Ethical decision-making and staff mental health in the school workplace

Alexandra M. Mandel

B.Ed (Hons) University of Sydney
M.Ed (Language Education) University of Sydney
M.Ed (Adult Education) University of Technology, Sydney

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Dedication

This Doctorate of Education is dedicated to my daughter, Annika. May you always be willing to dream, to learn and to want to make a difference.
Acknowledgements

Turning a hunch and gut feeling into a thesis with recommendations was not an easy task. Yet it was made possible through the tremendous belief in me and support by a few very special people.

Firstly thank you to Professor Moira Carmody and Doctor Nida Denson for your encouragement, wisdom, common sense, patience and academic guidance. Your gentle reassurances, directions and re-directions kept this research focused, on track and purposeful.

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Thank you to my mother, who once again has assisted ‘another’ academic endeavour through your emotional and physical support.

There are not enough words to thank Karen without whom I would not have managed the last five years. Your ‘just do it’ attitude and your unflagging belief in me helped out in so many ways. I will always be eternally grateful to you.

Thank you also to professional editor, Dr Gaye Wilson for copyediting and proofreading this thesis.

Finally, a big hug and thank you to Annika. It is not easy having your mum constantly attached to a laptop while you are in primary school. I appreciated you so often waiting to play, dance or talk, so that I could keep going. Your encouragement, especially towards the end, were particularly endearing, welcome and gave me hope that you too, will try to make a difference when you grow up.
Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text. I hereby declare that I have not submitted this material, either in whole or in part, for a degree at this or any other institution.

Alexandra M. Mandel
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## Abbreviations

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AITSL</td>
<td>Australian Institute for Teaching and School Leadership</td>
</tr>
<tr>
<td>AP</td>
<td>Assistant Principal</td>
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<tr>
<td>CDA</td>
<td>Critical discourse analysis</td>
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<td>DEC</td>
<td>NSW Department of Education and Communities</td>
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<tr>
<td>EAPS</td>
<td>Employees Assistance Program</td>
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<td>EPAC</td>
<td>Employee and Performance Conduct Directorate</td>
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<td>EDMP</td>
<td>Ethics as a decision-making process</td>
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<tr>
<td>MCEECDYA</td>
<td>Ministerial Council for Education, Early Childhood Development and Youth Affairs</td>
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<tr>
<td>MDSC</td>
<td>The Mood Disorders Society of Canada</td>
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<td>PPA</td>
<td>Primary Principal Association</td>
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<td>PPI</td>
<td>Professional Practice Initiative</td>
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<tr>
<td>PTP</td>
<td>Pathways-Transformation-Perspectives</td>
</tr>
<tr>
<td>RFF</td>
<td>release-from-face-to-face</td>
</tr>
<tr>
<td>SED</td>
<td>School Education Director</td>
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<tr>
<td>SFL</td>
<td>Systemic functional linguistics</td>
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<tr>
<td>TARS</td>
<td>Teacher Assessment and Review Schedule</td>
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<tr>
<td>TERA</td>
<td>Trajectory: Ethics, Responsibility and Authenticity</td>
</tr>
<tr>
<td>WH&amp;S</td>
<td>Work, Health and Safety</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WPR</td>
<td>What’s the problem represented to be</td>
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Abstract

Principals are leading and managing schools in an era of an ever increasing recognition of the impact of mental health issues on the workplace. When principals try to manage the effects of staff mental health issues they are often faced with ethical dilemmas as they seek to balance the needs and wants of all stakeholders. The purpose of this research was to enable principals to make better and more informed ethical decisions when staff mental health issues impact negatively on school organisation and management.

The research constructed through a series of interrelated scholarly papers and professional practice initiatives begins with a literature review through which it was established that an ethics of care is paramount to dealing with the impact of staff mental health issues in schools. Subsequently two NSW Department of Education policy documents were analysed for evidence of ethical decision-making guidance, only to reveal that a very limited use of an ethics of care underpinned these policies.

A small scale, qualitative study investigated the experiences of principals managing staff whose mental health issues impacted on the workplace, and conversely the experiences of how staff with a mental health issue felt principals managed the impact of their mental health issue. Four teachers affected by mental health issues and four principals managing the impacts of mental health issues on teacher performance, were interviewed and the transcripts were analysed and discussed. The recommendations from these eight interviewees led to the theoretical discussion of ethical leadership and positive workplace culture.

This research involved a number of processes. The document analysis of the two Department of Education policies used Bacchi’s (2009) WPR (What’s the problem represented to be) framework and Shapiro and Gross’ (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework. Semi-structured interviews were used in order to gain insight into the experiences of principals and teachers. The focus of these interviews was the experience of living with or managing someone with a prolonged period of a mental health issue; the availability and effectiveness of policies, procedures or support; and the things that
made things easier or more difficult and suggestions for the future of managing staff mental health issues. The transcripts were analysed using aspects of systemic functional linguistics, critical discourse analysis and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework.

The findings from the literature review and the document analysis showed a need for a specific kind of ethical decision-making tool – one that encompasses a number of ethical paradigms, including an ethic of care. As a result the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework was developed. The findings from the interviews pointed to the need for professional learning on mental health issues; the need for principals and managers to provide support from an ethics of care perspective and with a high degree of confidentiality; and the need for Departmental support that is easily accessible. Recommendations also included a call for ethical leadership and an understanding and promotion of a positive organisational culture. This latter recommendation is addressed through a theoretical discussion about how to embed ethical leadership in positive workplace culture.
1. The Overarching Narrative

1.1 Foreword

This reflective, discovery and creative journey was undertaken to enable principals to more effectively manage cases where staff mental wellbeing impacts negatively on school organisation and management. An examination of existing policies, a search for useful ethical decision-making frameworks, and interviews with principals and staff affected by mental health issues resulted in two products, usable by principals to inform their school management when it is affected by staff mental health issues. The first product is the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework. The second is a theoretical discussion about how to embed ethical leadership in positive workplace culture.

1.2 An Introduction to the Portfolio

Most Australians will be directly or indirectly touched by the impact of mental illness at some point in their lives. Mental illness is common, with 3% of us experiencing severe or recurrent illness and up to 45% of us experiencing mental illness at some time in our lives. The impact on those affected, for their families and carers, and for the Australian community, can be profound.

These introductory words to the Commonwealth of Australia’s *National Mental Health Policy 2008* (2009, p. i) delineate the context and the purpose of this research. Mental health issues are on all governments’ agendas due to their prevalence in Australian society and their negative impact on those with a mental illness, their families and carers, the workplace and on society as a whole. The above excerpt summarises the problem, but it is neither an unaddressed problem, nor a problem without a solution.

In December 2012, The Council of Australian Governments (COAG) endorsed the *Roadmap for National Mental Health Reform 2012-22*. This roadmap is underpinned by Australian governments’ vision that in Australia we will have:
a society that values and promotes the importance of good mental health and wellbeing, maximises opportunities to prevent and reduce the impact of mental health issues and mental illness and supports people with mental health issues and mental illness, their families and carers to live full and rewarding lives (www.coag.gov.au/node/482).

Consequently there are strategies and policies in place which not only recognise the problems associated with mental health issues but also provide a way forward to manage and address the problems. These strategies include the Better Access to Psychiatrists initiative through Medicare, ‘the provision of income support for families, people with psychiatric and other disabilities and their carers’ (COAG, 2012, p.12) and an increase in ‘the availability of easy-to-understand information, resources and educational material about mental health and wellbeing, including material tailored to people from culturally and linguistically diverse backgrounds’ (COAG, 2012, p.18).

Therefore this research is set in an era where there is not only large scale recognition that mental illness or mental health issues and its effects are pervasive and problematic, but also in an era where mental health issues are being addressed. The purpose of this research is to explore one aspect of the Australian workforce, namely school based educators in the NSW Department of Education and Communities (DEC). Also it aims to investigate, at the grass root level, experiences of mental health issues of both teachers and of principals as managers of teachers whose performance has been affected by mental health issues. The focus of the research is not on or mental health issues per se, but on how to best manage the effects of it in schools as the workplace.

1.2.1 A summary of the portfolio structure

This portfolio incorporates seven interrelated components. This includes an overarching narrative. This is both an introduction to the work and an outline of the research-based evidence of the contribution and impact of my work in the field of educational management and leadership. Three Scholarly Papers and three Professional Practice Initiatives (PPI) are presented. Scholarly Paper 1 explores ethics and an analysis of key Department of Education policies that suggests principals can benefit from a specific ethical decision-making framework when making decisions where staff performance is affected by mental health
issues. This framework is developed in PPI 1. In Scholarly Paper 2, aspects of systemic functional linguistics and critical discourse analysis are explored to provide the tools for the analysis of teacher and principal interviews in PPI 2 and PPI 3 respectively. In PPI 2, four teachers affected by mental health issues, and in PPI 3, four principals managing the impacts of mental health issues on teacher performance, were interviewed. The recommendations outlined at the end of both PPIs lead to the theoretical discussion of ethical leadership and positive workplace culture in Scholarly Paper 3.

1.2.2 An overview of the portfolio

In Scholarly Paper 1, I explore what wellbeing is and why staff wellbeing matters before narrowing the focus to what mental health is and why it matters. The crux of this research is how principals make decisions when staff mental health impacts negatively on the workplace. I note why it is important to include ethical decisions based on different ethical approaches. In particular, an ethics of care and an ethics of profession are useful approaches to discuss the ethical decision-making processes principals need to engage in. An ethics of care, based on Tronto (1993) and Noddings’ (2003) work, is the relational process focusing on the nature of an interaction or transaction between two people. An ethics of profession, based on Campbell (2000), Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) work, is the process where judgements and decisions are based on a professional code.

The foundations for an understanding of the two ethical paradigms—an ethics of care and an ethics of profession—are set in Scholarly Paper 1. This understanding is crucial to the research, as these two paradigms provide a particular way of thinking through the document analysis in Scholarly Paper 1. They are also a crucial component of the ethical decision-making framework in PPI 1 and then provide a method of analysis for and interpretation of the interview transcripts in PPI 2 and PPI 3.

As principals do not operate in a vacuum, two key documents, the NSW Department of Education and Training’s Code of Conduct (2006) and Leading and Managing the School (2000), are analysed to establish the level and ethical nature of the guidance provided to principals to make ethical decisions when staff mental health affects the workplace. Bacchi’s
(2009) WPR (what’s the problem represented to be) framework and Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework are used for the analysis.

The overriding findings from the document analysis in Scholarly Paper 1 are that there is a distinct lack of clear, useful guidelines for principals on how to manage the effects of mental health issues in a school setting. These findings, in conjunction with the knowledge of the complexity and frequency of the effects of mental health issues, contributed to the development of the ethical decision-making framework in PPI 1.

Several ethical decision-making models to help make ethical management decisions are considered. Ethical decision-making models, as opposed to other kinds of decision-making tools (e.g. the rational decision-making tool), are investigated because the management decisions that need to be made in this context are not black and white and are not necessarily about right and wrong. Rather, they require consideration of many factors including what ‘ought’, ‘should’ or ‘might’ be done and these considerations involve ethics.

Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm frameworks are used as a starting point in the search for a decision-making framework usable by school principals in the context of mental health issues. Two other frameworks are considered as possible decision-making frameworks, namely Cranston et al. (2003)’s Five Component Model and Langlois and Lapointe’s (2010) TERA (Trajectory: Ethics, Responsibility and Authenticity) Model.

The three models were amalgamated into a single comprehensive framework, re-named as the PTP (Pathways-Transformation-Perspectives) Ethical Decision-Making Framework. However, in order to ensure the model meets the needs of principals, two criteria needed to be met. Firstly, I wanted to hear first-hand experiences of principals managing staff whose mental health issues affected the workplace. Secondly, the model needed to be trialled with a range of current principals to assess its usefulness.

In order to hear first-hand experiences of principals managing staff whose mental health issues affected the workplace, I interviewed four principals. I also interviewed four
teachers to hear first-hand experiences of how staff with a mental health issue felt principals managed the impact of their mental health issues. These interviews were transcribed, analysed and interpreted in PPI 2 (for the teachers) and PPI 3 (for the principals).

The transcripts were analysed using aspects of systemic functional linguistics and critical discourse analysis. These theories are discussed in Scholarly Paper 2. Systemic functional linguistics, based on Halliday and Hasan (1976), Halliday (2002) and Martin (2010), enables the analysis to focus on the language choices made by the interviewee. These choices are not random, but very much determined by the context in which the text is created. By considering each transcript as discourse, each transcript can be seen as ‘simultaneously a piece of text, an instance of discursive practice, and an instance of social practice’ (Fairclough 1992, p. 4). Furthermore, by adapting aspects of Fairclough’s (2001) critical discourse analysis (CDA), the transcripts as discourse can be analysed in relation to social elements such as ideologies, power relations and social entities. Thus, by examining language choices made at the word, sentence and text level and by considering the social practices at play, the transcripts yield an inordinate amount of information about spoken and unspoken factors at play when the impact of mental health issues are dealt with in a school context.

In PPI 2 and PPI 3, the key research questions provide the structural framework. Aspects of systemic functional analysis and critical discourse analysis, and the multiple ethical paradigm frameworks provide the tools to gather, organise and interpret the data from the transcripts. The key questions focus on:

- the experience of living with or managing someone with a prolonged period of a mental health issue;
- the availability and effectiveness of policies, procedures or support;
- the things that made things easier or more difficult and suggestions for the future of managing staff mental health issues.

While conducting the analysis and interpreting the data, a number of common themes emerged. The experiences of living through a prolonged period of mental health issues for the teachers could be subdivided into experiences relating to the organisational or workplace impact and the emotional impact on the teachers themselves. The suggestions for the future
of managing staff mental health issues are grouped under the themes of emotional and psychological human resource support, workplace human resource support, policy, and professional learning.

The principal transcripts also revealed a number of common themes. All principals talked about the impact of staff mental health issues on the workplace, both in terms of managing attendance and absences and making allowances in work practices. They also gave examples of the negative emotional impact a staff member’s mental health issues have on the teachers themselves, on colleagues, on the principals themselves and on students. Principals, just like the teachers, indicated that in order to better manage the impact of staff mental health issues, changes would have to be made in terms of emotional and psychological human resource support, workplace human resource support, policy, and professional learning.

The findings from the eight interviews point to the need for professional learning on mental health issues; the need for principals and managers to provide support from an ethics of care perspective and with a high degree of confidentiality; and the need for Departmental support that is easily accessible. Recommendations also include a call for ethical leadership and an understanding and promotion of a positive organisational culture. It is the latter two aspects that lead to the next Scholarly Paper 3.

In Scholarly Paper 3, I build on Schein’s (1985, p. 9) definition of organisational culture as ‘a pattern of basic assumptions—invented, discovered or developed by a given group as it learns to cope with its problems of external adaptation and internal integration’. I utilise this approach by looking at Luthan’s (2011) six elements and some of Rebore’s (2014) ten characteristics of organisational culture. Particular significance is given to the elements and characteristics that enable better decisions to be made by principals who manage the impact of staff mental health issues and that enable staff with mental health issues to make better decisions about their own actions too. Better decisions are enabled if changes are made to organisational culture through changes in organisational strategies, organisational structure and leadership.
Many leadership scholars such as Barth (2006), Deal and Peterson (2006), Hattie and Reeves (2011) and Hargreaves and Fullan (2013) argue that changing the organisational culture of a school is incredibly difficult but not impossible. Nonetheless, I studied how educational leadership can bring about changes that allow for the better management of staff performance when it is affected by mental health issues. Transformational leadership, as defined by Bass (1985), is explored as a type of leadership that can impact on the elements and characteristics identified by Luthans (2011) and Rebore (2014) respectively.

