

# Relational pedagogy and mental health: Disclosing mental illness in the classroom



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# Land Acknowledgement

In the spirit of relational reciprocity, we honour and acknowledge that Banff is located on traditional Treaty 7 territory, and pay our respect to the First Nations that these lands have been and continue to be a gathering place for - the Niitsitapi from the Blackfoot Confederacy (including the Siksika, Kainai, and Piikani First Nations); The Îyârhe Nakoda of the Chiniki, Bearspaw, and Wesley First Nations; The Tsuut'ina First Nation; and the Métis Nation of Alberta.

# Outline

**01**

**Background & Context**

**02**

**Research Questions & Lit Review**

**03**

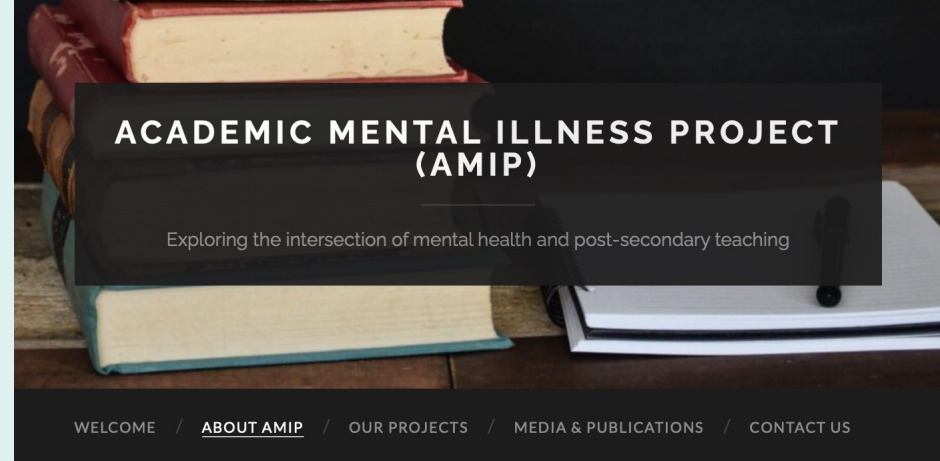
**Methodology & Data**

**04**

**Analysis & Findings**

# Background

- Understand how mental health influences the academic experiences of post-secondary instructors' teaching, institutional interactions, and career trajectories; and,
- How disclosures of mental illness in the classroom influence student outcomes, perceptions, and behaviours.



The Academic Mental Illness Project (AMIP) team now includes experts from psychology, education, kinesiology, engineering, organizational behaviour, and sustainability across several universities - [www.sites.usask.ca/amip](http://www.sites.usask.ca/amip)

# Context

## Parallel 'mental health' pandemic

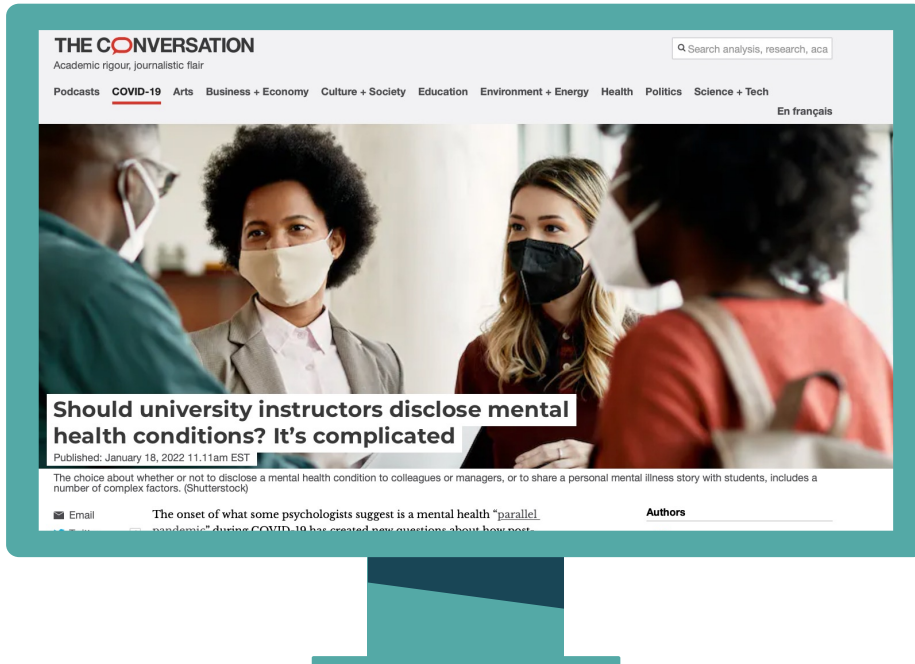
- Significant levels of self-reported anxiety in 36% of Canadians aged 15-34
- Increased levels of self-reported anxiety and depression among post-secondary students across numerous Canadian campuses (Rashid & Di Genova, 2020).

