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Research paper

Teachers' wellbeing and depressive symptoms, and associated risk factors: A large cross sectional study in English secondary schools

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ABSTRACT

Background: Teachers have been shown to have high levels of stress and common mental disorder, but few studies have examined which factors within the school environment are associated with poor teacher mental health.

Methods: Teachers ($n=555$) in 8 schools completed self-report questionnaires. Levels of teacher wellbeing (Warwick Edinburgh Mental Wellbeing Scale-WEMWBS) and depressive symptoms (Patient Health Questionnaire-PHQ-9) were measured and associations between these measures and school-related factors were examined using multilevel multivariable regression models.

Results: The mean (SD) teacher wellbeing score (47.2 (8.8)) was lower than reported in working population samples, and 19.4% had evidence of moderate to severe depressive symptoms (PHQ-9 scores ≥ 10). Feeling unable to talk to a colleague when feeling stressed or down, dissatisfaction with work and high presenteeism were all strongly associated with both poor wellbeing (beta coefficients ranged from −4.65 [−6.04, −3.28] to −3.39 [−5.48, −1.31]) and depressive symptoms (ORs ranged from 2.44 [1.41, 4.19] to 3.31 [1.70, 6.45]). Stress at work and recent change in school governance were also associated with poor wellbeing (beta coefficients = −4.22 [−5.95, −2.48] and −2.17 [−3.58, −0.77] respectively), while sickness absence and low student attendance were associated with depressive symptoms (ORs = 2.14 [1.24, 3.67] and 1.93 [1.06, 6.45] respectively).

Limitations: i) This was a cross-sectional study; causal associations cannot be identified ii) several of the measures were self-report iii) the small number of schools reduced study power for the school-level variables

Conclusions: Wellbeing is low and depressive symptoms high amongst teachers. Interventions aimed at improving their mental health might focus on reducing work related stress, and increasing the support available to them.

1. Introduction

A number of studies internationally have found teachers are at relatively high risk of common mental disorders and work related stress compared to other workers (Eaton et al., 1990; Johnson et al., 2005; Stansfeld et al., 2011; Wieclaw et al., 2005). In Great Britain, Health and Safety Executive figures collated since 2003 consistently show teaching professionals have a higher prevalence of self-reported stress, anxiety and distress caused or made worse by work: the most recent prevalence – averaged over 2009–2012 – was 2.3% compared to 1.2% for all occupations (Health and Safety Executive, 2014).

Attending to the mental health of teachers is therefore important, to avoid longer term detrimental mental health outcomes among this population (Melchior et al., 2007). Further, there is an established literature showing an association between poor mental health and deleterious work-related outcomes such as absenteeism (Evers et al., 2014; Hussey et al., 2012; Jain et al., 2013), ill-health retirement (Kuoppala et al., 2011) and presenteeism, in which individuals are present at work but are under performing due to illness or other problems (Beck et al., 2011; Harvey et al., 2011; Jain et al., 2013). In the case of teachers, these outcomes are likely to have important repercussions for the students that they

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teach. Presenteeism may manifest itself as poor classroom management, which will have a negative impact on student learning (Jennings and Greenberg, 2009), and teacher absence has been implicated in lower student achievement (Miller et al., 2008). Further, teachers are expected to play an important role in modelling positive social and emotional behaviours through the development of supportive relationships (Gordon and Turner, 2001; Jennings and Greenberg, 2009), yet individuals experiencing stress, anxiety or distress may find it difficult to develop such relationships, particularly with students whose behaviour is challenging, but who may also be the most in need of support. Indeed Sisask et al. (2014) found that poor wellbeing reduces teachers' belief that they can help students with emotional or behavioural problems. Poor teacher–student relationships have been found to be associated with childhood psychiatric disorder and exclusion from school three years later (Lang et al., 2013). Conversely, supportive teacher–student relationships predict lower student depression in the future, and mitigate associations between poverty and low classroom engagement (Hughes and Kwok, 2007; Kidger et al., 2012). Teachers' mental health therefore has implications for students' educational outcomes, and also for their social and emotional development and mental health.