However, as the recommendations from the interviews were also about ethical leadership, this was also investigated. I analysed three documents developed by the DEC Professional Learning and Leadership directorate for specific recommendations for ethical leadership. I found there was very little direction for specific types of leadership, let alone ethical leadership. The works of Strike, Haller and Soltis (2005), Shapiro and Gross (2008), Shapiro and Stefkovich (2005, 2011), Ciulla and Forsyth (2011), and Rebore (2014) were considered for a brief explanation of ethical leadership and the need for it. These researchers recognise that school leaders continuously make decisions that affect a number of stakeholders. These decisions often involve moral or ethical dilemmas and, in their respective works, these authors outline different ethical ways of engaging in the decision-making process.

Given that ethical decisions cannot be made in a vacuum nor in an environment not open to ethical decisions, Eisenbeiss and Giessner’s (2012) conceptual framework of contextual antecedents necessary for ethical leadership was considered. Eisenbeiss and Giessner note that certain antecedents need to be in place to create an environment conducive to effective ethical decision-making. Societal characteristics, industry characteristics and intra-organisational characteristics were mapped against the current state of play and considered in relation to the effective practice of ethical leadership in the management of staff performance when affected by mental health issues.

In summary, in order to develop systematic plans to allow for the recommendations made by the principals and teachers to be acted upon, principals need to consider three aspects. Firstly, principals need to consider the elements and characteristics that constitute
school organisational culture. Secondly, they need to reflect on whether they have or could develop transformational leadership skills. Then they need to analyse what contextual factors exist that enable the development and sustainability of ethical leadership. It is proposed that, by creating a workplace that has a positive workplace culture and by practising ethical and transformative leadership, management of staff with mental health issues becomes less daunting, less fraught with uncertainty and less problematic.

In the rest of this section, I describe how each phase of this research has affected my own personal, professional and scholarly development. However, before doing so, I contextualise my research in terms of where the idea and the need to pursue this area of investigation originated.

1.2.3 Setting the scene—contextualising the portfolio

The idea for this research portfolio did not occur just at a whim, nor in a vacuum. It was in fact triggered by what Emerson (2004) calls a ‘key incident’ or what Mathison calls (2004) a ‘critical incident’. Research using grounded and/or ethnographical theories often uses critical incidents. Mathison (2004, p. 92) suggests these ‘are events that occur in the life of a person, program, organization, or culture that substantially alter or direct subsequent events’. Emerson’s definition of ‘key incidents’ is similar, as he describes them as ‘in-the-field events’ which ‘suggest and direct analysis in ways that ultimately help to open up significant, often complex lines of conceptual development’ (2004, p. 427). What follows is a narrative recount of the critical incident that led me to investigate how to best make ethical decisions when staff mental health issues impact on the school workplace.

1.2.4 Meeting the elephant head on (Critical Incident)

THE GREY ELEPHANT

The day we were asked to write a narrative about the critical event that led us to be sitting in the room at the first intensive workshop of the journey called the Doctorate of Education was also the day I felt I had a great big elephant sitting in front of me, blocking my view of the path this journey would take. At that very moment in time, getting past the elephant seemed insurmountable but as I started playing with the elephant metaphor a number of things crystallised.
I began by asking myself what images, knowledge and experiences do I have of elephants right here and now and what could they mean to me. Firstly I love elephants so surely an elephant is not an obstacle. I have also sat for hours on a hill in a game park in Kenya, watching a parade of elephants slowly meander past, going about their business. I had patience and awe then, surely I have that now. At the very back of this line of elephants and increasingly more distant of the group was a baby elephant that could barely walk. It was exhausted, occasionally flopping down, occasionally stumbling down. Next to it was a female nudging and coaxing it along with a lot of patience and tenderness. Am I the female elephant and the baby the doctorate?

Many, many years ago I saw a documentary on elephants. The four things that left a big impression on me are that elephants are very social beings, that they are incredible nurturers, have amazing memories and intuition and that they have very strong social systems. Thinking about what parallels there are between what I knew of elephants and what I wanted to investigate, the issue I kept coming back to is what can we do as a system to nurture, coax along those that straggle behind at the end of the ‘pack’ like the baby elephant in Kenya. More specifically what support can we give those that straggle (and struggle) behind because they are ‘debilitated’ by depression?

The grey elephant is also an analogy that works for me in terms of a descriptor for depression. Usually the image of ‘black dog’ is used but the ‘grey elephant’ could be more apt on a number of fronts. Depression is bigger than a dog. Depression is not black for everyone, but on a shade continuum from light grey to pitch black.

Finally we use the phrase ‘the elephant in the room’—that which is there but remains unnamed, unspoken and therefore at times an obstacle. Depression and the effects of depression in a school setting can be just that ‘elephant in the room.’ So why is that ‘elephant in the room’ so important to me?

At a principal’s conference in March 2010 I sat next to a principal and somehow the conversation turned to how much we both were profoundly affected by severe mental depression. She was affected through her own incredibly painful battle with depression. I was affected through my role as significant support person for one of my staff members and as an employee of another staff member, both diagnosed with different types of depression; as a friend to a friend (also working in the Department of Education and Communities (DEC)) with a different depression diagnosis again; and as a member of a family living with two other family members dealing with their mental illnesses. What emerged out of this very in-depth dinner conversation was a sense of the workplace i.e. schools, in terms of systems, resources and basic understanding, not being ‘equipped’ on many fronts to deal with staff members living with a range of depressive illnesses.

As I started formulating the first draft of my proposal I was struck that whenever I mentioned that I wanted to look at depression in the workplace, there was an immediate hook in. People either offered to be a ‘subject’ or to tell me about someone they knew who has one form or another of
depression and his or her struggles. The stories told to me personally, as well as the increasing attention to mental health issues in the media and in politics, point to the urgency to ‘deal’ with mental health issues. Subsequently there is no doubt about the need to investigate. There is no doubt about the multiple perspectives concerning this issue and there is also no doubt about the sensitivity of the topic.

Not unlike the complex social relationships between members of an elephant herd, the work relationships around a person living with depression are equally as complex. There are relationships in terms of line management, relationships in terms of ‘teams’ and relationships with the ‘clientele’. So, for example, if you are a principal, then key relationships are with your School Education Director as manager, your executive staff and at times teachers as your team, and teachers, students and parents as clientele. If you are a teacher, your key relationships are with your team leader and principal as managers, your fellow teachers as colleagues, and students and parents as clientele. However, relationships are not unidirectional and therefore the flip side also needs considering. For example, how does a principal ‘deal with’ a staff member living with depression? How does the same principal support others working with the same staff member? And what if the principal is dealing with mental health issues herself?

It is the complexity of these relationships that contributes to depression being the ‘grey elephant’ in the room, probably even more so than the stigma that may still be attached to depression as a mental illness. Intertwined is the very real fear of offending the person with depression. Does that person accept a diagnosis (if there is one)? Does s/he want the diagnosis to be public knowledge amongst staff and/or the wider community? Do co-workers and/or management want to know about a diagnosis of depression? Do co-workers know what to do to support the person living with depression? How do any of the stakeholders cope with the unpredictability and insidiousness of the illness?

That ‘grey elephant’ sits in my school. It is big, it is painful. That ‘grey elephant’ sits in my colleague’s schools. It is big, it is bewildering. That ‘grey elephant’ sits throughout the department. It is big, it is silent. Through growing the other ‘little baby elephant’ (the doctorate), I want to bring about a transformation. I want that ‘big grey elephant’ (depression) that sits in all DEC contexts to become smaller and manageable. I want it to become understood and not bewildering. I want it to be ‘out there’, spoken about and not silent.

The path to achieve that transformation will be as daunting and difficult as the journey that little elephant took around my hill in Kenya. Instead of having to negotiate around bushes and potholes, I will have to navigate around a whole host of ethical issues, but just as that little elephant was guided and supported on that journey, I know I will be too and that what may at times seem insurmountable can be negotiated and make the journey transformative and worthwhile.

Above is the unedited narrative recount written at the very beginning of this research. It has been left unedited because it captures the rawness and emotion, the urgency and desperation
and the commitment that carried me through this journey. The journey came ‘unstuck’ a few times and each time the stumbling block was what to call the Grey Elephant.

1.2.4.1 Naming the Grey Elephant

My academic background is in functional linguistics. My strongly held belief in the importance of semiotics, and my overriding sense of commitment to improve things in the workplace for those who are affected by mental health issues, led to a big intellectual and emotional struggle as to what to call the grey elephant. The sensitivity of the area I wanted to investigate required the grey elephant to be given a name that is positively constructed, that did not imply any pathologisation of behaviour and that is free of any associated stigma. This requirement was primarily the agenda of the ethics committees responsible for approving this research. Concerns were expressed over a range of issues including identifying people with mental health issues and ‘labelling’ people with mental health issues in terms of privacy. I was even directly told by a senior DEC person that I was not qualified to be investigating mental health. Aside from the fact that I had never intended to investigate mental health perse, I understood the implied assumption to be that only people with a medical or psychology background can research mental health issues. It is interesting to consider that if I had wanted to talk about the effects of physical illnesses, be they broken legs or cancer, it would have been highly unlikely that I would have encountered these obstacles.

The search for naming the grey elephant seemed to be an endless struggle up and down the continuum between ‘mental illness’ on the one end and ‘mental wellbeing’ on the other. Whenever I acquiesced to using ‘mental wellbeing’ and not ‘mental illness’, a new struggle began with this cumbersome term. The struggle was twofold. Firstly, it is linguistically difficult to articulate in the same clause the positive term of mental wellbeing with the negative state of being mentally unwell. Circumscribing mental illness, whether diagnosed or not, is not only unwieldy but specific meaning atrophies in the process. Secondly, whilst I understood the sensitivity, I never proposed to investigate the causes of depression and other mental health issues. The key has always been the management of behaviours that result from a staff member living with depression and/or other mental health issues.
Although I had established that the research was not about the causes of the psychological conditions, the grey elephant still needed a name that was not ‘mental illness’. At my disposal were not only the term ‘mental wellbeing’, but also ‘mental health’, ‘mental health issues’, ‘mental health problems’ and ‘mental health disorders’. There are a myriad of definitions for each term and a significant overlap, if not synonymy, between some of them. In trying to find a name for the grey elephant and considering each of these terms, I needed to repeatedly revisit what the grey elephant actually represents.

The Commonwealth of Australia, Department of Health and Aged Care’s *National Health Priority Areas Report on Mental Health* (1999, p. 5) defines mental health as:

> the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective wellbeing, optimal development, and use of cognitive, affective and relational abilities. It refers to an individual’s ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioural incapacity.

The report then states that ‘mental health is much more than the absence of mental illness’ (p. 5). If we consider this definition, with the similar definition by the Mental Health Association NSW (www.mentalhealth.asn.au), which states that:

**Mental health** or ‘mental wellbeing’ is a positive concept and it is about more than the absence of mental illness. It refers to resilience and good functioning, but also incorporates flourishing, happiness and getting the most out of life

then we can not only say that the two terms of ‘mental health’ and ‘mental wellbeing’ are interchangeable, but that there is also a set of factors that needs to be present in order to not have a grey elephant. It is when an individual cannot interact effectively with others, when daily challenges or interactions become difficult and when a sense of wellbeing is significantly diminished due to the individual’s state of mental health, that the grey elephant appears. The question, therefore, is ‘is the grey elephant a metaphor for mental illness, mental disorders, mental health problems or a mental health issue?’
The Australian Government Department of Health (2007) provides the following definitions:

A **mental illness** is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria. The term **mental disorder** is also used to refer to these health problems.

A **mental health problem** also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life. Mental health problems are less severe than mental illnesses, but may develop into a mental illness if they are not effectively dealt with.

Given that this research is not about diagnosis and is concerned instead with the management of the effects of behaviour caused by an impairment of good mental health or mental wellbeing, then ‘mental health problem’ might be the better name for the grey elephant. However, if I take on board that the research should be couched in more positive terms, the word ‘problem’ could be replaced with ‘issue’. If we think of ‘problem’ and ‘issue’ on a vocabulary cline (which is a gradation of meanings on a continuum), then ‘problem’ has more negative connotations. However, even if ‘mental health issue’ is the term adapted for this research, caution must be taken, because in some writings ‘mental health issues’ is still synonymous with ‘mental illness’. Reachout.com (www.reachout.com.au, 2014), for example, an online youth mental health service, uses the term ‘mental health issues’ and explains that mental health issues ‘are sometimes hard to fit in an all defining, neat, little category’. However, because the website lists, for example, mood disorders and anxiety disorders as mental health issues too, the assumption is that they use the term synonymously with ‘mental illness’.

In summary, for the purposes of this research, the grey elephant is the metaphor for ‘mental health issues’. These issues may or may not be diagnosed. These issues are not fleeting and have a significant impact on behaviour in the workplace. So given the diversity
of meanings, I have concluded that for the purposes of this research I will use the term ‘mental health issues’, understanding that this covers a breadth of conditions.

1.2.5 Before this journey began ...

Long before I sat on the hill in Kenya, in fact during my first academic foray, the Bachelor of Education undergraduate degree in 1985, I stumbled upon systemic functional linguistics and was a student of Michael Halliday who developed this approach to linguistics. This was significant because my own belief system about language is deeply embedded in the view that language is a social semiotic system where any act of communication involves choices. My early training in linguistics was further strengthened by my honours thesis on the social construction of literacy. The social construction of literacy was a movement in language education focusing on the types of social power and cultural knowledge that students were given or denied access to. My academic journey then led me to Jim Martin (1997) and his work on systemic theory, functional grammar and discourse analysis. This part of my journey is significant in that I view both spoken and written text as socially constructed, socially influenced and socially negotiated and that I have an acute awareness of how language choice is not incidental in its origin nor in its effect.

As my teaching career diverted into delivering adult education, I resumed academic study, this time in the field of adult education. The significance of that degree was that it opened up the whole world of feminist perspectives as well as the concept of narrative theory and Haug’s (1987) concept of memory work. I was particularly drawn to theorists like Griffiths (1995), who argues that discussing the concept of self and identity is simultaneously highly political and highly personal. The impact of this study was that it further cemented my understanding of the social construction of who we are, what we do and believe and what we say.

As my career re-routed into school settings, I commenced study in a totally different (but not irrelevant to this research) field—counselling. Besides developing an understanding of basic counselling methodologies, I explored social, legal and ethical issues in counselling. Over the course of this diploma, I also needed to consult my own psychologist. Together,
these personal and scholarly experiences further enhanced my interest in and commitment to mental health and making a difference for people affected by mental health issues.

Therefore I undertook this study with a range of personal, professional and scholarly experiences that clearly influence the path I chose to take on this pursuit. It is a path initially delineated by an eclectic mix of social, feminist and narrative theory and then strengthened and refined by the new learnings and knowings I collected through the journey that is the Doctorate of Education.

1.2.6 My roles in this journey

As I began summarising my reflections on the impact this research has had on my personal, professional and scholarly development, I reflected on the relevant roles I held during the research period. Personally, I continued to be a significant support person for a number of DEC employees with mental health issues. Professionally, I continued to be a principal, but in 2013, I also spent six months in a part-time Leadership Officer position. This role gave me the opportunity to mentor and coach a number of principals in the area of leadership and to work with targeted principal groups. I also was part of a few ‘think tanks’, especially one focusing on ‘healthy workplace culture’ in Semester 1, 2013 and one on system leadership in the second half of 2014. As a researcher, I developed the skills, knowledge and understandings to be a practitioner-researcher. This latter role was perhaps the most challenging for a number of reasons, including the sustained length of assuming the role, the sheer number of possible pathways to follow and simultaneously balancing all the other professional roles.