## Post-secondary student mental health

## Shifting PSE instructor mental health and responsibilities?

- Instructors are navigating both their own mental health and responsibilities around their students' well-being (students struggling academically, disclosing traumatic life events, increased requests for guidance and support).

# Context



The onset of the pandemic exacerbated my pre-existing mental illnesses.

Increasingly, I wondered if downplaying this part of my identity was congruent with the kinds of relational pedagogy I seek to cultivate in my courses.

Was maintaining this false barrier between my students and I ethical, given the rates of students who were struggling?

# Research Questions



## Larger AMIP Project

How does mental health/illness influence the experiences of post-secondary instructors, including their teaching activities, research, community work, and career trajectories?



## Pilot Study on Student Impacts

How do instructors' disclosures of mental illness in the classroom influences student outcomes, perceptions, and behaviours?

# Literature Review



## Risks / benefits of disclosure

Academics with mental illness are often considered less credible and trustworthy by their students (Meluch & Starcher, 2019), but disclosing can open up avenues to support students, facilitate access to resources (Fox & Gasper, 2020).

## Perceptions of in/competency

Professionals known to live with mental illness may be judged less competent, reliable, or productive by others (Bridgemen, K. L., 2020; Elraz, 2017)



# Methodology

## Larger AMIP Project

Collaborative  
autoethnography approach  
(Chang et al., 2013)

Researcher reflections

Focus groups

Collective data analysis



## Pilot project: Student Impacts

Professional action research  
(Noffke, 2009)

Self-study in teacher education  
(Feldman, 2016)

Researcher journal

Student survey

# Conceptual Framework

**Critical, relational pedagogy** (Freire, 1970; Hollweck, Reimer, & Bouchard, 2019)

- Rejection of teacher-centered, transmissive approaches to teaching
- Students as co-constructors of knowledge
- Educators dialectically draw attention to their authority in the classroom and deploy it strategically (in creating curriculum, selecting resources, assessment practices), since it cannot simply be leveled or negated (Giroux, 2013)
- Attention paid to **relationship building through learning processes first**, in addition to knowledge acquisition (content) and skill building (assignments)

# Data

**Research journal** - Memos, descriptive sequences, and interpretive sequences mapping the context of disclosures (Holly & Altrichter, 2011)

## Analysis

Six step thematic coding process (Creswell, 2012),

Quantitative statistical analysis

**Student survey** - 72 questions measuring students' knowledge in three areas:

1. Mental health knowledge and literacy scales;
2. Mental illness stigma (treatability, anxiety, visibility, and recovery scales); and
3. Perceptions of their professor (behavioural intentions and shifting perceptions scale).

# Participants

- 94 undergraduate students enrolled in four different Bachelor of Education courses at the University of Saskatchewan
- Ages ranged from 19 to 55
- Most participants were domestic students, and in their 3rd year of study
- 56.5% participants were women, 37% were men, and 6.6% were genderqueer, non-binary, or transgender
- Majority of participants were White (70.6%), with a smaller number of Arab, Chinese, Filipino, Metis, South Asian, Southeast Asian, and mixed race students

# Findings

Over 50% of students who completed the survey had personal experiences with mental health disorders themselves

## Do you currently or have you ever personally experienced any mental health disorders?

Mental Health Disorder	Personal	Family/Friends
Anxiety disorder(s)	24 (52.2%)	30 (65.2%)
Depressive disorder(s)	19 (41.3%)	30 (65.2%)
Schizophrenia or other psychotic disorder(s)	--	5 (10.9%)
Bipolar disorder	2 (4.3%)	10 (21.7%)
Obsessive-compulsive disorder	5 (10.9%)	6 (13.0%)
Post-traumatic stress disorder	4 (8.7%)	8 (17.4%)
Dissociative disorder(s)	2 (2.2%)	2 (4.3%)
Feeding/eating disorder(s)	11 (23.9%)	13 (28.3%)
Sleep-wake disorder(s)	3 (6.5%)	8 (17.4%)
Disruptive, impulse-control, or conduct disorder(s)	1 (2.2%)	1 (2.2%)
Substance-related or addictive disorder(s)	2 (4.3%)	14 (30.4%)
Personality disorder(s)	--	8 (17.4%)
Attention-deficit/hyperactivity disorder	3 (6.5%)	2 (4.3%)
Other (e.g., audio processing disorder)	1 (2.2%)	--

# Findings

**Overall, participating students were knowledgeable about mental health issues.**

## Mental Health Literacy & Mental Health Knowledge Scales

Scales asked questions like ...

- I probably wouldn't know that someone has a mental illness unless I was told.
- Medication can be an effective treatment for people with mental illnesses.
- When talking with someone with a mental illness, I worry that I might say something that will upset them.
- I am confident that I know where to seek information about mental illness.