Studies examining the main causes of poor mental health in the workplace identify cultural and relational factors, as well as contractual factors relating to working conditions. In their review of work-related psychological ill-health, Michie and Williams (2003) cited long hours worked, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support and unclear management and work role as key factors associated with psychological ill health and sickness absence. Evidence from longitudinal studies suggests that job demands and social relationships have the biggest impact on mental disorders such as depression (Netterstrøm et al., 2008). One factor that particularly characterises teaching – and which is shared by occupations in the health and social care sector that also tend to have higher rates of mental ill-health (Health and Safety Executive, 2014; Hussey et al., 2012; Wieclaw et al., 2005)-is the high level of "motional labour" that is required. Emotional labour has been defined as "the process by which workers are expected to manage their feelings in accordance with organisationally defined rules and guidelines" (Wharton, 2009). In the case of teachers, much of their work involves face to face interaction with students and their parents, and requires the careful management and expression of emotions during these interactions (Hargreaves, 1998), which can be a source of stress and emotional exhaustion, particularly when responding to challenging behaviour (Tsouloupas et al., 2010). Further, it has been noted that teachers feel ill-prepared to develop the supportive relationships required of them, because of a lack of training in mental health management, which further exacerbates their own stress levels (Lang et al., 2013; Kidger et al., 2009; Rothi et al., 2008).

2. Rationale for the paper

This paper examines self-reported wellbeing and depression prevalence and associated risk factors among a large sample of secondary school teachers. Although a small number of surveys have previously examined aspects of teacher mental health compared to that of other occupations, none of these have examined potential explanatory factors within the school psychosocial environment. Further, previous studies included measures of mental disorder, but have not included measures of mental wellbeing. This is an important aspect of mental health to explore further, given that it has been found to be a stronger predictor of productivity than physical health (Gandy et al., 2014), and teacher resilience – an aspect of wellbeing – has been linked to higher student attainment (Sammons et al., 2007).

Specifically, this paper:

1. Documents the levels of wellbeing and the prevalence of depression among a large sample of secondary school teachers in the South West of England
2. Examines individual and school-level factors associated with poor wellbeing and high depression among teachers

3. Methods

3.1. Sample

The study comprises eight schools that were recruited to take part in a feasibility and pilot study of an intervention to improve mental health support and training for secondary school staff (http://www.bristol.ac.uk/social-community-medicine/projects/wise/). Secondary school head teachers in Bristol and two neighbouring Local Authorities ($n=32$) were invited to participate in the study. The final sample either responded to this initial invite, or to a follow up phone call. The schools represented a range of size, socioeconomic catchment area-measured using the proportion of students eligible for free school meals (FSM)-and academic outcomes. Prior to the intervention, questionnaires were completed by teachers and it is these findings that are presented here.

3.2. Data collection

3.2.1. Individual teacher measures

Self-report questionnaires were given to all teaching staff in the eight schools during staff meetings or training sessions by members of the research team. Teachers who were not present were sent a copy of the questionnaire together with a cover letter about the survey; questionnaires were returned directly to the research team in sealed envelopes.

Wellbeing was measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007): possible scores range from 14 to 70, where a higher score signifies greater wellbeing.

Depressive symptoms was measured using the nine item Patient Health Questionnaire (PHQ-9). A score of 10 or more was used as the cut off for indicating the presence of a depressive disorder that would warrant a treatment plan (Kroenke and Spitzer, 2002). Scores were also categorised into no depression (1–4), mild depression (5–9), moderate depression (10–14), moderately severe depression (15–19) and severe depression (20 or above).

Stress and satisfaction at work were measured using questions from the Copenhagen Psychosocial Questionnaire (Kristensen et al., 2005) and the Bristol Stress and Health at Work Study (Smith et al., 2000).

Presenteeism was measured using the presenteeism measure from the Work Productivity and Activity Impairment Questionnaire (WPAI) (Reilly et al., 1993): the relevant question asks participants to rate to what extent health problems have affected their productivity at work from 0 (no effect) to 10 (completely prevented me from working) to gain a percentage score.

The study team devised further questions regarding **support given and received at work**, and **total days absent from school** over the previous month. **Demographic questions** regarding gender, years of experience and ethnicity were also added.

3.2.2. School measures

School level data regarding percentage of students eligible for