As a practitioner-researcher I adopted a critical qualitative method of enquiry because qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. (Denzin and Lincoln, 2008, p. 4).

As a practitioner-researcher I was an active participant and observer in the aspect of the world I researched. It allowed me to apply what Stake (2008, p. 128) called ‘the simplest rule...
for method in qualitative casework ... (to) place your best intellect into the thick of what is going on’. The unpacking of the ‘thick of what is going on’ in this instance was the Department of Education staff-wellbeing-related policies and documents and the personal recounts of the teachers and principals interviewed. The unpacking required multiple lenses. The lenses used to do this unpacking were multiple ethical perspectives, the ‘what’s the problem represented to be?’ (WPR) policy analysis framework, and aspects of both systemic discourse and critical discourse analysis. The ‘best intellect’ was to apply reflexivity.

Reflexivity, according to Alvesson and Sköldberg (2000, p. 248), is a way of ‘seeing’ that is interactive and multidimensional and allows for breadth and variety in the interpretation. It is more than a process of reflection, which tends to focus on one particular aspect. Alvesson and Sköldberg (2000) suggest the existence of four levels of interpretation—the interaction with empirical material, interpretation (with a focus on underlying meanings), critical interpretation (with a focus on ideology, power and social reproduction) and reflection on text production and language use. They state that:

reflexivity arises when the different elements or levels are played off against each other.

It is in these relations and interfaces that reflexivity occurs. (p. 249)

In order to be a reflexive researcher and move between these levels of interpretations, a considerable knowledge and experience base was required. Patton (2002) would argue that the knowledge and experience base would have to include the ability to conduct a triangulated reflexive enquiry. This type of enquiry involves self-reflexivity, reflexivity about those studied and reflexivity about the intended audience who ‘consume’ the study. It is the acquisition of this base and the reflection on the process that underpins the next section of this writing.

1.2.7 Finding direction for the journey

It is good to have an end to journey toward, but it is the journey that matters in the end.

Le Guin (2000, p. 220)

The reason for setting out on the initial journey was fuelled by a deeply emotional response to what I perceived as happening around me in terms of mental health. I was enraged by how
some fellow principals spoke negatively about mental health issues. I was saddened by how people in general, and members of the teaching profession in particular, were treated by others when their symptoms of diagnosed or undiagnosed mental health issues became visible. I was frustrated by the lack of system support when trying to manage the effects of mental health issues in the workplace. This frustration grew as my principal colleagues echoed these experiences. I was (and as it turns out my colleagues were too) unsure of how much support to give someone who was affected by mental health issues. How much do you support out of compassion, where can ‘rules’ be bent out of compassion and where do matters become a performance issue? Finally there was the lack of confidence and how do you manage not just the visible, but also the unknown? Therefore, the challenge was to turn what Hunt (2001) calls the ‘felt-reality’ into a sustained piece of work that equally reflects research-led practice and practice-led research.

Initially I wanted to change policy, to end up with a document that was almost like a flowchart guiding principals in a way that other WH&S documents did at the time this research commenced. My sense was that there needed to be procedures similar to the ones we have in place if someone has a broken leg or other physical injury. However, I wanted this document not to be ‘black and white’ (or rule driven) and I knew that there needed to be different pathways and options. I just did not know how to articulate this.

So, I commenced the research journey with the working title of ‘expanding on the ethics of justice to inform staff wellbeing-related decision-making in a rule-driven, risk management organisation’. By the time the ethical approval submissions were due, I had formulated the contributing research questions to be:

(1) Do current policies operate from an ethics of justice perspective?
(2) Whose needs do these policies meet?
(3) Is the rule-based and risk-management approach adequate to meet the needs of both decision-makers and those that decisions are made about?

However, over the course of the next four years there were both subtle and significant shifts in both the working title and the overarching research questions. The title is now ‘enabling
ethical decision-making when staff mental health impacts on the school workplace’. The contributing research questions became:

(1) Why deal with mental health issues?
(2) What policy support is there to deal with the effects of mental health issues?
(3) How can principals best deal with the effects of mental health issues ethically?
(4a) What can be learnt from teachers who have lived with mental health issues?
(4b) What can be learnt from principals who have managed the effects of staff living with mental health issues?
(5) How can principals be supported to deal with the effects of staff living with mental health issues?

The use of three processes enabled me to describe the overall contribution and impact this study had on leadership practice relating to managing the effects of mental health issues in the school workplace. The first process involved looking at and reflecting on each research question in turn. The second was reflecting on the research processes involved. The final process entailed reflecting on the contribution and impact the study has had, not just on my own personal, scholarly and professional development, but also on my principal colleagues.

1.3 The Impact and Contributions of this Research

The answers to the questions above are woven throughout the Scholarly Papers and PPIs. The impacts and contribution will be discussed here. They can be grouped together under four themes.

(1) Bringing mental health issues into the open: facilitating discussion amongst principals about mental health issues via formal interviews, guided discussion forums and professional learning sessions
(2) Policy in relation to staff mental wellbeing
(3) Practical contribution: the Ethical Decision-Making Framework
(4) Theoretical contribution: enabling ethical transformational leadership
In discussing the impacts and contributions of this research, I interweave relevant observations and experience from my work practice. As the research evolved over the years, I found myself moving up and down, on what Patton (2002, p. 265) describes as a participation ‘continuum that varies from complete immersion in the setting as full participant to complete separation from the setting as spectator’. Whilst I was never a spectator, the extent to which I participated depended on the circumstances. It is the observations of these participations in terms of the use of the ethical decision-making model, as well as in terms of my dissemination of ideas, that serve to illustrate or highlight this research’s impacts and contributions.

1.3.1 Bringing mental health issues into the open—principal perspectives

In late 2012 and during 2013, I was asked to present at four principal forums on my research. The briefs for the presentations were as ‘simple’ as ‘tell us how to best manage staff with mental health issues’. These briefs were simultaneously very broad and very daunting. They were broad because there were so many ways I could enable principals to think about where to begin, be it, for example, with their own knowledge and understanding of mental health issues, or policy, or a summary of the literature review on why staff wellbeing matters. The briefs were also simultaneously daunting because I knew there was not, and indeed that I could not, deliver a single or simple answer.

Thus, in developing these presentations I pared the purpose of my research back to three key questions:

(1) Why deal with mental health issues?
(2) What are the issues in dealing with mental health issues?
(3) Why deal with mental health issues ethically?

These three questions were useful in preparing for the presentations, but also provide a way for reflecting on the impact and contribution of the research.
**Why deal with mental health issues?**

Earlier in this section and in Scholarly Paper 1, I described the need for dealing with mental health issues in the workplace, both within the Department of Education and in the wider context. During the interviews conducted as part of this research, the need came up again and again. This need is reflected in the following statement made by Cara, one of the interviewed teachers. She said:

> I think I was probably (more) harder on myself and thinking that things were not quite right, but trying to - basically, it was like treading water, and just going under, and coming back up a little bit, and then going back under again.

Cara’s struggle to understand herself and her struggle to cope in the workplace need to be addressed on a large scale, from a humanitarian point of view alone.

Throughout the years of this research, the need to deal with mental health issues has not abated. The contribution of this research is that it provides a professional and scholarly lens to a small but significant aspect of mental health issues. The learnings from the interviews and the research into positive workplace culture and ethical and transformational leadership have potential implications beyond the world of the Department of Education, as they are readily transferable to other education sectors and indeed other organisations.

**What are the issues in dealing with mental health issues?**

It seems common sense that in trying to answer ‘why deal with mental health issues’ we need to have an understanding of what it is we want to ‘deal’ with and what we do not want to ‘deal’ with or ‘deal’ with differently. It is not so much a matter of knowing a great deal about each possible mental health condition, but more about being able to distinguish between management issues caused by mental health issues as opposed to management issues caused by attitudes, competencies and behaviours caused by issues other than mental health.

My awareness of the necessity for this distinction came about through principal colleagues asking me whether I thought the issues they described about particular staff members were related to mental health on the one hand or to particular personalities, teaching abilities or other factors. This distinction matters to principals, as principals cannot...
commence a performance improvement program if it is a mental health issue that is the cause of unacceptable performance. An awareness of this distinction is just that, an awareness. Deciding on possible courses of action is still complicated because of the ‘greyness’ of mental health, especially when conditions are or remain undiagnosed, or when teachers either choose not to or cannot address their possible issues, or when mental health and other factors are impacting on teacher performance.

The principal workshop discussion sessions focused on two questions. The first question was ‘what are the biggest issues when managing situations where staff mental health impacts negatively on performance?’ The second question came out of repeated, often frustrated comments from principals when they stated that they were unable to talk to their staff members about their mental health issues. Whilst the reasons for this could also be part of the answers to the first question, I wanted to ensure that principals had an opportunity to discuss this difficulty, as it seemed a stumbling block that principals could readily articulate. Thus I formulated the second discussion question as ‘why is it so difficult to approach a member of staff about their mental health issues?’.

Principals discussed these two questions in groups and recorded key points on recording sheets. From these I was able to look for issues that appeared repeatedly and group these under some broad themes. For principals the biggest issues included balancing between providing empathy and support and being accountable; a fear of the unknown if they do or do not intervene; a lack of understanding of the mental health issue; a sense of not having the resources to help; and a fear of legal repercussions and being unclear of exactly what a principal’s role in this context is.

Some of the principals noted that the big issues had to do with staff members who have mental health issues not accepting support structures put in place. Other issues raised include an increased workload for other staff; that decisions made could be divisive amongst other staff between those who empathise and those who want immediate action; ‘energy sapping’ and the emotional drain of having to interact with that person and that we do not have the language to frame our concerns.
In terms of ‘why is it so difficult to approach a member of staff about their mental health issues?’, the most common response was not knowing how the person would respond and fearing it could make matters worse. Another reason was the uncertainty over whether the issue at hand was a performance issue, a mental health issue or somewhere in between. The stigma around mental health, worries about the impact on relationships between staff, and not being trained to have these conversations were other explanations given.

Many of these informal findings from the professional workshops overlap with the findings from the four formal interviews that were conducted with the principals and these are discussed later. However, in terms of the presentations, not only did the collated answers affirm what I had anticipated the issues to be, but they enabled me to lead further discussions about what principals need to know and do to make decisions, or, more specifically, ethical decisions.

(3) Why deal with mental health issues ethically?

I really don’t know which way to jump. There is x, who needs help. I think he is chronically depressed, but I’m not a doctor. I know I should refer him to Healthquest or somewhere, but I just can’t. Every part of me feels that’s wrong, my gut feeling is, that it’s not the best for him. He is a good guy, but …

This excerpt is part of a conversation I had with a principal before a principal meeting where I presented my ethical decision-making framework. I paraphrased this part of the conversation in my subsequent opening of the meeting and the nodding heads from participants suggested that this was a familiar experience. In essence, here is a principal trying to consider the needs of her staff member and the possible expectations of the Department (as the employer) whilst aligning her own intuitive values and/or beliefs in order to make a decision on how to manage the effects of this staff member’s behaviours. In other words, this principal has a dilemma. As she is trying to decide what’s best in the situation, this becomes an ethical dilemma.

Thus emerges the first of two main reasons why dealing with these issues from an ethical framework is useful. When a management decision requires consideration of, as
Strike, Haller and Soltis (2005) point out, what is fair, just, right or what should, ought or could be done, then the decision is ethical. The second reason is that DEC policy, in the form of the Statement of Ethics (located within the *Code of Conduct*, 2001, p. 3), outlines expectations for all staff to behave ‘ethically’. However, whilst at face value the expectations do not seem unreasonable, they are problematic. As an example, it is expected that employees are ‘making decisions that are procedurally fair to people’ and this directive alone embodies the difficulty when you ask fair to whom? In the scenario described just above, whom should the principal be fair or most fair to: the teacher, the students, other staff, the DEC or herself? No wonder the decision about what is needed is complex.

Even if we accept that ethical management is an employer directive, as well as a state of affairs that occurs per se when managing complex, ambiguous situations involving people, there is another layer for dealing with the issue ethically. This time the question is not so much why deal with the issue ethically, but ethically how? Which ethics? Whose ethics? In Scholarly Paper 1 and PPI 1, Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigms framework are used to shed light on different ethical viewpoints. The case is made for the need to foreground an ethics of care and an ethics of profession when dealing with staff mental health issues.

A realisation during this research was that not only would teachers and principals benefit from dealing with mental health issues ethically from a number of ethical perspectives, but that the dealing should be ‘knowingly’. When principals were asked how they came to what they have called an ethical decision, they could not readily or clearly articulate on what basis or beliefs their decisions were made. Consequently, the realisation is that managers need to be cognisant of which is the main ethical paradigm driving their decision-making and which ethical paradigms are having less of an influence on their decision. In order to do that, managers need to have an understanding of Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigms framework. This understanding enables more effective reflection on and justification of decisions relating to managing the effects of staff mental health issues.
As a researcher and professional, I realised the effectiveness of this knowledge, again, in an instance not relating to mental health. In my very early use of the framework, with only a very basic knowledge of it, I was able to justify my thinking much more succinctly and effectively. In a very lively debate with a middle-management person about who should have access to a particular program, I found I could engage in the argument differently, from a more informed perspective and with more authority. When I was reminded by the middle manager what the rules for inclusion in the very expensive, labour-intensive but effective program were, I acknowledged that these might be the ‘rules’ and that obviously I had to abide to them. However, I was then able to point out that just because her argument came from an ethics of justice, that did not make the inclusion guidelines right, fair or just. I suggested that if we were to adopt an ethics of care stance, then the intake criteria could be slightly changed. Whilst the outcome did not change because I did not have the power there and then to bring about a significant change at a system level, I felt in a better position to bring across a different point of view. On reflection, what made me feel more confident was not only the knowledge but the language I now had at my disposal. Even to use key phrases such as ‘rule driven’, ‘ethics of professionalism’ and ‘responsibility of care’ was quite powerful and strengthened the arguments that I had formulated on my organisational and curriculum knowledge.

1.3.2 Policy in relation to staff mental wellbeing

The impact and contributions of this research in relation to policy are two-fold. Firstly, there are the impacts and contributions relative to Department of Education policies guiding the management of the effects of staff mental health issues, and secondly, regarding policies in general. The significance of the impacts and contributions in these two areas is not distinct, but overlap. Consequently I will discuss them in an interwoven manner.

Researching policy analysis and conducting my own policy analysis had a profound effect on me professionally. My analysis of the Code of Conduct (2006) and Leading and Managing the School (2000) found that both these policies are written from a benevolent and proactive stance driven by a deontological view. When considering the guidelines these policies give where mental health issues are at play, adherence to the ‘rules’ becomes
problematic and possibly compromising for both the manager and the staff member concerned. The recommendations of the research are that, not only is there a need for specific policies on how to manage the effect of staff mental health issues, but that existing policies allow for an ethics of care to play a larger, if not equal role to an ethics of justice and an ethics of professionalism. Thus, my professional contribution is to raise awareness of the shortcomings of existing policies and to advocate, where possible, for new guidelines for the management of staff with mental health issues. These guidelines must be underpinned, as argued in Scholarly Paper 1, PPI 2 and PPI 3, by a number of ethical paradigms including an ethics of care.

