Mental Health Difficulties in Secondary Education Teachers

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Abstract: The purpose of this study was to investigate whether and to what extent secondary education teachers face mental health problems compared to independent demographic variables such as gender, age, marital status, educational level, etc. To achieve this, the teachers were asked to complete a demographic data questionnaire and two mental health scales, which reflect characteristics of psychopathology. The research sample consisted of 184 teachers, regardless of specialty, from general secondary schools (Gymnasiums and Lyceums) in the Kavala regional unit. The data analysis was conducted using statistical methods, which confirmed the research hypothesis. It was found that the demographic variables included in the study statistically significantly influence the occurrence of various mental health difficulties, such as obsessive-compulsiveness, anxiety, depression, aggression-hostility, psychoticism, somatization, and sleep disorders.

Keywords: mental health, psychopathology, mental health scales, teachers, demographic characteristics.

Introduction: Research in Greece and abroad highlights burnout symptoms in a significant percentage of both primary and secondary education teachers, with noticeable negative impacts not only on the teachers themselves but also on the recipients of the educational process—students—and on the entire educational system (Hughes, 2001). According to Kyriacou (2001), teacher stress is defined as a negative experience in which the individual is overwhelmed by feelings of anger, tension, frustration, disappointment, or sadness, often accompanied by pathological changes in the body's physiology. This unpleasant condition arises from the teacher's perception that the demands of their role threaten their self-esteem as well as their physical health and well-being. Skaalvik and Skaalvik (2016) point out that teaching has been at the center of international discussions and has been found to be a particularly stressful process. The negative consequences include a reduction in the quality of education provided and in teachers' self-efficacy. Menaha and Kumar-Reddy (2018) argue that changes in the socioeconomic structure, rising unemployment rates, and teachers' concerns about their jobs negatively affect their mental health.

Studies have shown that the main difficulties teachers face in their work include low self-esteem (Day, 2008), difficulties in seeking help (Fantilli & McDougall, 2009; Jenkins et al., 2009), and conflicts between personal beliefs and the practices used (McCormack, Gore & Thomas, 2006). Furthermore, ongoing government policy reforms increase the pressure on teachers and their workload (Gu & Day, 2007). Educational reforms, at least temporarily, disrupt the relative

stability that characterizes teachers' work (Bottery, 2005). Role ambiguity and work overload are predictors of both anxiety and depression (Mirowsky & Ross, 2003). Depressive symptoms among workers lead them to feel unable to fulfill their duties, showing limited interest in work-related activities and a reduced level of concentration (Armon et al., 2008). Jeon and his colleagues (2017) found a significant correlation between depression, teachers' abilities, and the conditions of the work environment. Fitzgerald and Laurian (2013) concluded that teachers' stress is influenced by their efforts to maintain discipline and a positive classroom environment. Fleming and colleagues (2013) found that teachers experiencing stress and frustration are likely to show reduced availability to students and apathy. As a result, this exerts a negative influence on learning both in individual classrooms and in the overall school environment (Bullock & Sator, 2015).

Demographic variables, particularly age, experience, gender, and marital status, also play a significant role in teachers' stress levels (Cox et al., 2004; Bellman et al., 2003; Lundberg, 2002; Biggam et al., 1997). According to findings from both older and more recent studies, female teachers exhibited higher levels of stress across almost all stress parameters and, consequently, lower levels of mental health compared to their male counterparts (Menaha & Kumar-Reddy, 2018; Antoniou et al., 2006; Mouzoura, 2005; Kantas, 2001; Papastylianou, 1997; Hui & Chan, 1996; McCormick & Solman, 1992; Georgas & Giakoumaki, 1984). The main categories of stress symptoms include emotional, behavioral, and physical, which are described as physiological indicators of poor mental health and adverse emotional and behavioral changes (Fimian, 1982).

Purpose – Research Objectives

The purpose of this study was to investigate whether and to what extent secondary education teachers face mental health problems. More specifically, it aims to highlight aspects of psychopathological phenomena, if identified, in relation to independent variables such as gender, age, marital status, educational level, and years of service. Additionally, the study seeks to capture the nature and forms of these difficulties, as well as the intensity, extent, and severity with which they manifest.

