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The rising tide of stress in Canada: Time for governments to act in support of schools and society

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The World Health Organization predicts that over the next 20 years, depression – not all mental illness, just depression – will be the second largest health burden on earth; number two after cardiovascular disease.

Dr. Irvin Wolkoff, World Health Organization, quoted in Hervieux, 2006

With costs of between 4 and 12 percent of payroll, depression is Canada's fastest growing disability. The mental health claims of depression, anxiety, and stress are the leading causes of short- and long-term disability.

Hreceniuk, 2008

Bill Wilkerson, chairman of the Global and Business and Economic Roundtable on Addiction and Mental Health, says the absenteeism, disability claims, and distress among Canada's nurses, doctors, teachers, and bureaucrats have reached such crisis proportions that it's time for a major fact-finding study into what is 'sabotaging taxpayers' investment' into these critical services.

Victoria Times Colonist, 16 June, 2008

Higgins, Duxbury, and Lyons (2007) found that 60% of Canadian workers suffered from high levels of stress when trying to balance work and family commitments. They also stated that the resulting absenteeism costs Canada \$2.8 billion annually in medical costs to treat stress-related disorders, although Lam (2004) estimated the total economic costs of depression in Canada at \$5.4 billion annually. Contant (2008) reported that the 2007 *Staying@Work Canada Review* provided evidence that 72% of Canadian long-term disability claims and 82% of short-term claims are linked to mental health issues. A second study reported by Contant, commissioned by the Great West Life Centre for Mental Health in the Workplace found that 19% of Canadian employees missed three or more days of work in a year as a result of depression, while Attridge (2008) reported that mental health issues, particularly depression, affect 20% of Canadian employees.

These and other reports indicate that mental health issues, including stress-related disorders are clearly linked to the workplace. Some jobs and workplaces cause high levels of stress while some workers are unable to balance competing demands of work and home when work structures and schedules are rigid and inflexible. The human costs are enormous, with large numbers of Canadians suffering chronic stress which is linked to life-threatening illnesses, and the costs to the Canadian economy, according to Park (2008) are “staggering” (p. 17).

Yet such issues and costs to individuals, families, and society are not unique to Canada. The European Agency for Safety and Health at Work (2005) reported that stress was the second most reported work-related health problem, affecting 22% of workers from the member states of the European Union, and that in 2002, the annual economic cost of work-related stress in the EU-15 was estimated at 20 billion Euros. Saltmarsh (2008) reported that:

Data collated in 2005 and 2006 in Britain for the Health and Safety Commission, the body responsible for regulating this issue, showed that self-reported work-related stress, depression, or anxiety accounted for an estimated 10.5 million reported lost working days per year.

There is some well-respected Canadian research (Higgins, Duxbury, & Lyons, 2007; Lowe, 2006), that indicates a major cause of stress affecting workers in Canada and internationally is the inability to find or the unwillingness to provide an appropriate work-life balance. Both of the above-cited reports stress that the inability to address work-life balance creates problems in maximizing organizational performance, recruitment/retention, and employee wellness. Simply put, the research evidence suggests that unless work-life balance issues are addressed, individuals, organizations, employers, and society all pay the price:

Stress and work-life conflict are intertwined, and the latter has been documented as both a cause and an outcome of job stress. Stress is one of the more commonly documented outcomes of demanding work. Job stress is increasingly recognized as a determinant of employee health and productivity. (Lowe, 2006, p. 6)

In terms of how stress links to occupation, the European Foundation (2005) identified education, health, and social services as the work classifications of highest stress. The UK Health and Safety Executive reported that those employed in education were second only to public administration workers in terms of days estimated days off caused by stress. In Canada, COMPAS Inc. (2006) stated that “the majority of (Ontario) teachers reported being really stressed at work on a frequent basis” (p. 10). Also in Ontario, 94% of Ontario English Catholic Teacher Association members stated that overworking was negatively impacting their personal, family, and social lives (Matsui, 2006). These studies reflect data from a range of Canadian and international studies (Naylor & Schaeffer, 2003; Timms, Graham, & Caltabiano, 2006; Wilson, 2002) that indicate high levels of teacher stress.

One form of stress that impacts people in health, education and social services is compassion fatigue, a concept that Hamilton (2008) describes as “the most recent term to describe the emotional reaction of a helper to another person’s trauma” (p. 11). Compassion fatigue may

result in physical or psychological symptoms as well as behavioural changes when work is emotionally demanding. Similar to Secondary Traumatic Stress (STS), Hamilton (p. 11) states that Figley (1995) used the term to describe “the cost of caring,” and found evidence that compassion fatigue could negatively impact school counselors, or, presumably, any teacher whose continued empathic engagement with students led to the teacher’s or counselor’s vicarious traumatization. Burnout, related to compassion fatigue, is a “state of physical, emotional and mental exhaustion or dissatisfaction with one’s work situation” (Hamilton, 2008, p. 12) and often emerges gradually over time.

