to restrict the autonomy of the classroom practitioners themselves when teaching their pupils. Increasing legislation, paperwork and accountability, saps energy and reduces creativity. It should be a matter of genuine concern, therefore, that a survey of 2,000 teachers in 2015 undertaken by the charity Education Support Partnership, found that 84% of teachers had suffered from mental health problems in the previous two years; 81% of these teachers attributed their problems to excessive workload (Bloom, 2016).

Some schools, notably led by Wellington College in Berkshire, have introduced wellbeing programmes for its pupils and staff. Many schools, including my own, have wellbeing of staff high on their agendas, often including availability of mindfulness sessions, yoga, sporting facilities, and counselling services. There is now more awareness from all quarters; and within schools, Heads are realising that only a healthy staff body can lead, inspire and play role models to the next generation. However, government pressure, endless reforms to the system and a lack of money are combining to produce real challenges for the health of the teaching profession.

The annual report of the Chief Medical Officer in 2013 on Public Mental Health priorities summarises 3 of its 7 key messages as follows:

- There is extensive evidence of effective interventions in public mental health as modelled on the WHO framework, which is built on the concepts of mental health promotion and mental illness prevention, treatment and rehabilitation.
- However, the concept of 'mental well-being' as it is currently used in this field is still characterised by a lack of clarity over boundaries, definitions and tools for evaluation and by a lack of evidence of 'what works'.

¹ Headmaster, Bedford School, Bedford. All correspondence to: jhodgson@bedfordschool.org.uk

- Unless and until robust evidence of effectiveness is forthcoming, interventions based on the concept of 'mental well-being' should not be funded.

And herein lies a serious problem: to the final bullet point, most would say that we don't have time to wait. So to paraphrase Juvenal, who will care for the carers?

References

Davies, S.C. (2014). "Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence" London: Department of Health, pp.11-19.
<https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health>

TALIS - The OECD Teaching and Learning International Survey – OECD (2013).
<http://www.oecd.org/edu/school/talis.htm>

Bloom, Adi. "Eight in 10 Teachers Have Had Mental-Health Problems and Workload Is to Blame." 2016, TES www.tes.com/news/breaking-news/eight--10-teachers-have-had-mental-health-problems-and-workload-blame.

Juvenal. Juvenal and Persius: With an English Translation. G. G. Ramsay (1918). London. New York. William Heinemann; G. P. Putnam's Son.

"Fundamental Facts About Mental Health. Mental Health Foundation, 2015." Mental Health Foundation,
www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2015.