Sample

The research sample consisted of 184 teachers, regardless of their specialty, who belong to different age groups. The only criterion was that they have at least one year of teaching experience, and the type of school they work at is a day General Gymnasium/Lyceum.

Methodology - Research Instruments

The research was conducted using a descriptive research method regarding the study's

objectives and was carried out within the framework of quantitative methodology for the collection and analysis of empirical data.

The research instruments selected for data collection included the following:

- **Demographic Data Questionnaire**
- **General Health Questionnaire (GHQ-28)**

Developed by Goldberg in 1978, the GHQ-28 aims to detect whether respondents are at risk of developing psychiatric disorders. It is a self-report questionnaire designed to assess mental well-being and identify emotional distress and potential psychiatric morbidity. It focuses on two main difficulties: 1) the inability to perform "normal" functions and 2) the emergence of new and distressing difficulties (Goldberg & Hillier, 1979). The GHQ-28 emphasizes the current functionality of the individual rather than permanent characteristics (Monas, 2003). It consists of 28 questions designed to determine if the respondent's current psychological state differs from their usual state. The 28 questions are answered using a Likert-4 scale, ranging from 0 (Not at all) to 3 (Much more than usual). The factor analysis of the GHQ-28 identified four 7-item subscales: Somatic Symptoms, Anxiety/Insomnia, Social Dysfunction, and Severe Depression (Garyfallos et al., 1991; Salter et al., 2013).

- **Symptom Checklist-90 Revised (SCL-90-R)**

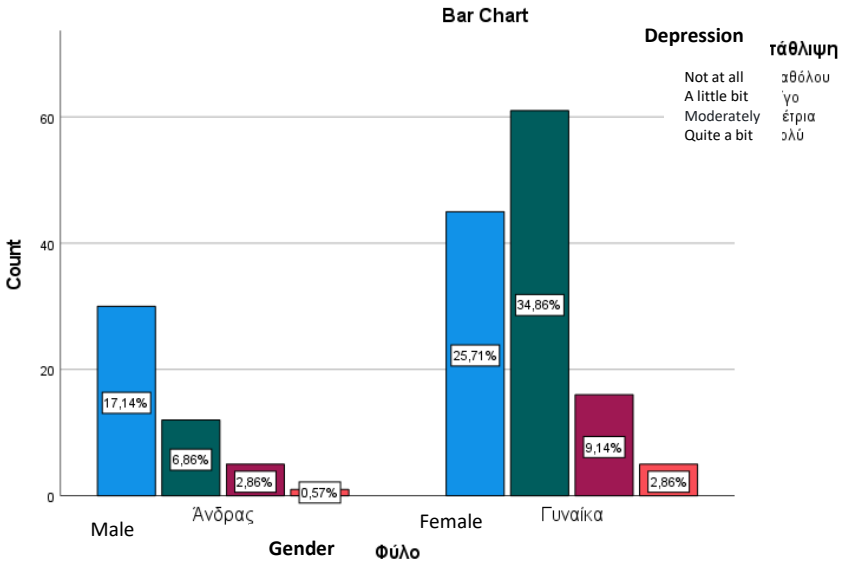
The SCL-90-R is a self-report questionnaire used as a psychiatric screening tool, a measure of symptom intensity, and a descriptive measure of psychopathology in various patient populations (Derogatis, 2000). It includes nine subscales/dimensions of psychopathology and contains 90 items representing physical and psychological symptoms. Scoring is done on a five-point Likert scale ranging from 0 (Not at all) to 4 (Extremely), indicating the frequency of symptoms during the reference period. Three global symptom indices are derived from the SCL-90-R as a means of conveying an individual's pathology with a single number:

1. **Global Severity Index (GSI):** The average score of the 90 items, calculated by dividing the sum of all responses by 90.
2. **Positive Symptom Distress Index (PSDI):** The average score of all items scored above zero, calculated by dividing PST by 90 (average of PST).
3. **Positive Symptom Total (PST):** The number of items scored above zero (Derogatis, 1983).