My analysis of the two documents in conjunction with the key messages I took away from visiting University of London Professor Stephen Ball’s lecture and workshop in May, 2011, held at the University of Western Sydney, has changed my relationship with educational policies considerably. Ball’s message (Batt, Maguire, Braun and Hoskins, 2011, p. 625) message that policy actors ‘in schools are positioned differently and take up different positions in relation to policy, including positions of indifference or avoidance or irrelevance’ has made me aware of two issues. These issues are that not only are these factors a common way of relating to policy in school, but also that the same person can simultaneously take up one or more positions in relation to a policy.

As the interpreter of the Code of Conduct (2006) and Leading and Managing the School (2000) in relation to staff mental health issues, I became cognisant that I could assume any number of roles. But in reality as the ‘narrator’ and ‘entrepreneur’ and school leader, I had an enormous role to play in taking and transforming as Ball et al. (2011) suggest ‘disparate policies into an institutional narrative’ (p. 626). Furthermore, I took on board their observation that policies ‘produce a tendency towards what actor-network theory would call “precariousness”, the school is continually disrupted or faced with contradictory expectations, but this is an incoherence that can be made to work, most of the time’ (p. 637).

The significance of understanding and working with Ball’s observations lies both within and beyond the scope of my research. The frustrations that neither the Code of Conduct (2006) nor Leading and Managing the School (2000) gave clear, succinct advice on
how to manage the effects of staff mental health issues were diminished when I accepted that as a leader I can (and indeed do and have done), in spite of the ‘contradictory expectations’ and ‘the incoherence’, make things work. Ideally, policy would address the issues around managing mental health, but in the interim, these understandings helped accept work with the current status quo, rather than continuously emotionally railing against the inadequacies. It is an understanding that is transferable to policies beyond these two policies.

The understandings of making things work in spite of contradictions and incoherence has become particularly useful professionally, as the Department of Education is implementing numerous reforms including ‘Local Schools, Local Decisions’. During the period 2012–2014, this reform was trialled in 229 schools, one of which was my school. As I led my staff through the relevant new policies as part of this reform, I realised that my leadership has been strengthened by my new understandings of how policy is constructed and how each ‘implementer’ can assume a number of roles.

I no longer accept policies at face value but critically think about a range of issues. These include Bacchi’s (2009) idea of ‘what’s the problem represented to be’ or what was happening in the Department of Education for a particular policy to come to be or to be revised. In particular, I critique the assumptions underlying the representation of the problem. When referring to a policy for guidance I am mindful of what has been left as unproblematic, whose voices are not heard and what other options might be available. The professional impact of this is that, as my executive and I refer to policies, I can ask questions that elicit critical thinking and therefore allow for more considered responses from my executive team. Furthermore, in many ways the changes in my professional understandings have made management easier as directions can be questioned, suggestions can be made to higher authorities, and at times, situations can be circumnavigated to ensure local decisions, without causing too much dissonance with relevant stakeholders.

Similarly, my readings and reflections on the construction of policy and the analysis of these two documents have given me both the knowledge and the language to be able to engage in professional dialogue and action in relation to policy in a much more succinct, assured and meaningful manner. This is in relation to issues related to managing staff with
mental health issues, but also beyond that. As an example of taking my knowledge and understanding into a broader context, I will describe the creation of a policy at the local level with my school staff. Whilst in the first instance not specifically relating to mental health issues, the example illustrates the ongoing influence of my professional learning within the doctoral program.

In 2013 there were numerous instances of overt and covert unacceptable behaviours between my staff members. Whilst the DEC Code of Conduct and the Employee Performance and Conduct (EPAC) were at my disposal, my understanding of workplace culture (developed in part through the research conducted for Scholarly Paper 3), led me to believe that pursuing matters through EPAC was not going to bring about pervasive, long lasting changes. Consequently, I led the staff through a long process, as a result of which we developed a Code of Practice unique to our school.

This Code of Practice was developed and worded from what Campbell (2000) called a stance of beneficence. For example:

We communicate openly and honestly with each other. We respect each other. This means we, for example:

a. Treat others the way we would like to be treated

b. Make decisions collaboratively where appropriate

c. Communicate and explain decisions that are made where possible

Each statement was written in positive language with the aim to be proactive, yet still imperative. Negative language and prohibitive statements were deliberately avoided, so that staff would need to justify their behaviours (if called into question) in terms of whether they complied with the Code, rather than giving them a chance to say that the Code did not say that they could not engage in the behaviour in question.

During the process of leading my staff in the development of the Code of Practice, I kept the questions of Bacchi’s (2009) ‘what’s the problem represented to be’ (WPR) framework and Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011)
multiple ethical framework in mind. In particular, I wanted to ensure that the statements embodied an ethics of care and that no (reasonable) voices were silenced. The latter was ensured by including everybody in the process and revisiting the Code of Practice with ‘old’ and ‘new’ staff when appropriate.

Serendipitously, the Code of Practice has been a useful tool on a number of occasions both at my own school and as a model for other principals for where apparent mental health issues were affecting the performance of a member of staff. In trying to manage the effects of staff behaviour, members of school executives took a sample copy of the Code, highlighted the areas that were being breached and then used these statements as a guide in discussions with the teacher concerned. The executives involved reported back that the advantage of using the Code of Practice or a similar statement included having a ready scaffold to frame the discussion, being able to let all involved maintain dignity and put steps in place so that future breaches of the Code could be avoided. The professional impact of using the Code of Practice in my own workplace and as a guide for other school executives for managing the effects of staff mental health issues has been positive.

1.3.3 Practical contribution: the ethical decision making framework

The professional contribution of the development of the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework is that it fills a void. There do not appear to be any multiple perspective ethical decision-making frameworks effective in managing the effects of staff mental health issues, yet, as referred to throughout this research, there is a need for one.

In keeping abreast of the development of any multiple perspective ethical decision-making frameworks, I became aware of my scholarly growth in terms of using my understanding of different ethical paradigms for making decisions about mental health issues. As an example, there is an available app by Hansen (2014) called ‘Ethical Decision Making’. The app was developed in conjunction with or by the Markkula Center for Applied Ethics at Santa Clara University, California. The centre was founded in 1986 and claims to be ‘the most active university-based center on ethics in the world’ (http://www.scu.edu/ethics-
The app claims to help the user to ‘identify the people who have a stake in your decision, consider your options through five different ethical perspectives, weigh different approaches, and score different potential decisions’ (https://itunes.apple.com/au/app/ethical-decision-making/id799710217?mt=8). The app asks questions from a utilitarian, rights, justice, common good and virtue approach. According to the statement on the iTunes page, the Markkula Center for Applied Ethics framework, on which the app is based, ‘has been viewed more than a million times on the Web’.

My senior school executive and I trialled this app to help us make a decision when a staff member’s perceived mental health issues were impacting on the way she was operating as a team member. I suggested the use of the model, as my executive members are fairly inexperienced in making complex decisions and have no background in ethics. In using the model, we realised the need to have a preferred solution in mind to begin with, as the app begins each set of ethical questions with the question stem ‘does this action …’ This was really difficult as there were so many factors at play, including limited years of teaching experience of the staff member, her inconsistent behaviours and her different relationships with individual team members. We forced ourselves to decide on a possible action, which was to manage her by specifically breaking tasks into small steps, continuously checking-in on her progress with given tasks and giving continuous feedback on her progress.

We then talked through the questions of each ethical approach. Here, as an example, is a summary of the discussions using the utilitarian approach (Table 1).
Table 1. Summary of discussions using the utilitarian approach

<table>
<thead>
<tr>
<th>Approach</th>
<th>Questions in the app</th>
<th>Summary of answers to questions in the app</th>
<th>Decision sliding scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility</td>
<td>Does this action produce the most good and do the least harm for all who are affected? What good and what harm will or may result?</td>
<td>Not really. It produces ‘good’ in supporting the staff member and because it means that other team members do not need to take on these tasks. However, it greatly increases the load of her supervisor.</td>
<td>Halfway between more good and harm</td>
</tr>
<tr>
<td></td>
<td>How will I measure a good outcome? Happiness? Financial impact?</td>
<td>By the staff member carrying out her responsibilities</td>
<td>More good</td>
</tr>
<tr>
<td></td>
<td>While the potential harm from this action may affect only a few people, is the harm so great that it would outweigh the good this action might bring to many others?</td>
<td>The harm only outweighs the good for the supervisor.</td>
<td>Too hard to plot</td>
</tr>
</tbody>
</table>

The exercise became frustrating as we struggled to answer these questions. On reflection, the frustration was caused because a large number of the questions simply required a yes/no answer and yet the answers were not that simple. When I went back over the questions with my knowledge of Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework and my knowledge of Tronto (1993) and Noddings’ (2003) ethics of care, I noticed that the questions in the app did not allow for the kinds of thinking an ethics of care enables. As an example, there was little room to consider the personal and professional relationship between the supervisor and staff member, nor was there space to hypothesise what each person’s emotional as opposed to professional needs might be. There was also no opportunity to examine the degree of empathy and compassion existing between the supervisor and teacher, from either perspective.

This exercise highlighted the professional impact of the research in two ways. Firstly, I was able to apply my learning by critically evaluating a potential ethical decision-making
resource, not just for myself but with colleagues as well. Secondly, it reinforced the need for a model specifically (but not exclusively) developed with mental health issues in mind.

However, the development of the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework is not only a professional but also a scholarly contribution to education. The scholarly contribution is that this framework has been developed after considerable research. As stated earlier, the framework is built from three existing models. These models were analysed with a multiple ethical perspective lens and then analysed even more with an ethics of care lens. As individually each model was not strong enough to meet my perceived demands of an ethical decision-making framework, the three were amalgamated to make the PTP framework.

An interesting question asked of me was why is it necessary to place the word ‘ethical’ in front of the title ‘decision-making framework’? In considering a response, I firstly identified that ‘ethical’ in this instance is a classifying adjective and that its role is to distinguish this model from other types of decision-making models. Obviously the context in which the model is to be used already suggests that the model is not going to be similar to a career decision-making model, business solution decision-making model or an economic rationality decision-making model. However, when I played with substituting ‘ethical’ with other relevant classifying adjectives such as ‘transformational’, ‘transparent’, or ‘collaborative’, the justification for using ‘ethical’ in the name became more complicated.

When the structure of the PTP model is examined, at face value it is primarily an ethical decision-making model. It is built on an understanding of different ethical paradigms. Yet the use of the model does enable or result in a range of other outcomes. As an example, if the user keeps a record of the thinking process and engages in the thinking process with others, the model can be said to lead to transparency, as well as potentially collaborative decision-making. However, whilst no doubt important in terms of positive school culture, these are positive side-effects and not the central intent of the decision-making model. Consequently, on reflection, it seems appropriate to call the PTP model an ethical decision-making framework.
The PTP model was presented at three principal meetings in 2013, with an average of thirty principals in each, and four collegial meetings where participants worked in small groups of ten to twelve principals. The anecdotal evidence is that the model was very well received. Feedback included that it was a useful process, that in using the model the users became aware of their own ethical predispositions or likely inclinations, and that the number of questions was appropriate for the process. At the same time it was useful to pay particular attention to those who were not as receptive of the model as others. The following incident recorded in my learning journal after the first few presentations is an example that I used to further develop my professional practice and thinking, particularly in terms of what I say when I present the model at later stages.

I had asked participants to align the five questions in the NSW Department of Education Audit Directorate’s Ethical Decision-Making tool (in blue) to the ethical paradigms (in green). I then put up the following slide.
One principal made the observation that the second and third questions ‘have I followed DEC policies and procedures?’ and ‘is it in line with the DEC Code of Conduct?’ should also be aligned with an ethics of care. Her argument was that the Department cares about all stakeholders by putting in place rules and procedures that ensure their physical and emotional safety. As an example, she used the ‘rule’ that teachers on playground duty must be vigilant. She argued that the rule exists so that the children in the playground are cared for and that the Department is simultaneously caring for the teacher, as abiding by that rule is protecting the teacher from potential lawsuits if something goes wrong. On reflection, at face value this principal’s arguments have some merit, however, they oversimplify the situation. What is not taken into account are all the forces at play (as outlined by Cranston, Ehrich and Kimber, 2003), nor the relationships which form such an integral component of an ethics of care.
As different principals ask different questions when I present the model and as different scenarios arise, there is a chance to go back to the model, the literature and my own research writing to clarify my understanding and to build my confidence in articulating the thinking behind the model and the research that underpins it. In particular, I have realised that the strength of the model is that it is a reflective tool that enables the user to clearly articulate their assumptions, biases and assumptions. Consequently, on-going presentation of the model and use of the model myself create opportunities for both professional and scholarly reflection and growth.

1.3.4 Theoretical contribution: enabling ethical transformational leadership

The impact and contribution of the research into enabling ethical transformational leadership is similar to that of the PTP Ethical Decision-Making Framework. The discussion in Scholarly Paper 3 fills a void in that it draws together research on transformational leadership, ethical leadership and organisational culture that is conducive for ethical and transformational leadership—leadership that can effectively manage the effects of staff mental health issues.

The following example, an anecdote from my learning journal, serves to illustrate the potential usefulness of asking principals to think about the interrelatedness between transformational leadership, ethical leadership, organisational culture and managing the effects of staff mental health issues. I presented the PTP Ethical Decision-Making Framework to a small group of approximately ten principals at a local Primary Principal Council conference in September 2013. One principal was adamant that whilst it was okay to think about different ethical perspectives, staff with mental conditions that affect their performance should not be in the teaching force, not until they have recovered. She took great pride in saying that a member of her staff who had been diagnosed with post-traumatic stress disorder was finally ‘shown the door’ after a year-long process. Her description and the satisfaction with which she described the ‘best’ outcome unleashed within me a great deal of internal dialogue. The dialogue was concerned with issues such as ‘is this the outcome the staff member wanted?’ and ‘could a time of absence rather than a termination of employment...
have been an option?’ However, the only reply I could articulate at the time was, ‘if that’s the judgement made considering the situation from all angles, then so be it’. My response left a bitter taste in my mouth and I replayed it over and over in my mind in terms of what else I could or might have said.

In all fairness, the context of the situation made it difficult to reply differently. We were in a small circle of ten principals, some who knew each other and others who did not. More importantly, I had no relationship with this principal whatsoever. Nonetheless, there was an opportunity to suggest that using the model allows us to clearly think about our own values and beliefs and which ethical orientations we lean towards. If we pay particular attention to the action or non-action part of the model, which stems from both Langlois and Lapointe’s (2010) Trajectory: Ethics, Responsibility & Authenticity (TERA) Model and Cranston, Ehrich and Kimber’s (2003) Five Component Model, then we can make an authentic decision: one that is a decision based on acting out of good faith after considering the pros and cons in conjunction with one’s own belief systems. However, I still believe that an authentic decision can be be the ‘wrong’ decision or not in the best interest of all stakeholders, if the decision-maker operates from a position that discriminates against people with a mental illness.

When I subsequently researched transformational leadership, ethical leadership and organisational culture, I revisited anecdotes such as the one above. After careful reconsideration, I realised I was to a certain degree naïve and had underestimated the role a principal’s preferred leadership style potentially plays in a principal’s willingness to use a multiple ethical decision-making model. If, as in the example above, a principal operates from a primarily autocratic leadership preference, then it is far less likely that she will be open to consultation and negotiation. It is therefore unlikely that the PTP Ethical Decision-Making Framework would be of any use to her, neither for one-off decisions for a particular ethical dilemma nor for a look for patterns in what type of ethical paradigms she might lean towards.