In terms of gender, Park (2008) reported that more employed women reported higher stress than men. An Australian study (Timms, Graham, & Caltabiano, 2006) indicated higher levels of stress by female elementary teachers while Naylor & Schaeffer (2003) found higher stress levels reported by BC female teachers than male colleagues. Pei and Guoli (2007) report significant gender differences in terms of stress affecting teachers in China. There is evidence that some women may be carrying substantial responsibilities for children and aging parents – the so-called ‘sandwich generation’ of Canadian women with dual and significant family responsibilities:

They are called the ‘sandwich generation,’ or people caught between the often conflicting demands of raising children and caring for aging parents or other relatives. And their life can be particularly stressful and hectic. Almost 3 in 10 of those aged 45 to 64 with unmarried children under 25 in the home, or some 712,000 individuals, were also caring for a senior, according to a new study based on the 2002 General Social Survey. More than 8 in 10 of these sandwiched individuals worked, causing some to reduce or shift their hours or to lose income. Indeed, caring for an elderly person could lead to a change in work hours, refusal of a job offer, or a reduction in income. Some 15% of sandwiched workers had to reduce their hours, 20% had to change their schedules and 10% lost income... Women were more likely than men to be sandwiched. (StatCan Daily, September 28, 2004.)

The context of work in education is wider than the school or setting in which teachers work. Kamanzi, Riopel, and Lessard (2007), in a wide-ranging study of Canadian teachers’ work, found that teachers’ work was impacted by decisions made at the provincial level, whether by one or both of government or a Ministry of Education. Of teachers who responded to Kamanzi et al.’s survey, 88.6% stated that their workload had increased in recent years. The authors also found that BC and Quebec teachers were more pessimistic about educational change than teachers in other provinces

To summarize:

- There exists considerable evidence that there is significant stress in society, with much of this stress is linked to workloads and to work intensification.
- Stress-related illness results in high economic and social costs, and negatively impacts recruitment and retention.
- The inability to find or provide work-life balance is a major cause of stress.
- Caring professions such as teaching, health care, and social work are often high-stress.

- Teaching as a profession is more stressful than most other professions.
- Women report higher levels of stress than men in society generally, and women teachers report greater stress than male teachers.

The BC context

Lessard and Brassard (2005) identified BC as one province in which confrontation was more of a norm in the K-12 education system than the more consensual approaches of provinces such as Saskatchewan. The first term of the BC Liberal government (2001-2005) saw major confrontation between the government and labour unions in both health care and education, with significant pay cuts forced on health-care workers (Lee & Cohen, 2005). In the K-12 education system, major sections of teacher union contracts were stripped to allow unilateral changes to class size and class composition. In addition, the government refused to fund two years of teachers' pay raises, forcing districts to lay off approximately 2,000 teachers. During the time that student enrolment declined by 3.5%, general teacher employment fell by 7.8%, with ESL and Special Education teachers cut by over 18% (Naylor, 2007). The effect of these actions was to substantially increase most teachers' workloads through increased class size for those teaching in classrooms and higher caseloads for non-enrolling teachers in areas such as Special Education.

Such an increase in workload reflects work intensification, a major source of stress. The acts and atmosphere of confrontation resulted in many teachers feeling burned-out and disillusioned with a role that demanded more from teachers with less support offered to them. It became clear from evidence collected in 2002 and 2003 that deteriorating working conditions and work intensification were linked to increasing levels of stress for many teachers. In BCTF Research Focus Groups (BCTF, 2003), a teacher stated:

School teachers have always been pretty good jugglers, but everyone has their limits. Eventually more and more teachers are going to drop the ball.

Another teacher in these groups stated:

I've worked so hard and had lots of energy, but now I'm really tired. But they keep raising the bar and I won't be able to jump it any more. If next year's worse, I'm out of the game. I will quit.

In June 2002, the BC government passed Bill 49, the Workers Compensation Amendment Act, which removed the window for almost any recognition of stress in workers' compensation claims, as the following section from the WorkSafe BC web site illustrates:

Legislation clearly excludes coverage for mental stress, unless there is an acute unexpected reaction to trauma or it is associated with the compensable injury.

While much of the literature states that stress is a growing problem in workplaces, and that teachers are among those occupations with high stress, the BC government refuses to recognize stress in its allowable WorkSafe BC claims categories, unlike Alberta where the Alberta Workers' Compensation Act (as documented by the Association of Workers' Compensation Boards of Canada) explicitly includes "physical, psychological and psychiatric" disabilities.