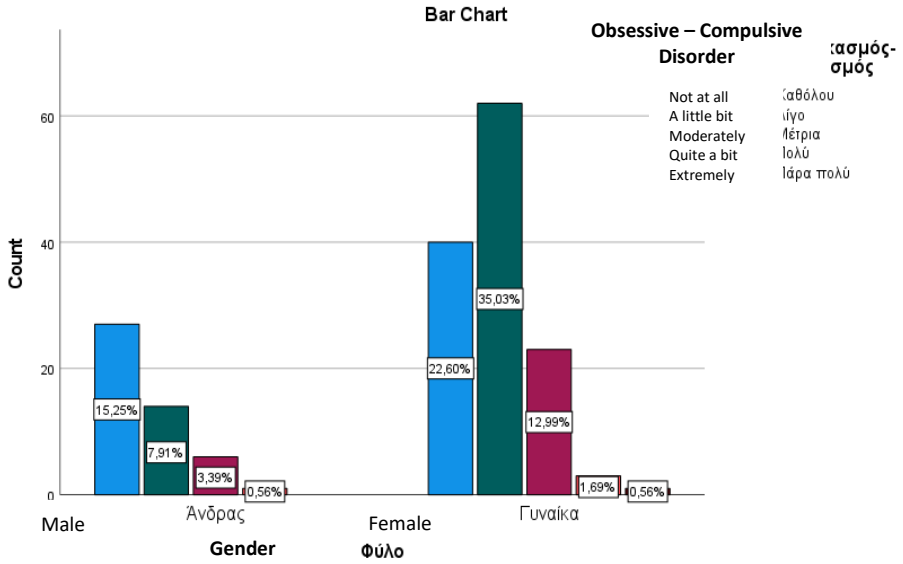
For the statistical analysis of this study, frequency tables and corresponding bar charts were used to present the trends in the sample's responses for each questionnaire variable. Additionally, independent samples t-tests were applied for factors with two options, such as gender, and analysis of variance (ANOVA) was used for factors with more options, such as age. Finally, Kendall tau correlation coefficients were used to examine the correlations between the SCL-90 and GHQ-28 scales and the global indices.

Results

Gender significantly influences the variables: "obsessive-compulsive behavior," "depression," "anxiety," and "guilt." Female teachers exhibit a higher degree of obsessive-compulsive behavior (mean for women = 9.56 and mean for men = 6.71), anxiety (mean for women = 6.44 and mean for men = 4.19), depression (mean for women = 10.80 and mean for men = 7.60), and feel guilt to a greater extent (mean for women = 0.87 and mean for men = 0.47) compared to their male colleagues.



34.8% of women experience mild symptoms of depression, and 9.14% experience moderate symptoms, compared to men, the majority of whom do not experience such symptoms at all.



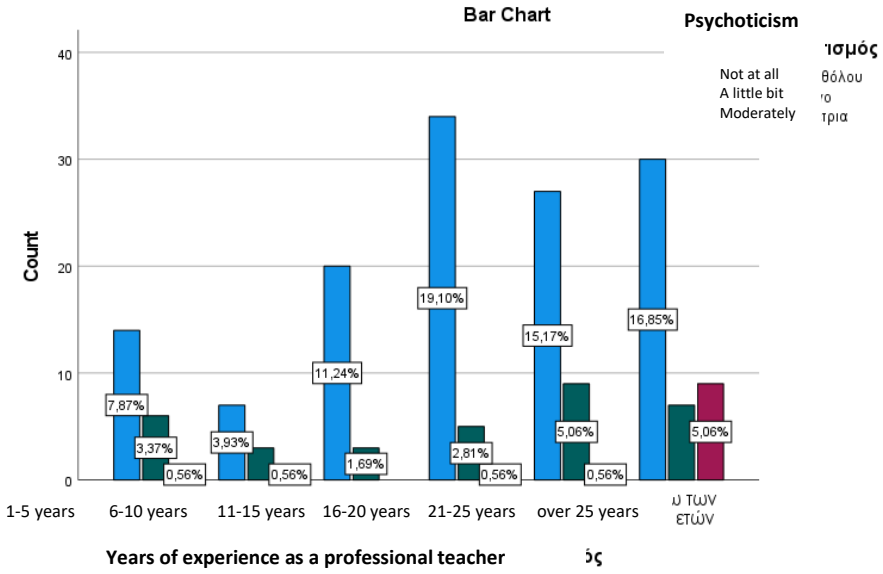
The majority of women (35.0%) experience mild obsessive-compulsive symptoms, while 12.99% of women experience these symptoms to a moderate degree. In contrast, the majority

of men do not experience such symptoms at all.