# Findings

Overall, participants had **positive perceptions** about their professor, and viewed them as **competent and approachable**

## Perceptions of their professor

Descriptives for perception of professor	<i>M(SD)</i>
My instructor is inspirational.	4.13(.88)
My instructor is competent.	4.65(.65)
My instructor is approachable.	4.48(.81)
My instructor is trustworthy.	4.49(.68)
My instructor is likeable.	4.59(.59)
My instructor is sensitive to students' struggles.	4.50(.71)
How would you rate your respect for the instructor?	4.57(.70)

# Findings

How did you feel upon learning that your instructor lives with and/or has a history of mental illness?

## Relationship-building

"I think their experiences with mental illness made them more relatable and approachable."

## Relief / understanding

"I felt relief knowing that they would understand what it's like. A lot of people and professors will say one thing about their views on mental illness, but act differently."

## Perceptions of increased empathy

"I felt like I could trust [them] more because they could sympathize with students' struggles ... knowing that they have experienced this made me feel that I could confide in them."

## Increased comfort

"I felt more comfortable with them and in the class when this information was disclosed."

## De-stigmatizing

"By being open about it, [they] modelled to me that it was okay to discuss mental health issues and to destigmatize it."

## Hope / visibility

"I felt that if they could succeed in this field then maybe I could too."



# Findings

**How did you feel upon learning that your instructor lives with and/or has a history of mental illness?**

“It helped me feel that people with mental illness could be successful and achieve all the things I want to achieve. I had always looked up to my prof, and learning that they experience mental illness made my attitude more positive by influencing my ideas about my own capacities (I struggle with the same mental illness as my professor).”

# Findings

**Overwhelmingly, students said that they thought it would positively impact their instructor's teaching.**

"I wondered ... are my lesson plans within the unit plan that I will submit equitable for students with or without ADHD?"

**How do you think your instructor's mental illness experiences influence their teaching, for the positive and/or the negative?**

"... more compassion for other who struggle ... [the] class structured to minimize unwarranted stress"

"... they give concrete examples of what would help a student like them be able to complete an assignment efficiently and to the best of their ability."

"I think these experiences help them better understand and relate to students ... as well as helping them support them better through their teaching approaches and methods."

**Pedagogical implications**

# Findings

How do you think your instructor's mental illness experiences influence their teaching, for the positive and/or the negative?

**Expectations of understanding / empathy can mean increased support but also increased emotional labor**

“That the instructor would be more understanding to my struggles with anxiety and depression.”

“They are more understanding of students emotions/experiences and students will be more open and honest with them.”

**Unsolicited comments about competency may be an acknowledgement of the stereotype that mental illness is tied to decreased competency**

“ ... the competence, professionalism, and quality of teaching of my instructor has never deviated from outstanding.”

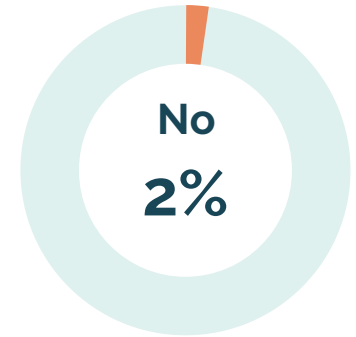
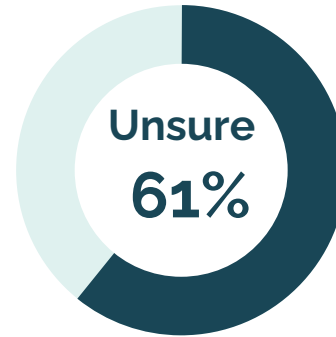
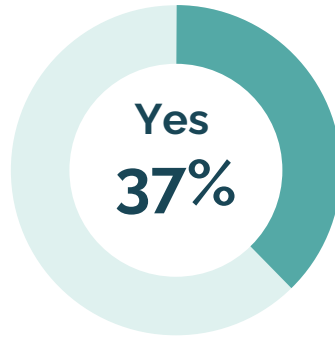
“I didn't have worries about their competency at all, as I know they are more than capable of doing the job.”

# Findings

“It makes them seem more relatable and like a human rather than someone who has power over you in the position that they are in. To me it makes me feel more comfortable approaching them with personal needs or questions.”

**“It allows students to see they are not alone and that someone in power gets it.”**

Do you think university instructors should disclose personal experiences with mental illness to their students?



“They don’t have to disclose it but they can if they want to. I think it helps connect students to professors, as professors have this aura about them due to their academic excellence.”

# Discussion

## Emerging ideas about disclosing my mental illness in the classroom:

- Students felt more comfortable and valued, in particular those who also had mental illness (over half of students)
- Contributed to normalization / de-stigmatization of mental illness
- Changed students' perceptions of their competency through increased visibility
- Did not negatively impact perceptions of my competence (on the surface)
- Facilitated relationship-building and trust
- Created more self-reflexive spaces, where students understood me more as a human and co-learner

# Thank you

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