If this principal, or any decision-maker for that matter, wants to look at the bigger picture, possibly to make long-term changes that would facilitate the management of the effects of staff mental health issues within the school setting, then the PTP framework needs
to be considered within organisational culture. I came to this realisation as I revisited the scenario above after completing Scholarly Paper 3, whilst simultaneously taking up the Principal School Leadership position. It became apparent to me that, when considering the management of the effects of staff mental health issues, two levels of organisational culture impact—school organisational culture and Department of Education organisational culture—need to be considered. These need to be considered separately but also together in terms of where components of organisational culture align between the school and the DEC and where they misalign or even where they seem to be suggesting or asking for different behaviours or actions.

Although it is probably unlikely, let us assume that the principal from the scenario above was open to examining the organisational culture in her school. Inherent in this assumption is that she would do this to strive towards a positive workplace culture. If she were to reflect on the three features of organisational culture of Rebore’s (2014) model, which are elaborated on in Scholarly Paper 3, then her actions and justifications could potentially be different. If she thought about the people-focus aspect of organisational culture, then she would need to consider the effect of her decisions on all members of her school and the extent to which her decision could be considered humanitarian. If she were to deliberate on her own level of conflict tolerance and the degree to which her staff can express criticisms or dissent without fear of reprisal, then she could gauge the impact this aspect would have on creating positive workplace culture in her school. Finally, if she was open to considering how both her own school and the Department of Education respond to changes in the external environment, which in this instance is the increasing prevalence of mental health issues, then she could be possibly more proactive in developing the open system focus aspect of positive workplace culture.

An essential premise of this research is that the management of the effects of mental health issues needs to be ethical. If a principal such as in the scenario above was open to striving towards ethical leadership within a positive workplace culture, then it would make sense to consider these three aspects of organisational culture, as well as the others outlined by Rebore (2014; also see Scholarly Paper 3) in conjunction with Eisenbeiss and Giessner’s (2012) contextual antecedents of ethical leadership. This consideration requires principals to
reflect on the societal, industry and intra-organisational characteristics at play. These characteristics are explained in detail in Scholarly Paper 3. However, for the purpose of demonstrating the likely significance of understanding and using this knowledge to improve ethical leadership, it is useful to explore this likelihood using another scenario from my learning journal.

In this instance, I was working as a principal mentor with a principal not too dissimilar in beliefs, attitudes and values as the one in the previous scenario. My mentoring of this principal involved discussions on how to change what she perceived as an unhealthy workplace culture to one that was more positive, inclusive and supportive. A particular issue for her was managing ‘factions’ of staff, including a group that was overly protective of a staff member affected by a range of unspecified issues. The principal suspected that, at the very least, this teacher was suffering from anxiety and that some staff were ‘covering’ for her, much to the resentment of other staff.

Unsure of how to best manage this, we worked through Eisenbeiss and Giessner’s (2012) contextual antecedents of ethical leadership framework, to gather coherent information. At the societal level, the principal needed to ask herself whether the beliefs and practices in her school (and within the DEC) were in the spirit of human rights and whether they incorporated the values of responsibility, justice, humanity and transparency. At an industry characteristics level, she needed to take into account the complexity of both the departmental environment on a macro-level and her own school on a micro-level. She needed to also deliberate on what Eisenbeiss and Giessner (2012, p. 14) call the ‘ethical content of the organisational mandate’, especially in terms of the extent to which management decisions are concerned with human issues rather than financial matters. The third aspect to consider at the industry characteristics level was the ‘ethical interests of stakeholder networks’. Here the principal needed to recall all the relevant interactions she had with internal and external stakeholders and assess whether the interests and demands of these stakeholders mirrored and supported the core values of ethical conduct and leadership in organisations: that is, ‘responsibility, justice, humanity, and transparency’ (Eisenbeiss and Giessner, 2012, p. 14). Finally at the intra-organisational level, the principal deliberated over both the formal and informal systems and procedures in place that promoted employee ethical behaviour and
enabled ethical leadership. She also reflected on the level and nature of ethical behaviour of her peer groups, including her leadership team in her own school and her collegial networks.

This description of the thinking process is a brief summary of a lengthy and involved process. The result of the process was an action plan to slowly bring about changes that would allow this principal to be an ethical leader in an environment conducive to ethical leadership. The point of describing this professional experience is that it illustrates how my scholarly research into ethical leadership and knowledge of organisational culture can be used in the professional realm of principal leadership and management. What is particularly satisfying is that the knowledge and understanding gained through the research is not just applicable to the management of the effects of staff mental health issues, but also in a broader leadership and management context.

1.4 Conclusion

The purpose of this research was to find, thorough scholarly research and professional practice, initiatives to enable ethical decision-making when staff mental health issues impact on the school workplace. As a result of researching staff wellbeing, ethics, ethical leadership and organisational culture; conducting analysis of wellbeing policies and eight interviews; and developing the PTP (Pathways-Transformation-Perspectives) Ethical Decision-Making Framework, a number of scholarly and professional contributions have been made. In particular, principals have access to a decision-making model that is particularly useful when the effects of mental health issues are the focus, and I am able to impart knowledge and understanding of the contextual antecedents necessary in an organisational culture that enable ethical leadership to be practised.
2. Scholarly Paper 1: Ethics and Staff Wellbeing

2.1 Introduction

Principals in NSW Department of Education and Communities (DEC) schools are managers of both the physical and the psychological wellbeing of their school’s staff. There are some guidelines in various policies such as the Code of Conduct (2006) and Leading and Managing the School (2000) as to how to go about this. However, anecdotal and interview evidence suggests these ‘guidelines’ are not particularly helpful. This is especially the case when issues relating to the impact of staff mental wellbeing need to be managed. As the following policy analysis reveals, the few guidelines that can be found are not only ambiguous and even contradictory, but they tend to be driven by a deontological ethics of justice. The purpose of this scholarly paper is to propose that decisions based purely on an ethics of justice may not be the best decisions in relation to staff wellbeing. I argue that an ethics of care and an ethics of professionalism should be considered as well. In addition, a number of ethical decision-making models that principals might use to make ethical decisions when staff wellbeing affects school management are reviewed and critiqued.

If ethical decision-making models are to be used to make decisions when staff wellbeing affects school management, the two terms ‘school management’ and ‘wellbeing’ need to be defined. School management involves dealing with human and material resources in an educational setting within the boundaries set by laws, rules and regulations. Wellbeing is more difficult to define. There is a large body of literature on employee ‘wellbeing’ especially when ‘wellbeing’ includes mental, psychological, physical and/or emotional health, but a definition on wellbeing, as an all-encompassing term, is harder to find and requires a process of synthesising a number of definitions. Once the definition of staff wellbeing is established, I will then shift to defining mental health and mental health issues and illness, as a subset of wellbeing. The focus on mental health is in response to the steady increase in principals having to deal with the effects of mental health issues in the workplace. After this, I will explore the ethics that should be involved when principals make decisions in relation to the impact of mental health issues.
2.2 Staff Wellbeing

2.2.1 Why it matters
Underpinning the search to understand how principals and executive members can be best supported to make ethical decisions when the wellbeing of staff affects school management is the notion that the wellbeing of staff matters. It matters on a number of fronts. Firstly, it matters if we consider Maslow’s (1943) hierarchy of needs. According to Maslow, all human beings need to have their physiological, safety, love and belonging, esteem and self-actualisation needs met in order to be healthy, functioning individuals. If we accept this, then as employers and fellow human beings, principals need to do what is, within the realms of possibility, just, fair and equitable to ensure that employees’ basic needs (which can be described as staff wellbeing needs) are met. Secondly, there’s a legal obligation under the Work, Health and Safety Act 2011 (WH&S) to ensure employee wellbeing. This obligation not only arises out of a duty of care but also because of the impact that wellbeing has on performance, staff-retention and job satisfaction. In reviewing the impact of having people who are ‘mentally distressed’ or who live with significant others who are ‘mentally distressed’ in the workplace, Ramon (2005, p. 315) describes what typically happens:

the reduction in the ability for clear judgement, concentration, optimal use of one’s skills, as well as in one’s motivation, leads to the reduction in the quantity and quality of what they usually offer … the loss of sick leave days and poor workforce morale leads to similar losses in all industries.

Therefore, it is in the interest of everyone—the employee (staff members), the employer (principals) and the organisation (Department of Education)—to focus on employee wellbeing.

2.2.2 What is ‘wellbeing?’
The World Health Organization’s (1948) definition of health as being a ‘state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’, is a useful starting point. There is simultaneously a considerable overlap between the three aspects of physical, mental and social, but there are also notable differences. Whilst the implication of the definition is that a holistic view is needed to define ‘wellbeing’, for the
purposes of this research the focus will be solely on mental health wellbeing. There are two main reasons for this.

Firstly, the DEC management guidelines for physical wellbeing-related issues are more obvious, straightforward and fairly easily accessible. In contrast, management decisions pertaining to wellbeing-related issues that are not of a physical nature are much more complex. Impaired or affected ‘non-physical’ wellbeing can stem from any one or a combination of social, mental or psychological factors. All of these factors impact on a person’s mental wellbeing, and consequently it is useful to adopt the umbrella-term of ‘mental wellbeing’ and its antonym ‘mental health issues’.

The second reason pertains to the prevalence of mental health issues in society and schools. In Rowling, Whitman and Biewener’s (2009) report on the findings of an international survey of principals concerning emotional and mental health and wellbeing, the leading issues affecting staff were stress, anxiety and depression. Of the 1215 principals surveyed across 25 countries, including 270 from Australia, 38.5% felt that the most important issue to address with staff was building resilience to stress, anxiety or depression; followed by 17.1% believing the identification of mental health problems and accessing services to address those problems were of greatest importance. Whilst this is only one survey, it serves as a snapshot of the identified need amongst a significant proportion of principals from around the world to address the mental wellbeing of staff within the school context.

If we accept that staff wellbeing matters and that, more specifically, emotional wellbeing matters, then the question that arises is what actions can, should and/or ought to be taken when issues relating to emotional wellbeing impact on the management of a school. As a starting point, I will consider how the Department approaches issues of staff emotional wellbeing.

(1) Wellbeing in current Department of Education policy
A thorough search of NSW Department of Education policies and documents reveals that there is no single staff wellbeing policy. However, there are three main documents that are
consistently quoted as being ‘useful’ to guide management decisions in relation to staff wellbeing by senior managers in various NSW Department of Education and Communities departments. These are: 1) the NSW *Occupational Health and Safety Act 2000*; 2) the NSW Department of Education *Code of Conduct* (2010); and 3) the Department’s *Leading and Managing the School* (2000) document. However, the only reference to wellbeing in the *Code of Conduct* is ‘considerations of safety relate to both physical and psychological wellbeing of individuals (p. 13). In *Leading and Managing the School*, there is no specific directive to staff wellbeing or health. There are other indirect references and these will be discussed later in this section, when these two DEC policies are analysed.

The NSW *Occupational Health and Safety (OHS) Act 2000* (2012) was one of the acts and policies that governed principals’ decision-making in relation to staff wellbeing until the new *Work Health and Safety (WHS) Act 2011* (2014) was introduced. The national WHS act was developed to replace the state-based OHS act to ensure consistency in safety laws for all Australians. In the old Act, there were specific references to wellbeing. One of the objects of this act was:

> to promote a safe and healthy work environment for people at work that protects them from injury and illness and that is adapted to their physiological and psychological needs (Section 3, Object 3).

As interpreters of the Act, principals needed to do two things in relation to this objective. One was to ensure that no aspect in the workplace impacts negatively on the health of staff. The other was to ensure that there are systems and beliefs in place that allow the workplace to ‘adapt’ or adjust to meet staff physical and emotional (psychological) needs. In the new Act, this objective (Object 3) no longer exists. It has been replaced by employers needing to promote ‘improvements in work health and safety practices, and assisting persons conducting businesses or undertakings and workers to achieve a healthier and safer working environment’ (2014). There are no longer any overt references in the Act to the workplace needing to adapt to an employees’ ‘physiological and psychological’ needs. The change in this objective can be interpreted as the government shifting responsibility from the workplace to the teacher to ensure a healthier and safer work environment. The implication in schools
could be seen as being that principals only need to ‘assist’ staff with mental health issues to work in a healthier and safer environment, rather than ‘adapting’ the environment to assist the teacher.

Looking closer at the Act, it is only on examining the definition section of the Act that health is defined as meaning ‘physical and psychological health’ (Division 3, Subdivision 1, Section 4, 2014). Here, health is divided into physical and psychological, implying that mental health is seen as part of psychological health. The reasoning for this change is not easily evident, but the change seems in discord with so many other government agencies promoting awareness of mental health and mental health issues. As an example, the Australian Department of Veteran’s Affairs has a program called ‘At Ease’ aimed at improving ‘veterans’ mental health by raising awareness and understanding of how and where to seek help, and encouraging veterans to take action to optimise their health and wellbeing’ (http://at-ease.dva.gov.au). Another example is ‘mindhealthconnect’, an Australian government-funded website operated by Healthdirect Australia, which gives access to mental health providers and mental health information. The discord illustrated here can be seen as indicative of competing values at the government level, resulting in contradictory government policies.

It is interesting how little has changed over the course of the four years of this research in terms of mental health in the area of WH&S. In a revisit to the Department of Education’s Work Health and Safety website (on the intranet) early in 2014, the inadequacies of access to information was still highlighted.

Figure 2: Screenshot of Department of Education’s Work, Health and Safety intranet website
On the WH&S intranet page, ‘wellbeing’ is now more obvious as it has been given one of nine big yellow and black icons on the front page; only two of the forty fact sheets (ranging from voice care to communicable diseases and weight management) in the ‘living well’ section can be seen to be linked to mental health. One is on ‘stress’ and the other on ‘work place stress’, yet mental health or mental health issues are so much more. The question that needs to be asked is, if there is a place for information on illnesses such as glaucoma, osteoporosis and cardiovascular disease on the website, then why is there no place, for example, for depression, anxiety and mood disorders? In other words, there is no information and no guidance for teachers, nor for the managers of teachers, on a range of mental health issues.

There are, no doubt, other DEC documents that can be drawn upon to make decisions in relation to staff emotional wellbeing, such as *Occupational Stress—Overview and Steps* (2012) and *Employee Assistance Program—Managers* (2011). However, while most school executive members are aware of them, they are not readily available or accessible. This is of significance in terms of managing and leading schools because there are existing guidelines not used in making decisions when staff wellbeing affects school organisation and management. This issue will be addressed more fully in PPI 1.

**Wellbeing in a wider context**

Looking beyond the DEC, there is a plethora of research that addresses how the adaptations mentioned in the *Occupational Health and Safety Act 2000* can be made and what needs to be in place to ensure and/or promote wellbeing. Much of the research identifies elements that impact on a state of wellbeing. One of the major factors identified is stress, be it occupational stress (Noblet, 2003), or physiological and/or psychological stress (Thornton, 1996). Other factors include job satisfaction and organisational commitment (Noblet, Graffam and McWilliams, 2008), working conditions (Noblet and Rodwell, 2009), emotions (Woods, 2010) and work-life balance (Loretto, Popham, Platt, Pavis, Hardy Macleod, and Gibbs, 2005). Other research points to factors that contribute to promoting wellbeing as including national surveillance systems of psychosocial factors (Dollard, Skinner, Tuckey, and Bailey 2007), health promotion programs in the workplace (Green, Malcolm, Greenwood and Murphy, 2001; Lemerle, 2005), and the recognition of emotional cross-over in the workplace.
(Bakker, Westman, Van Emmerik and Hetty, 2009; Haertel and Page, 2009). However, in most of these studies a concrete definition of what wellbeing actually is is missing.

