



When “Just get over it” or “Suck it up” Doesn’t Work... Mental Health Matters!

by JUDY BERANGER

“I read an article in which a woman stated that if she knew her child’s teacher suffered from depression, she would pull her child from that teacher’s class. I have taught school for thirty years and struggled with depression for longer than that. It was because of this attitude and the stigma attached that I hid my condition. I carried the shame like a burning flame inside and it hurt more than the depression itself... it has only been in the past couple of years that I let go of the shame long enough to talk about it. Sometimes I was moody and unfriendly as I struggled to keep afloat.” (Out Loud – Essays on Mental Illness)

Good mental health means that overall we feel good, are respectful to ourselves and others, and stay away from negativity and gossip. We enjoy life and address challenges and obstacles to our goals in assertive and respectful ways. Raising awareness and understanding of good mental health is critical. The impact of poor mental health on our families and schools is huge and vigilance in the face of the invisible giant named “Stigma” can make a real difference.

When my family doctor first suggested I showed signs of having a “clinical depression” I recall being surprised and shocked! “What? Me depressed?” (Out Loud – Essays on Mental Illness). Reactions like this are common as the need for treatment often goes unrecognized or denied because of stigma and resultant feelings of guilt and shame. Most physical ailments are seldom stigmatized and thus are quickly treated. The majority of mental health issues go untreated and unaddressed! *Out Loud*, an insightful book of essays written by people who have experienced mental illness, sensitizes the reader to what mental illness is and highlights the courage demonstrated by those who work toward recovery.

Impact On Our Schools

Whole systems can be compromised when mental health issues go unaddressed. Relationships with colleagues and/or students deteriorate; disrespect and bullying can surface; physical health problems increase; and fatigue, sleeping problems, headaches and anxiety are common. Being a team player is sel-

dom on the radar of a person who is ignoring mental health problems and not taking responsibility to seek help. Those suffering from untreated mental health problems will often be more reactive and blaming, one day supportive, another day not. The euphemisms we sometimes say tongue in cheek – “suck it up” or “get over it” – seldom, if ever, work in these situations and in the long term can create a rumbling or active volcano waiting to erupt.

It is difficult, but possible, for staff to remain respectful in these situations. A realistic goal may be to be empathetic and supportive – as opposed to reactive and negative – to ensure that the situation does not deteriorate to a new-time low. A person dealing with mental health challenges does not respond well to changes in life. Unresolved grief, increased workload, students who are challenging, transfers, heightened emotions due to job stress, prolonged sick leave, new relationship or leaving a relationship, having a child, buying a new home, moving neighbourhoods, changing schools and deciding whether or not to retire, all need to be recognized as stressful events. A teacher or student in the throes of avoiding significant change is like a Sherlock Holmes, except with a stained magnifying glass seeing only negative outcomes through the lens. Misunderstandings, negativity, blaming, and gossip thrive in this environment.

Both medical and counselling resources are available to promote recovery for those who are addressing mental illnesses. Bipolar disorder, for example, is cyclic, while others, like depression and schizophrenia, can occur in episodes with symptom-free periods. Recovery time varies as the problem may have gone unaddressed for a long time. The Canadian Community Healthcare Survey reported that only 32% of all respondents who had experienced a mental health disorder said they had consulted a health professional in person. Imagine the effect and havoc this has on schools when relationships are compromised and disrespectful behaviour surfaces.

I developed a reputation for sleeping a lot. I didn’t know I was doing that to escape ... but sometimes I was fun-loving and friendly and I caught glimpses of the

person I really was. I liked that person but she never stayed for long. (Out Loud)

The entire family or staff can be affected by mental illness of one member. Not only can it consume the person's life, it can drain energy from others around who may sometimes have to duck the unexpected bullets.

The Definitions

A *mental health issue* becomes a disorder when the intensity, length of time, or effect on the person's life and thinking is negative, considerable, ongoing and prolonged. A *mental disorder* causes major changes in a person's thinking, emotional state and behaviour and disrupts the person's normal way of functioning, of being in relationships and quality of work. A *mental health problem* is a broader term that includes both mental disorders and symptoms of mental disorders. The problem may not be severe enough to warrant diagnosis of a disorder but may still cause changes in a person and disruption to ongoing relationships. The symptoms are not static and can improve or worsen over time.

A mental health crisis, such as suicidal and self-harming actions, can often be avoided if the intervention is **early** enough. One couple talked about the experience of losing their teenage son to suicide. They were aware of some dark poems he had written referring to suicide. They chose not to address this with their son so as not to be blamed for "snooping". They now say their lack of knowledge about depression has robbed them of their son.

Are Mental Health Problems Common?

The Mental Health Commission of Canada (MHCC) reports that about one in three Canadians will have a mental health problem at some point in their life and a Government report says that one in five will experience some problem with their mental health in the course of a year. Both agree that one in three will have a mental health problem in their lifetime with the majority of episodes presenting between the ages of 18 to 65. Schools are not exempt! Seventy-eight percent of those diagnosed with depression will keep it to themselves for fear of reprisals (Ipsos Reid, 2007) and 2 out of 3 will **NOT** seek help (Great West Life). According to Statistics Canada, it is estimated that nearly 50% of the 72 million workdays that people are absent per year are attributed to mental disorder-related leaves. Imagine the outcomes on our schools when help is not sought!

The two most common mental health problems are depression and anxiety. Others include post-traumatic stress, bipolar/manic depression, agoraphobia,

alcohol/drug dependence, seasonal affective disorder, eating disorders, schizophrenia and other psychotic disorders. It is not uncommon for mental health problems to occur in combination (e.g. anxiety disorder with depression; depression with drug misuse or alcohol or gambling). When one is not at peace and in turmoil it is almost impossible to be life giving and present to others.

My sister has bipolar disorder and has medication for the chemical imbalance. She often "forgets" to take it and we are beside ourselves not knowing what to do. She gets angry easily and often has trouble at work.

Commitment to early treatment is crucial. Lack of understanding promotes fear and keeps family members from providing supports, often because they just don't know what to do.

How Can I Help?

The biggest challenge is to identify, accept and name when you know something is wrong. Precursors can be a sad, angry person who exhibits angry or disrespectful behaviour. Saying less in these situations is helpful and being clear about what is important right now is realistic. The Mental Health Commission suggests five basic actions that can often help.

1. Evaluate the situation to see how best to help. Assess the risk of suicide and/or harm to self or others, ensuring personal safety and reducing or removing any identified risks.
2. Listen non-judgmentally to understand what is being said, building trust and safety, encouraging the person to talk freely and comfortably. The "just get over it" or "suck it up", whether said seriously or in jest, will not work when mental health problems are present.
3. Provide ongoing assurance and information, and encourage constant contact with the physician and other appropriate supports.
4. Encourage professional help, self-help strategies, reaching out to friends, family and other supports.
5. With professional help, new coping strategies are developed, relationships improve and there is more openness to move forward.

Focusing toward optimal health in our schools is part of the solution. Life's challenges, if addressed, can often serve as a catalyst to sharpen our sense of purpose in safe and caring schools.

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