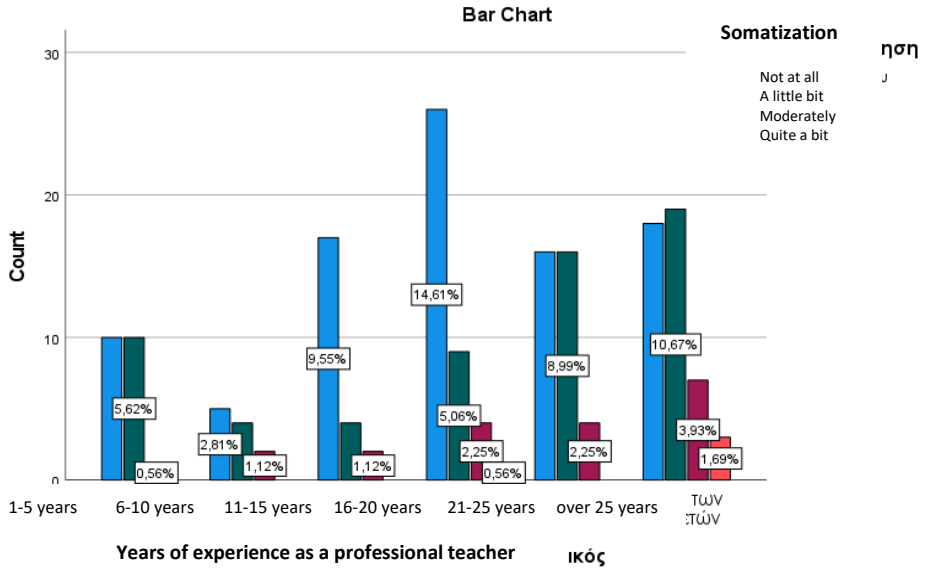
Age has a statistically significant impact on the variables "aggression-hostility" and "waking up very early in the morning": Individuals over 55 years old show more frequent aggression-hostility compared to those aged 46-55, while younger individuals, up to 35 years old, are more likely to experience sleep disturbances.

There is a stronger correlation between holding a Ph.D. and the appearance of somatization symptoms compared to those with only a bachelor's degree (mean for bachelor's degree holders = 7.27, mean for Ph.D. holders = 13.63).

Individuals with more than 25 years of work experience more frequently exhibit symptoms of somatization (mean for 1-10 years of experience = 5.30, mean for 25+ years = 10.70) and psychoticism (mean for 1-10 years = 2.78, mean for 25+ years = 6.39) compared to those with 11-15 years of experience.



5.0% of teachers with more than 25 years of experience experience moderate levels of psychoticism, compared to teachers with fewer years of experience.



10.6% of teachers with more than 25 years of experience experience mild symptoms of somatization, and 1.69% experience such symptoms to a very high degree, whereas the majority of teachers with 25 or fewer years of experience report either mild or no symptoms of somatization.

The demographic variables "gender," "age," and "education level" do not significantly affect responses on the GHQ-28 scale. However, "family status" has a statistically significant impact on the variable "Insomnia." There is a significant difference between the mean scores of individuals in single-parent families and those in other family situations ("other") for the variable (mean for single-parent families = 10.75, mean for other family situations = 20.67).

Years of experience in education significantly affect the variable "Insomnia." Individuals with over 25 years of experience report insomnia more frequently compared to those with 6 to 10 years of experience.

General symptom indicators are primarily influenced by the demographic characteristics "Gender" and "Years of Experience": Women experience positive symptoms and distress from positive symptoms more frequently than men. The mean scores for women are statistically significantly higher than for men on the "Positive Symptom Index" and the "Positive Symptom Distress Index."

Individuals with more than 25 years of experience show a tendency to experience and be distressed by positive symptoms more frequently than those with 11 to 15 years of experience. Those with over 25 years of experience tend to have higher mean scores for both the "Positive Symptom Index" and the "Positive Symptom Distress Index" compared to those with 11-15 years of experience.