Consequently, wellbeing can be described as an amorphous concept; difficult to define. More recently, Dodge, Daly, Huyton and Saunders (2012) conducted a multi-disciplinary review synthesising past attempts to define wellbeing. Their resulting proposed new definition of wellbeing is that it is ‘the balance point between an individual’s resource pool and the challenges faced’ (p. 230). However, as wellbeing can be considered at an individual or personal, group, organisational or societal level, this definition too, could be rephrased as the balance point between an individual’s or group’s resource pool and the challenges faced.

In lay terms, wellbeing is the state of being comfortable, healthy and happy. However, some organisations, like the Australian Unity Group (www.australianunitycorporate.com.au), which has devised a wellbeing index, point out that wellbeing is indeed distinct from being happy. They argue that happiness can be a fleeting emotion, whereas wellbeing is a longer lasting, stable state of being well, satisfied and content. A useful starting point in the search for a more comprehensive definition of wellbeing is the Diener, Suh, Lucas and Smith (1999) definition that wellbeing is ‘a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgments of life satisfaction’ (p. 277). Embedded in this definition are two key concepts. One is the subjective nature of wellbeing, and the other is that wellbeing is more than just job satisfaction and includes an array of other factors such as contentment with family and friends and enjoyment of physical health.

Another consideration in a search for a definition is that, as Noblet et al. (2008) suggested, wellbeing is context free, that is, the sense of wellbeing is irrespective of any particular setting. Whilst some people can clearly segregate emotions that they may experience in one context from another context, there could well be just as many who find it difficult to avoid or stop a flow-on of emotions from one context to the next. This consideration becomes paramount when considering phenomena like emotional cross-over (Bakker et al., 2009) and its impact on the work place. Bakker et al. (2009) and Haertel and Page (2008) synthesised from their literature review and research that negative emotions such as strain and anger, as well as positive emotions such as joy, can spill over from work to
home and impact on a family member’s wellbeing, as well as from one employee to the next within the workplace. Bakker et al. (2009) established that ‘several conditions can facilitate such crossover, including frequency and quality of interactions, empathy, susceptibility, and similarity’ (p. 215).

Page and Vella-Brodrick (2009) constructed a model of employee wellbeing that unequivocally equates employee wellbeing with mental health. Whilst there are a number of assumptions in this equation, their suggestion that employee mental health consists of the three core components: subjective wellbeing (with life satisfaction and dispositional affect as its subcomponents); workplace wellbeing (with job satisfaction and work-related affect as its subcomponents) and psychological wellbeing (with self acceptance, positive relations with others, environmental mastery, autonomy, personal growth and purpose in life as its elements), is useful due to its explicit delineation of the three domains, in the search for a wellbeing definition.

In summary, for the purpose of this research, wellbeing is defined as an individual’s subjective, overarching interpretation of their state of being in relation to various aspects of his or her life. Having developed a definition, the next question that arises is what term describes those not experiencing wellbeing. An array of terms suggesting possible opposites to wellbeing exists. These terms include unwell, sick and ill. Each of these terms can be preceded by physically, mentally and/or emotionally, but these terms are not as all-encompassing as the positive ‘wellbeing’. Thus, it is interesting to note that there is no commonly used, exact antonym for ‘wellbeing’. This is reflective of how the language or word choices that exist limit the way we can think about wellbeing matters.

2.3 Mental Health

2.3.1 Why does mental health matter?

Mental health is an integral part of health; indeed, there is no health without mental health. (World Health Organization, 2010, Fact Sheet no. 220)

With these words the World Health Organization (WHO) sums up very succinctly why mental health matters. If we accept that mental health is a part of health and therefore
wellbeing, then all the arguments put forth for why wellbeing matters subsequently apply equally to why mental health matters. Furthermore, in stating that while ‘more than 450 million people suffer from mental disorders, many more have mental problems’, WHO (2010) adds weight to the argument that mental health matters. Australian governments also recognise the pervasiveness of mental disorders and mental problems, when various government agencies such as the Australian Government Department of Health (2014) state that ‘about one in five Australians will experience a mental illness, and most of us will experience a mental health problem at some time in our lives’.

The Mental Health Association NSW (2014) uses the World Health Organization definition of mental health and wellbeing as being

the state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community.

On the Government of Western Australia Health Commission website (2014), good mental health is explained as

a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment. When we are mentally healthy we can form positive relationships, use our abilities to reach our potential (and) deal with life’s challenges.

The existence of the sheer number of government agencies at all government levels concerned with mental health reflects how seriously mental health and its component mental illness and/or mental problems are taken. It is interesting to note that many of the names of both government and independent agencies dealing with policy and/or support have, in terms of language choice, positively framed names such as the Mental Health Association of NSW, the Australian Institute of Health and Welfare and the Mental Health Council of Australia. Furthermore, the search for a definition of mental illness showed a pattern of these various agencies defining mental health first. If they went on to define mental illness at all, the definition of mental illness came second. This is significant because the dominant thinking
seems to be, as stated in the WHO fact sheet (2010), ‘mental health is more than the absence of mental disorders’.

However, as the purpose of this research is to look at how to manage the impact of a loss of mental health, the opposite of mental health needs to be defined. Even though the term chosen for the ‘opposite’ for this research is the encompassing term ‘mental health issues’, ‘mental illness’ is the term that will be briefly defined now. A brief definition is sufficient as this research is not about mental health or mental illness per se, but about how to ethically manage the impact of mental health issues, which may include mental illness.

2.3.2 What is ‘mental' illness?

The Australian Government Department of Health (2014) states that ‘mental illness is a general term that refers to a group of illnesses, in the same way that heart disease refers to a group of illnesses and disorders affecting the heart’. It goes on to say:

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria. The term mental disorder is also used to refer to these health problems. A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life.

In the struggle to find a lay term that has a generally unambiguous, public understanding and that still fulfils its function in this research, the above definition is particularly useful. In explaining that mental illness and mental disorder are virtually synonymous and that there is a hierarchy of severity from more severe (mental illness) to less severe (mental health problem), at the very least a consistent use of terms can be used in the research discussion. The exception to the consistent use of terms is in the transcripts as the interviewees in this research project may not necessarily have the same conceptual framework. Everywhere else in this portfolio the term mental health issues will be used and it encompasses the continuum of experiences from mental illness to mental health problems.
Principals need to manage the impact of mental health. Principals do not, and indeed should not, need to diagnose but understand that individuals can experience social, psychological, and physiological issues quite differently, and that these experiences can result in a range of mental health issues and concerns. These mental health issues may be short term or anywhere on a continuum to significant periods of mental ill health. This understanding is necessary to ethically manage the situation for staff and the school community.

If factors in the workplace have primarily contributed to the onset of a mental health problem, principals need to abide by legislation. This includes understanding the NSW Work Health and Safety Act 2011 No. 10 that aims to protect workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work (Division 2, Object 3, 2014). Whilst this is an important aspect of a principal’s work, it is not a concern of this research. Rather, the focus is on the decision-making processes that are engaged in or need to be engaged in when a teacher’s performance is impacted by a mental health issue not attributable to the workplace itself.

Principals make decisions all the time in relation to managing staff performance. Of interest is how these decisions are made. One way of addressing this is to look at ethical decision-making and whether there are ethical decision-making models that would be useful to assist principals when staff mental health issues impact on the school. An understanding of what ethics is, an awareness of the various ‘schools of thought’ or branches of ethics and a notion of which types of ethics might be at play in a situation, are all crucial to analyse existing decision-making and to develop a comprehensive ethical decision-making framework. I will begin this discussion by considering the ethical underpinnings of many decisions made by principals.

2.4 Approaches to Ethics

Ethics are crucial in two ways to this research: firstly in terms of whether the management decisions are ethical; and secondly (and certainly intertwined) is what kind of ethics are at play in relation to the issue that decisions are being made about. Ethical management decisions are different from factual decisions, and not a matter of personal preference. If a
management decision requires, as Strike et al. (2005, p. 3) point out, consideration of what ought, should, or might be done, then it involves ethics.

In stating that ‘even in the best of times, educational leaders have confronted difficult moral dilemmas each day’, Shapiro and Gross (2008, p. 3) hone in on the fact that educational leaders continuously need to make moral, ethical decisions. What is unknown is how conscious the decision-making process is and whether indeed the decision-maker realises that the decision involves an ethical stance. Yet, knowing what influences the process of ethical reasoning allows for stronger justification. Strike et al. (2005) suggest that this knowing can be called meta-ethics and that meta-ethics allows for the exploration of principles such as liberty, equality and due process. Meta-ethics is a useful way of thinking of these management decisions as a two-tiered structure (the issue itself and then the factors at play). However, I find it more useful to adapt theories, like those of Shapiro and Gross (2008) and Shapiro and Stefkovich (2005, 2011), that use different ethical paradigms or a variety of lenses to provide a multidimensional view of a situation, rather than the single view or perspective a lens from one standpoint yields.

### 2.4.1 Why ethics at all?

The NSW Department of Education has a Statement of Ethics (located within the *Code of Conduct*, 2006, p. 3), which outlines a whole way of being, including:

- being consistently honest, trustworthy and accountable
- being courteous and responsive in dealing with others
- being committed to social justice by opposing prejudice, injustice and dishonesty
- making decisions that are procedurally fair to people and which avoid discrimination, for example, on grounds such as gender, race, religion and culture
- promoting dignity and respect by avoiding behaviour which is, or might reasonably be perceived as, harassing, bullying or intimidating

The implication of these statements is that there is an expectation for all DEC employees to behave ethically. However, it is fair to say we often encounter situations in the workplace where how to behave ethically is not clear cut. That is, there is not a definitive way of acting
or thinking for every single situation. Consequently, ethical decisions need to be made, decisions about situations that are not simple. To help this process, the NSW Department of Education Audit Directorate website has an Ethical Decision-Making tool. The purpose of the tool is ‘to provide guidance when staff are faced with ethical dilemmas’. However, what is not explicitly addressed in the Statement of Ethics or on the website is why employees need anything called ‘ethics’ at all. However, the very existence of the document and the tool suggests there has been a perceived need by DEC for these ethical guidelines.

Having identified a lack of answer to the question ‘why should I consider the ethics of my decisions’, it is worthwhile to try to define what ‘ethics’ actually is. Whilst there are numerous sources for a definition of ethics, it is useful to turn to the St James Ethics Centre. The St James Ethics Centre (www.ethics.org.au), founded in 1989 in Sydney, is ‘an independent not-for-profit organisation that provides an open forum for the promotion and exploration of ethical questions … (and) practical support to individuals and organisations to help them to deal with the complex ethical questions that are part of everyday life’. Consequently their definition is applicable to a wide range of issues. Ethics, according to the Centre, is concerned with ‘what ought one to do?’ in any given situation. In seeking an answer, the website suggests acceptance of what it calls the following enduring truths:

- Ethics is about relationships
- It’s about struggling to develop a well-informed conscience
- It’s about being true to the idea of who we are and what we stand for
- It’s about having the courage to explore difficult questions
- It’s about accepting the cost

How issues or dilemmas are grappled with depends on the moral and ethical theories we knowingly or unknowingly adhere to. At this point, it is useful to clarify the difference between ethics and morality. Singer (2011) points out that both words have their roots in a word for ‘customs’. Ethics is a derivative of the Greek word from which we get ethos and morality stems from the Latin word that gives us ‘mores’. To many the distinction between ethics and morality is arbitrary, but to others there is a subtle but significant distinction. Simplistically speaking, ethics are socially accepted codes of behaviour for specific contexts.
Morality is a set of beliefs people believe in. As an example, the ethical code in DEC requires a principal to report, without exception, a teacher who has self-reported to have pushed a child (without hurting him) in a particular situation. Morally, however, this principal may believe, having considered all aspects of the situation, that this teacher deserves the benefit of the doubt and/or not the stress of being reported to, and possibly investigated by, the NSW Department of Education’s Employee Performance and Conduct Directorate (EPAC).

In looking at decision-making, the underlying assumption that needs to be articulated is that humans are moral agents capable of making morally responsible choices. What makes these choices possible is a complex interaction of a person’s beliefs, values and context. For the purpose of this research, I argue that if principals are aware of their beliefs and values (morals), their decision-making will be more conscious at the least. Branson’s (2007) research demonstrates the usefulness of ‘nurturing moral consciousness through a guided, structured process to enable principals to develop stronger moral leadership. Furthermore this understanding and consciousness might also help principals understand what type of ethical stance they might then naturally gravitate towards. As mentioned earlier, there are particular schools of ethical thought. Broadly speaking, those who deem an action as morally right when a good outcome or consequence is produced lean towards what Mill (1998) defined as consequentialism. Those who place greater value on the consequence being best when maximum ‘good’ is achieved for maximum participants lean towards utilitarianism (Singer, 2011), as a type of consequentialism. Those who view actions as morally right because a duty or rule has been followed, like Kant, subscribe to deontological ethics (Uleman, 2010). If, as for Plato and Aristotle (Hursthouse, 2012), the character of the person making a decision is of utmost consideration, then virtue ethics underpins that analysis. Self-knowledge of whether a principal takes a consequentialist, deontological, relational or virtue ethicist approach not only allows principals to be explicitly aware of what influences their thinking and actions, but also determines the nature of the outcome of a decision.

Another assumption in this discussion about ethical decisions is that there are many, many decisions that school administrators make that do not involve dilemmas. It is when principals find themselves wondering what they ought or should do and what is fair and just, that signals they are facing decisions involving ethics.
2.4.2 One approach to ethics: an ethics of care

In searching for and/or constructing an ethical decision-making model, consideration should be given to the ethical theories that underpin the model. A particularly relevant ethical theory is an ethics of care. This is because the concept of care is central to the quest to find a decision-making model that enables and ensures staff wellbeing.

One of the most salient reasons care needs to be a central component of any decision-making model is because the concept of care is about relations. Gilligan (1982) defines an ethics of care in a very specific way, when she argues that care drives, in particular, a female way of moral thinking. Gilligan demonstrates gender differences in ‘modes of moral understanding, different ways of thinking about conflict and choice’ (1993, p. 31). Her findings are that males tend to use a more hierarchical way of reasoning, whereas females tend to use moral argument that concentrates on relations. There is currently a range of statistics available that support the argument that consideration should be given to a ‘female’ way of thinking about and responding to moral or ethical situations. As an example, one statistic according to the DEC’s About us: How we operate Annual Report (2013, p. 119) is that 81.1% of primary school teachers and 57% of secondary teachers are female and that 64.9% of all teaching staff are female. Another, according to the 2013 Women in NSW report (www.women.nsw.gov.au), is that ‘as at June 2012 in NSW, 56 percent of primary school principals and 38 percent of secondary school principals of NSW government schools were women’.

Gilligan’s work has been critiqued for essentialising and for over-generalising and not considering differences within women as a group on a considerable number of ‘axes of difference’ (Heyes, 1997). However, her conceptualisation of an ‘ethic of care’ as an alternative voice or position to an ‘ethic of justice’ is of significance to an ethical decision-making framework. An ethics of care is an alternative perspective through which moral problems can be interpreted. Held (2006, p. 27) describes the two perspectives as:

- a ‘justice perspective’ that emphasises universal moral principles and how they can be applied to particular cases and values rational argument about these; and a ‘care perspective’ that pays more attention to people’s needs to how actual relations between
people can be maintained or repaired, and that values narrative and sensitivity to context in arriving at moral judgements.