With government and its agent, WorkSafe BC, largely absent from dealing with the consequences of BC teacher illness and disability linked to stress, the void in terms of support has been filled by the BC Teachers' Federation (BCTF). Teachers, through their union dues, have essentially paid for their own disability claims, although the last collective agreement included an amount to cover Salary Indemnity Plan (SIP) costs. Each teacher pays 1.5% of salary, with 0.5% supporting short-term disability (for a period of up to 20 days for full-time teachers) and 1% supporting long-term disability payments (for periods up to a year in terms of fitness for teaching or longer if unfit for any occupation), with some provision for partial withdrawal from the plan for teachers close to retirement.

Data from the BCTF indicate that:

- Over 60% of SIP costs for claims linked to Psychological/Psychiatric disorders are linked to teachers over 50, while only 39% of BC teachers are aged 50 or older. Older teachers are therefore significantly over-represented in SIP claims.
- Of such claims, 24% were from male teachers, while 76% were from women. 31% of BC teachers are men and 69% women. Women are therefore making a greater proportion of claims than might be expected related to their numbers, but this is consistent with findings from a wider literature.
- For those male teachers who claimed under the SIP, 65% of claimants were aged 50 or over, while 16% were aged 35 to 44. For female teachers, 51% of claimants were aged 50 or over, while 26% were aged 35 to 44 - perhaps an indicator of the 'sandwich generation' effect on women teachers.
- Of 18 categories in the BCTF Rehabilitation Program, one category, Psychological/Psychiatric disorders, represents 43% of total claims and 47% of the program's total costs.
- 82% of long-term disability costs are incurred in claims from teachers aged 40-59.

Discussion

Many studies from Canada and overseas provide data showing that depression and stress-related illness are growing trends in many countries, with huge costs to individuals and societies. Teaching and other caring professions such as health care and social work are particularly susceptible to high stress, often exacerbated by government decisions which strain resources and capacity in public sector work.

While workload intensification and competing work-life balance appear to be major factors in causing stress and illness, government-initiated efforts to address workload appear minimal in many countries and non-existent in BC. While cost-avoidance for stress and work-related illness was legislated by the BC government in 2002, the costs to individuals and to society are still significant. Any teacher in BC accessing the SIP will already have used any existing sick leave, may have accessed professional medical and other services, and may incur costs for prescriptions. As one example, Canada, like many other countries, shows huge increases in the

prescription of anti-depressants, with one study (Currie, 2005) showing an increase from 9 million prescriptions in 1999 to 15.5 million in 2003, a rise of 43% in four years. While the pharmaceutical multinationals profit from stress and depression, and taxpayers foot much of the bill, a better use of tax money could be to target prevention rather than to provide pills.

There is no direct evidence linking forms of compassion fatigue to the high levels of older teachers who are unable to work because of physiological or psychiatric disorders. This may be an area where research is needed. It is possible that some teachers with, say, thirty years' experience of teaching could experience cumulative burnout where they simply cannot face the task of teaching. Whether the cause is akin to compassion fatigue or not, the numbers of BC teachers over 50 who are not teaching and who are receiving benefits from the BCTF Salary Indemnity Fund is 61% of all SIP recipients, while only 39% of teachers are over 50. This correlation between age and disability payments requires urgent attention, perhaps with a reconsideration of early retirement incentives as an option to support the transition of older teachers into retirement or less stressful work, and to reduce the costs of disability.

While the issue of stress-related illness is complex, the paucity of prevention measures at federal and provincial government levels reflects an apathy which should be challenged. Instead of individuals and society paying huge costs as consequences of stress, the factors causing stress could be addressed by reducing workloads, providing incentives for early retirement, and supporting a variety of work-life balance options, including four-day weeks, flexible schedules, and telecommuting. Other approaches more appropriate to teachers' work should also be considered. There needs to be an explicit focus on gender and solutions found to support women, who are over-represented in stress-related illnesses. The vast federal EI surplus (\$51 billion in 2007 – CBC, February 23) could be a source of funding for a range of initiatives to keep Canadians healthy and Canada productive while at the same time reducing the strain on health-care systems across the country.

The issue of stress and its resultant costs to companies and society has been documented in a number of Canadian corporate reports. Lowe's 2006 report found that only one in three employers recognized workload issues and work-life balance, and proposed that "next steps must include helping other employers diagnose the extent of these problems and designing interventions that are evaluated for their effectiveness" (p. 15). There exists an urgent need to include more public-sector employers and public-sector work, especially teaching, into the 'next steps' of addressing job stress. While employers can play their part, it is governments, at federal and provincial levels, that could and should be the catalysts for generating change.

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