Strong correlations were found between the four factors of the GHQ-28 scale. Individuals who frequently show symptoms of physical discomfort also often experience symptoms of insomnia. Insomnia is also more strongly associated with clinical depression.

These findings are consistent with theoretical explanations of mental disorders and confirm the internal consistency and validity of the research tools. Anxiety appears as a common symptom in many psychiatric disorders (Goldberg & Hillier, 1979). Additionally, somatization disorder shows high comorbidity, primarily with depression but also with anxiety disorders, making differential diagnosis challenging in many cases (Jadoulle, Hoyois & Jadoul, 2005). Interpersonal sensitivity is a strong predictor of depression (Manos, 1997), and depression is directly related to sleep problems, which include not only insomnia but also dissatisfaction with sleep, early awakening, daytime sleepiness, long or short sleep duration (Furihata et al., 2020).

Finally, the general indicators of the SCL-90 are significantly correlated with the GHQ-28 scale. Individuals with higher scores on the Global Severity Index, Positive Symptom Index, and Positive Symptom Distress Index also more frequently report physical discomfort, insomnia, social dysfunction, and clinical depression.

Discussion of Results

The findings of this study raise concerns that align with previous research while also revealing novel associations. It is evident that the variables "gender" and "years of experience" exhibit the most statistically significant correlations with mental health difficulties among secondary education teachers.

Female teachers report higher levels of anxiety, depression, and obsessive-compulsive behaviors compared to their male counterparts and experience greater feelings of guilt. This observation aligns with research suggesting that women often juggle multiple roles and face heightened expectations from their social groups, which can contribute to increased stress and psychological distress (Antoniou et al., 2006). Women, particularly those who are married, may experience higher burnout due to adverse family factors or conflicts between familial and professional roles. Additionally, women might have less control in the workplace and a greater need to prove their effectiveness, further exacerbating mental health issues.

An alternative interpretation is that women may be more willing to acknowledge and discuss their difficulties, potentially due to greater openness or readiness to seek help. This was evidenced by the more proactive response of female teachers in the survey and their comments before or after completing the questionnaire.

A relatively novel finding is the increased burden observed among older teachers and those with extensive years of service. Teachers with over 25 years of experience report higher levels of psychoticism, somatization, and sleep disorders compared to their less experienced peers. They also show a greater tendency to experience and be distressed by positive symptoms of psychopathology. This may be related to the significant association found between age above 55 and expressions of aggression-hostility.

These findings could be related to the accumulation of stress and challenges over many years, including prolonged exposure to demanding work conditions and potentially diminished

capacity for coping with ongoing pressures.

The finding that individuals with a doctoral degree experience more somatization symptoms might be explained by the mismatch between high expectations associated with advanced education and the reality of working conditions, including issues of fairness and control in the school environment (Mojsa-Kaja et al., 2015). The gap between investment in education and professional outcomes could contribute to frustration and professional burnout (Van Horn et al., 1999; Gavish & Friedman, 2010).

Consideration should be given to how recent social, economic, and cultural changes have affected the role of teachers and their interactions with students and parents. Students often arrive at school with insufficient sleep due to excessive screen time and inadequate boundaries from overly protective or disengaged parents. Additionally, recent socio-cultural changes have led parents to challenge the authority of teachers and adopt a defensive stance towards their children (Lambert et al., 2009).

Teachers face a range of stressors including changes in the educational landscape, poor working conditions, lack of involvement in decision-making, pressure to raise student grades, and negative parental behavior (Beltman, Mansfield & Price, 2014; Kelchtermans, 2011). A lack of support in the workplace can diminish mental resilience and increase stress (Papatraianou & LeCornu, 2014; Maulding et al., 2012). Additionally, factors such as high workload, large class sizes, diverse student needs, a negative work environment, and inconsistent policy implementation exacerbate these issues (Beltman et al., 2011; McCallum & Price, 2010).

These factors should be seriously considered when designing primary (organizational level), secondary (workplace relations), and tertiary (individual) intervention programs (Pantazopoulou-Foteinnea, 2003). Organizational interventions that address school management and the implementation of central education policies play a crucial role in creating work conditions that consider employees' mental health needs and foster their development (McKenzie, 2009; Lazarus, 1995).

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