If the act of caring is paramount to staff wellbeing, then an ethics of caring is necessary, where ethics refers to a particular way of acting or thinking. However, in this context, an ethics of care is, as Tronto (1993 p. 126) and Lejano (2008 p. 493) suggest, not a set of rules or principles but a practice. Before elaborating on an ethics of care, care itself requires a definition.

If wellbeing is an amorphous concept, care is equally so. It means many different things depending on the context. However, it would be fair to say that ‘care’ is deeply embedded in the everyday, both as a process or practice and a state or disposition. Tronto (1993, p. 103) defines care as:

a specific activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web.

This definition is a starting point, but for the purpose of this research, the definition needs the explicit reference to human relationships. Noddings (2003) describes caring as being essentially a relationship between the one-caring (or care-giver) and the cared-for. The caring simultaneously involves elements of engrossment, regard for or inclination towards someone and taking responsibility of the protection, welfare or maintenance of that someone. Koehn (1998) argues that Noddings’ conceptualisation of care is too narrow. Saying that care is an active, interpersonal, mutual reciprocity misses the notion of the care-giver taking risks in forming a shared self with the cared-for through the act of caring. She elaborates on Gilligan and Noddings’ views by defining caring as

those acts in which the caregiver actively concerns herself with attending to the individually expressed needs, feelings and interests of the cared-for and strives to create a shared self with people who are similarly committed to a secure world in which beings are being nurtured and given an opportunity to realize fully their individuality (p. 26).
An ethics of care is integral to the work of the likes of Noddings (2003), and involves a relational process that focuses on an interaction or transaction between two individuals in a particular context. Because the process is based on relationships, Shapiro and Gross (2008) characterise an ethics of care as asking individuals to consider multiple voices in the decision-making process and the consequences of their decisions and actions. Consideration of the multiple voices entails identifying one’s own needs and wants and those of the person the decision is being made about. It requires thinking about the nature of the relationship that the self has to the other person and to what degree factors like loyalty, trust and connectedness might have. Furthermore, as relationships involve an emotional component, part of the reflection could involve identifying the emotions such as empathy and compassion, which might be at play for both parties.

A further elaboration of these ideas is evident in the work of Tronto (1993), who argues that there are four interconnected phases of caring: caring about, taking care of, care-giving and care-receiving. Interwoven into these four phases are four ethical elements of care or moral aspects of care. According to Tronto (1993 p. 127) these are attentiveness, responsibility, competence and responsiveness. Without attentiveness, ‘caring about’ is impossible because ‘caring about’ requires noticing the need for care. ‘Taking care of’ cannot happen without responsibility, where the degree of responsibility is context dependent and therefore different to obligation. ‘Care giving’ is the actual work of care that needs to be done and necessitates competence to actually do something rather than just recognise and/or talk about a need. ‘Care receiving’ necessitates responsiveness where the care-giver is receptive to the care-recipient’s vulnerabilities.

If we accept that an ethics of care involves these four moral aspects of care, then a number of other moral issues needs to be considered. According to Noddings (2003), we want to be moral in order to remain in the caring relationship and to enhance the ideal of ourselves as one caring. When the teaching profession is considered, this assertion seems apt, even though the conversations about teachers being moral, their moral manner and the moral content they project, are complex. In everyday conversation, teaching is referred to as a caring profession. Nias (1999) describes primary schools as an example of having a culture of care. She identifies that there are six distinct aspects to this culture as being caring as
affectivity, as responsibility for learners, as responsibility for the relationships in the school, as self-sacrifice, as over-conscientiousness and caring as identity. For the most part, teachers both behave morally by being in a caring relationship with students and recognise the need to be moral in order for that caring relationship to be principled, in terms of staying firmly within professional boundaries. It follows then that we also need to examine how we can best meet our caring responsibilities (Tronto, 1993), and how we can best make ethical decisions that require dealing with paradoxes and complexities (Shapiro and Gross, 2008).

If principals consciously adopt an ethics-of-care approach to decision-making, they need to remain in a caring relationship with the cared-for, even when things get difficult, but at all times within that which is legal. Principals would have to be aware of their own needs whilst simultaneously carrying out what is helpful to the cared-for. In each ethics of care decision, there should also be an awareness of the four phases of caring (defined by Tronto, 1993, as involving caring about, taking care of, care-giving and care-receiving) and a conscious integration of attentiveness, responsibility, competence and responsiveness, as well as a consideration of the social, political and personal context at play.

At this point it is necessary to consider that an ethics of care does not exist on its own. A person who operates from an ethics of care will certainly also be operating from a range of other ethical stances, including an ethics of profession.

2.4.3 Another approach to ethics: an ethics of profession

Whilst the drive to investigate an ethics of care comes from its relation/connectedness to wellbeing, a search for and analysis of Department of Education documents and guidelines in relation to wellbeing revealed a need to examine the ethics of profession. An ethics of profession (synonymous with professional ethics) is not just that which is embodied in a professional ethical code. The purpose for this research to investigate an ethics of profession in relation to the policies is to unpack the policies’ intent and implications. It is also to find an understanding of what it means to say a decision was in accordance with what the profession would ask the decision-maker to do.
Professional codes of ethics are summative statements and part of an ethics of profession. The purpose of the codes, as Campbell (2000) outlines, is for the profession to make itself accountable and for, possibly, professional practice to be improved. Inherent in this thinking is that the codes prescribe or prohibit certain teacher behaviour, and that subsequently the code can be used as a guide for practical ethical decisions or dilemmas.

An ethics of profession, however, involves more than a professional code, as Stefkovich and Shapiro, (2003, p. 93) point out. An ethics of profession ‘includes ethical principles and codes ... as well as professional judgement and professional decision making’. Stefkovich and Shapiro further elaborate that administrators need to develop personal and professional codes and that, indeed, administrators

should be given the opportunity to take the time to develop their own personal codes of ethics based on life stories and critical incidents and their own professional codes based on experiences and expectations of their working lives as well as a consideration of their personal codes.

This is a developmental and extremely intricate process that requires time, experience and the capacity to develop deep self-knowledge, knowledge of others and self-reflection. Campbell (2003) refers to this capacity of knowing as ethical knowledge, although she says it slightly differently, as ‘accepting and promoting the interconnectedness of moral agency and professional ethics’ (p. 4).

In accepting that the keys to an ethics of profession are ethical knowledge and personal and professional codes, then a further two tenets need to be acknowledged. Firstly, inherent in many codes of ethics in education is the utilitarian belief that decisions must be made in the best interest of the students or in what Strike et al. (2005, p. 17) call ‘the principle of benefit maximisation’. This principle allows for inequities between groups, as long as the decision results in the best or greatest benefit to the most people. There is an element of consequentialism to the principle of benefit maximisation, where consequentialism espouses that the best decision is the one with the best overall consequences. Earlier reference was made to consequentialist ethics and this is a dominant ethical approach that underpins many
codes of ethics. Indeed the NSW Department of Education’s Code of Conduct’s Statement of Ethics (2010, p. 3) opening statement is

the NSW Department of Education and Training is committed to improving the social and economic wellbeing of the people of NSW through the provision of high quality education and training.

The assumption is that the commitment is to improving outcomes for all students and therefore decisions must ensure that the maximum number of students benefit. Again, this is very simplified and by no means implies that decisions cannot be made for the benefit of smaller groups of students. However, consequentialism is an option worth considering when making ethical decisions.

The other tenet is that both personal and professional codes are value-laden. As Richmon (2004) goes to great lengths to explain, there is a persistent difficulty with values. This difficulty is not in acknowledging that identifying values is important to leadership development, but in actually identifying what these values are. However, scholars, like Campbell (2003), argue that there are common or universal values. These include honesty, justice, fairness, courage, integrity and kindness. Within the NSW Department of Education context, these do in fact make up core values. In the middle of the last decade, most schools endorsed the Department of Education, Science and Training’s Draft National Framework for Values Education in Australian Schools (2004). This framework was based on a study which demonstrated that there are indeed common values across Australian school communities. These ten values are

consistent with Australia’s democratic traditions including beliefs in equality, freedom and the rule of law, and our overall commitment to a multicultural society where all are entitled to justice and a fair go. (2004, p. 256)

The values include tolerance and understanding; responsibility; social justice; excellence; care; inclusion and trust; honesty; freedom; peace and being ethical. Whilst each value is no doubt important to making decisions, it is what Campbell (2003, p. 138) calls ethical knowledge or ‘the appreciation of the moral significance of such principles as justice and
fairness, honesty and integrity, kindness and care, empathy and respect for others that needs to be an integral part of a decision-making framework. If your personal predisposition or leaning is towards an ethics of care, most, if not all of the values sit very comfortably. The ‘sitting comfortably’ is possible, as a person can make a decision, as outlined in the next section, from a number of ethical stances.

2.4.4 Other relevant ethical approaches to ethical decision-making for principals

Any decision or action made under the auspices of an ethics of profession or an ethics of care does not occur in isolation. Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm model allows for not only an ethics of care and an ethics of profession to be used to formulate a decision, but also the ethics of critique and the ethics of justice. The multiple ethical paradigms framework was developed to enable educators to find solutions to complex ethical problems in our contemporary time. It can be represented in the following way (Figure 3):

![Multiple ethical paradigms framework](image-url)

Figure 3: Multiple ethical paradigms framework, adapted from the front cover of Shapiro and Stefkovich, 2011
The ethics of justice revolves around concepts such as rights, impartiality, liberty, laws and responsibilities. Shapiro and Gross (2008, p. 22) suggest that when a law, right or policy has been identified, it should be examined in terms of ‘abstract concepts of fairness, liberty and impartiality’. Questions such as fairness for whom or how many, liberty to do what and to which extent and to what degree is the impartiality objective, would be part of that examination. A search for answers to these questions will be helped by the ethics of critique questions (see below). An ethics of justice, according to Shapiro and Gross (2008, p. 22), is also concerned with ‘equality versus equity, moral absolutism versus situational ethics, and the rights of individuals versus the greater good of the community’. Later, Shapiro and Stefkovich slightly amended this by suggesting that ‘the fairness of rules, laws and policies; whether these laws are absolute, and if exceptions are to be made, and under what circumstances (2011, p. 12) should also be considered. A final issue that may have relevance is whether there should be a policy or law, if currently one does not exist.

The ethics of critique is linked to the ethics of justice by exposing problems in the ethics of justice. An ethics of critique does not just accept, but enables people to ‘challenge the status quo by utilising an ethic that deals with inconsistencies, formulates hard questions, and debates and challenges issues’ (Shapiro and Gross, 2008, p.23). It is an ethics that requires us to question our own assumptions and values and to consider concepts such as power, culture and language. Furthermore, an ethics of critique enables us to look for alternatives and possibilities to enable all about whom decisions are made to be treated fairly, equitably and within the parameters of what they want and need.

In many ways, an ethics of critique allows the status quo to be deconstructed. The deconstruction is driven by a quest to identify inequities in terms of biological, social and cultural categories including social class, race and gender. These inequities can be brought to light by examining who has the power, a voice and a benefit from a policy or law. The strength of using an ethics of critique is not just in exposing inequities, but more importantly, in thinking about alternate possibilities. As Shapiro and Gross (2008, p. 25) ask, ‘what new possibilities could be presented to lead toward social justice and the making of a better society?’.
Whilst at face value these questions seem guiding and simple enough, problems can potentially arise when there is lack of clarity, or even a conflict of opinion or interest in terms of ‘what would the profession ask me to do?’. Leaving aside the discussion as to what or who constitutes the profession, there are professional codes and guidelines developed to provide mandatory (and assumedly helpful) directions for principals to make ethical decisions.

Two such documents at disposal for DEC principals are the Code of Conduct (2006, 2010) and Leading and Managing the School (2000). Each code or professional guideline is underpinned by one or more ethical stances. As these ethical stances are not explicitly stated, a document analysis was carried out on these two documents (the Code of Conduct is referred to as one document, even though it consists of a policy document and a procedures document). The focus of the analysis was to see how and where the user of these guidelines is ethically positioned when adapting to or complying with their messages.

2.5 Ethical Choices Enabled or Expected by DEC Staff Wellbeing Policy Documents

As mentioned earlier, the NSW Department of Education does not have a single wellbeing policy. A comprehensive search was conducted through the Department’s intranet and key personnel were asked for their suggestions of applicable documents. A close examination of the dozen or so suggested existing policies and guidelines revealed that the most pertinent and readily accessible documents include:

- The NSW Department of Education’s Leading and Managing the School (2000)

Less readily available and referred to but still relevant is the:
As principals are most familiar with the *Code of Conduct* and *Leading and Managing the School*, these two documents were analysed for the ethical choices that are enabled or expected by DEC staff wellbeing policy documents.

### 2.5.1 Method of document analysis

In order to find out what ethical decisions principals can make if they follow DEC policy and guidelines, I conducted a document analysis of the *Code of Conduct* and the *Leading and Managing the School* documents. According to Bowen (2009, p. 29), document analysis provides data on context, research questions, supplementary data, tracking change and development, and an opportunity to corroborate evidence from other sources. He further elaborates that document analysis is a more efficient research method than other qualitative methods, and that documents provide readily available material, are cost-effective, lack obtrusiveness and reactivity, are stable and can cover long periods of time and many events. However, document analysis, like any research method, has its limitations. Coffey (2014, p. 378) lists these limitations as potentially including ‘the often complex and hidden relations between documents, the selectivity of documentary accounts, the prescriptive and often formulaic structure of documents, [and] the functional purposes to which many kinds of documents are put (intentionally and unintentionally)’.

An awareness of self as the researcher and of the context of both document origin and document use contributes to curtailing those limitations. Tan (2009 p. 95) makes the salient point, in relation to policies as documents used for analysis, that

> whilst policy makers and disseminators endeavour to convey precise and intended meanings of educational policies, there is no guarantee that school leaders and teachers would understand and experience the policies in the same way.

Consequently, an analysis of these two NSW Department of Education wellbeing policies and documents should not only involve an analysis of the documents themselves, but also of how they are used by, and how they affect, the intended audience. This will be addressed in
PPI 2 and PPI 3 when discussing the transcripts of the teachers and principals interviewed about their experiences with mental health issues and how helpful DEC policies were in the management of the effects of mental health issues.

Shapiro and Stefkovich’s (2005, 2011) and Shapiro and Gross’s (2008) multiple ethical paradigm framework is a useful tool to conduct the document analysis. Another useful tool is Bacchi’s (2009) WPR (what’s the problem represented to be) framework. The simultaneous use of both frameworks provides useful lenses for a close analysis of each document.

Bacchi’s framework, drawing heavily on the work of French social theorist Foucault, is built on the understanding that ‘problematisations are central to the governing process’ (p. xii). The key in analysing documents is to ask a series of questions that will help identify the problem representations that the problematisation contains. Bacchi’s framework (2009, pp. xii and 48) is formulated around the following six questions:

1. What’s the ‘problem’ represented to be in specific policy?
2. What presuppositions or assumptions underlie this representation of the ‘problem’?
3. How has this representation of the ‘problem’ come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?
5. What effects are produced by this representation of the ‘problem’?
6. How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

The use of Bacchi’s WPR framework allows for the critical reading of the two documents to be examined. If we accept that current social and economic policies are developed around a problem, then the application of the WPR framework allows us to examine a number of issues. These include whether the policy is created to react to a problem, that is, it solves or creates a problem and how the problem is shaped through the way it is framed and the knowledges it assumes. It also includes whether the problem is readily identifiable and objective in nature or hidden and objective for whom. Especially important to this research is that the WPR framework enables us to access unexamined assumptions and to challenge
these. Three of the six questions of the framework (questions 1, 2 and 4) are particularly useful in unearthing and challenging assumptions in the two selected DEC staff wellbeing policy documents, where the focus is to ascertain the type of ethical choices that are enabled or expected.

Bacchi (2009) states that the goal of the first question (Q1), ‘what’s the ‘problem’ represented to be?’, is to identify the implied problem representation in a policy. By working backwards from a concrete proposal or policy, what is represented to be the ‘problem’ within the policy? As a simple example, my school has a policy that no dot-to-dot or colour-by-number worksheets are to be photocopied, as they have limited, if any, educational value. Therefore, the policy constitutes the problem as photocopy-able activities must have educational value, but the implication is two-fold. Firstly, that all photocopied activities must have educational value, and secondly, that someone (that is me as the policy ‘writer’) feels that not all teachers are capable of making this judgement. A clue to this is that no other teaching activities are mentioned in this policy. Therefore, the problem representation is poor teacher judgement on what constitutes worthwhile activities.

The second question (Q2) of what presuppositions or assumptions underlie this representation of the ‘problem’ has the goal to ‘identify and analyse the conceptual logics that underpin specific problem representations. The term conceptual logic refers to the meanings that must be in place for a particular problem representation to cohere or make sense’ (Bacchi, 2009, p. 5). Conceptual logics include assumptions, values, presuppositions and accompanying signs and these are encompassed in discourse or our meaning systems. Discourse is discussed in Scholarly Paper 2, but Bacchi (2009) identifies three aspects of discourse analysis: identifying and interrogating the binaries, key concepts and categories within a policy.

Binaries such as responsible/irresponsible, healthy/unhealthy and economic/social often underpin policies. Binaries assume a relationship between two states that are opposed or mutually exclusive.
What is significant as far as policies are concerned is that ‘what is on one side of a binary is considered to be excluded from the other side’ (Bacchi 2009, p. 7). Bacchi goes on to summarise that the goal of identifying binaries is to ‘watch where they appear in policies and how they function to shape the understanding of the issue’. For example, the DEC excursion policy (2013) is underpinned by a risk management/negligence binary. This is not difficult to ascertain when the purpose of the policy is stated as ‘school excursions are structured learning experiences provided by, or under the auspices of, the school which are conducted external to the school site. They can pose risks. The policy and procedures are directed at managing such risks’. Weight is given to the observation that a risk management/negligence binary underpins this policy, when six out of the nine objectives are directly concerned with duty of care and risk.

All policy documents are built on key concepts. These, according to Bacchi (2009, p. 8), are ‘abstract labels that are relatively open-ended. Hence they are hotly contested’. At face value, many concepts such as health, welfare, equality and protection seem commonly understood, but in policy the meaning attributed to these concepts is determined by the cultural, social and political stance of the policy writers. As an example, in the excursion policy mentioned above, the key concepts open to debate as to what they really mean include ‘structured learning experiences’, ‘risks’ and ‘managing such risks’.

The third aspect of discourse analysis useful in identifying the presuppositions or assumptions underlying the representation of the ‘problem’ that Bacchi identified is categories. Categories are ‘concepts that play a central role in how governing takes place’ (2009, p. 9). Of particular interest to this research are the people categories, and as such the categories would include students, teachers, school executive members, principals, other DEC personnel and school parents. In each instance, whether it be the binaries, key concepts or categories that are being used for policy analysis, what matters is not just the identification of what they are but what meaning has been attributed to them and what role they play in the representation of the problem.

The fourth question (Q4) in the WPR framework is ‘What is left unproblematic in this problem representation? Where are the silences? Can the “problem” be thought about
differently?’ The goal of these questions is ‘to raise for reflection and consideration issues and perspectives that are silenced in identified problem representations’ (Bacchi, 2009, p. 10). Cross-cultural comparisons can be of use here, in terms of whether this policy and the way the problem has been problematised exist in other cultures. If we go back to the excursion policy, what is taken for granted as the school, principal, teachers and/or students’ responsibilities and why is this taken for granted? In any policy, there are also aspects that are left unquestioned. For example, in the objective of the excursion policy that ‘excursions are inclusive, and all students within the specific learning group are to be given the opportunity to participate’ (2013), what is left unquestioned is whether this is ‘fair’ that teachers often do not organise excursions that would really enhance learning, as they know or presume that students will not be able to afford them. Not only is the presumption unchallenged, but also whether this is the right decision for students who may be able to afford to participate in that particular excursion.

Using both the three questions from Bacchi’s (2009) ‘what’s the problem represented to be?’ framework and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework with particular emphasis on an ethics of care and an ethics of profession, allows for an analysis of the two chosen DEC documents. As the multiple ethical paradigm framework is also a tool used in the analysis and interpretation of the principal and teacher transcripts later in this research, this framework will provide the scaffold for most of the document analysis discussion and Bacchi’s key questions will be used to enhance or complement the findings from applying the multiple ethical paradigm framework. Throughout the analysis, the focus is to ascertain how useful these documents are in giving direction to principals in managing the effects of staff mental health issues in the school context.

2.5.2 An analysis of the Code of Conduct

followed by four sections about the Code in general and then by sections that deal with specific areas such as duty of care, respect for people and identifying and managing conflicts of interest. Each section has a general blurb and then a list of expectations of what all or a specific subset of people need to do.

The Code was developed to ‘more closely align staff conduct with the organisational values and ethics that underpin DEC’s policies and procedures (Code of Conduct Policy, 2006, 3.1). A close reading of the policy suggests that the representation of the problem, to use Bacchi’s (2009) phrase, came about as the Department strives for all employees to exhibit the highest standard of conduct at all times.

Campbell’s (2003) questions of whether the purpose of codes of conduct is for the profession to make itself publically accountable and/or to provide a framework for the sanction and disciplining of members and/or is it a resource guide for staff dealing with ethical issues are worth considering. The DEC Code of Conduct fulfils all three purposes, however, as pointed out it, it is the nature of the guidance of how to deal with ethical issues pertaining to staff mental health that is problematic and the focus of this analysis.

Before examining the ethics underpinning the Code of Conduct, it is important to begin the policy analysis by looking at the policy objectives, as this gives an overarching sense of its purpose. The Code of Conduct policy objectives are to ensure that staff know exactly what behaviours are expected and acceptable. In other words, to use Bacchi’s first point in analysis, the ‘problem’ that is represented in this policy is staff behaviour. It is interesting that the procedures are written from a stance of beneficence (the term adopted by Campbell, 2000), meaning that there are descriptors of what employees should do, rather than from a stance of non-maleficence or what employees are not to do. Campbell adds that this means that the Code is developed from a positive/proactive and imperative perspective and not a negative or prohibitive perspective. The significance of this is that the Code therefore asks employees to ask whether a particular behaviour complies with the Code rather than being able to engage in all behaviours except those prohibited. It is a subtle but significant indication of how employees are positioned.
The policy values are clearly articulated as including fairness, respect, integrity and responsibility. There would be a fair amount of agreement in the current workforce that these values are the dominant ones in Australia’s current workforce environment. However, what needs to be acknowledged is that whilst these are the dominant values, they are not necessarily representative of Australia’s diverse workforce population, especially differences due to factors such as culture, religion, socio-economic status, age and gender.

The policy beliefs are in many ways more covert than the values, but are discernible when searching for the theoretical approaches that are embedded in the policy. The use of each ethical paradigm to analyse aspects of the code in relation to managing the effects of staff mental health issues, enables the identification of beliefs that are embedded in the Code of Conduct.

An ethics of justice, according to Shapiro and Stefkovich (2005, 2011), is concerned with laws, rights and policies. In other words, an ethics of justice is closely aligned with deontological ethics (where the moral intention and moral justification matters). In the introduction to the Code (2000, p. 4), it is stated that ‘the Code is based on NSW legislation, regulations and Government policies and procedures’. There is indeed a list of the main legislation such as the Teaching Services Act 1980 and other relevant legislation that applies to the document, as well as a statement articulating that legislation overrides the Code where there may be conflict between legislation and Code. The positioning of this information in such an overt manner emphasises to the reader and implementer of the Code that it is built on a legal framework.

The language in the Code further reflects the ethical paradigm the Code is built on. An analysis of the verb groups used in the sentence stems in the procedures document, verb groups such as ‘must, expected to, required, must not discriminate, and must lead’, clearly suggest that the Code is underpinned by rules. Furthermore, noun groups such as ‘serious crime’, ‘inappropriate actions’, ‘the principles of equal opportunity and anti-discrimination’ and ‘possible breaches’ very much place the document in the realm of rules and laws.
The suggestion by Shapiro and Stefkovich (2005, 2011) that using an ethics of justice lens to examine for abstract concepts of fairness, liberty and responsibility is particularly useful for documents such as the Code. Indeed, it is stated very clearly in the very first sentence of the Code that it is underpinned by the values of fairness, respect, integrity and responsibility. However, when you read the directives of the Code, questions such as fairness for whom and responsibility to what degree arise. There is an assumption of right or wrong and no room for ambiguity. Again, this is strongly coded in the language choices such as ‘it is your obligation’ and ‘have a duty to ensure’. In summary, the very strongly stated rules and expectations and clear references to other legislation and policies signify that the policy’s beliefs are embedded in deontology and an ethics of justice.

However, just because something is a rule or law does not mean it cannot or indeed should not be questioned. Bacchi’s (2009) Q2 concerning the presuppositions or assumptions underlying the representation of the ‘problem’ problematises policy intent. This can be briefly illustrated by questioning the following statement from the Code of Conduct’s statement of purpose.

The Code places an obligation on all of us to take responsibility for our own conduct and work with colleagues cooperatively to establish consultative and collaborative workplaces where people are happy and proud to work. (2006, p. 5)

The ‘obligation’ implies a rule or directive, but it is what the directive entails that needs to be questioned. If we look at the binaries of co-operative/uncooperative, consultative/not consultative or dictated and collaborative/individual which are embodied in the statement, we realise that the presupposition is that schools should be places where people work willingly together, supporting and consulting with each other. How we have arrived at this being the desired practice in the school context is not of consequence here, but what matters are two issues. Firstly, we need to question the assumption whether it is indeed always desirable and best practice to work collaboratively, consultatively and cooperatively, and whether there are or should be consequences or implications for those who choose not to work collaboratively, consultatively and cooperatively. Tied to this is the second issue, namely that it is an
assumption that working collaboratively, consultatively and cooperatively implicitly results in or equates to happiness and pride in work.

Bacchi also proposed identifying key concepts, which in this instance include responsibility and obligation. As she points out, these are ‘abstract labels that are relatively open-ended. Hence, they are hotly contested’ (2009, p. 8). Both these concepts are particularly nebulous in terms of the degree and extent of the responsibility and obligation. Furthermore, if obligation means duty-bound, the question is duty-bound to whom: the Code, the Department of Education as a single entity, our line managers and/or our colleagues?

One of the implications of this directive for principals managing the effects of staff mental health issues is that they ‘should’ expect all staff, whether affected by mental health issues or not, to not only take responsibility for their own behaviour but to also work collaboratively, consultatively and cooperatively. When we look at this expectation both from an ethics of care perspective and in conjunction with the experiences of the teachers and principals (in PPI 2 and 3), this expectation may not be realistic. Similarly, if we think about the key concept of ‘obligation’, exactly to whom is the staff member and the principal obligated?

Another paradigm to examine the Code of Conduct procedures (2010) with is the ethics of critique, which Shapiro and Gross (2008, p. 23) describe as opposing or highlighting problems inherent in the ethics of justice, with a focus on social class, race, gender and inherent inequities. Using the ethics of critique, the Code of Conduct needs to be analysed in terms of who wrote the document, whose legislation and rules it is based on, who benefits from following these rules, whose voice is not heard and who has the power.

These questions are useful in helping to identify policy values and beliefs from a different perspective to an ethics of justice, but the answers are beyond the scope of this research and will not be addressed in any detail here. However, ascertaining whose voice is silenced can be used as an example to demonstrate how the ethics of critique exposes whose values and beliefs underpin the Code of Conduct policy. The values and beliefs can also be thought about by applying Bacchi’s Q2 about assumptions and Q4 about what is left
unproblematic and whose voice is silent. Although the Code is written for DEC employees, it
does not acknowledge for employees what is fair and reasonable to expect from the people
(students, parents, suppliers etc.) they interact with at any point in time. That is, the onus for
good behaviour is on DEC employees at all times. It would be unreasonable to expect the
Code of Conduct written for employees to articulate these expectations, in that a policy
cannot address everything. But what needs to be taken into account is that the extreme
behaviours of non-employees can provoke or precipitate unacceptable responsive behaviours
in employees, particularly if the employee is unwell to begin with. This is significant
because, if disciplinary measures need to be taken, what support does the Code of Conduct
give to, for example, the antagonised employee?

A third paradigm with which to examine the Code of Conduct is the ethics of
professionalism. This paradigm is sometimes seen as a subset of an ethics of justice. Whilst
the latter is driven by rules, laws and policies, the ethics of professionalism, although also
underpinned by rules, laws and policies, asks for consideration of a number of factors. These
include not only one’s personal individual code of ethics, personal professional code of ethics
and a whole range of diversity elements such as race, gender, religion and social class, but
also of what might be in the best interest of students. The latter is the crux of the teaching
profession—that is, the assumption is that the core business of teaching is what is in the best
interest of students, although that in itself needs defining.

Examining the Code of Conduct’s directions in relation to staff welfare with the ethics
of professionalism lens problematises the Code even more. To illustrate this, I read the
document with a hypothetical case in mind. This case could be as simple as a staff member
regularly turning up right on bell time, usually wearing dark glasses to hide behind (when the
expectation is that staff enter duty thirty minutes before school starts and that they dress
appropriately). In searching the Code on how to deal with this, there are several directives
that I, as a principal, could draw on. As an example, the Code states that (2006, p. 8):

4.2 If your role requires you to manage or supervise staff, in addition to the above
responsibilities you are also expected to:

iii. provide ongoing support and feedback to your staff.
In order to analyse the Code from an ethics of professionalism, the following four questions from Shapiro and Stefkovich (2005, 2011) are useful in trying to ascertain what that ongoing support would look like.

(1) What would my profession have me do?
(2) What do the various communities expect me to accomplish?
(3) What about clashes of codes?
(4) What’s in the best interest of the students?

Strictly speaking, my profession would have me reprimand the teacher, as she is neither working the mandated hours, nor dressing appropriately (as no eye contact can be made due to the dark glasses). However, simultaneously, my profession expects me to ‘support’ this person, consequently possibly suggesting that the reprimand comes with an offer of ‘how can I help you rectify the situation?’ What is not delineated is the extent to which I should help. This becomes problematic. Does this teacher need to be covered? Can they teach effectively? If the answers are yes to being covered and no to effective teaching then, if I use the ethics of professions question, the school communities’ needs and wants become an issue. The parent community would expect their children to be taught effectively and by their allocated teacher. Furthermore, the answer to ‘what is in the best interest of the students’ would add weight to this issue. Students have a right to the best possible education, which necessitates effective teaching, which translates to having the same teacher in class following the planned program and not casual (substitute) teachers. How do you juggle the needs of the students and parents with the individual teacher’s needs? Even if I look to my own personal ethics, which are firmly grounded in an ethics of care, the dilemma of supporting the teacher with staff welfare needs on the one hand, and ensuring the students receive an effective teaching/learning program on the other, does not become any easier to resolve.

The fourth paradigm that can be used for a policy analysis is the ethics of care. The use of this paradigm also lets us look at Bacchi’s (2009) question (Q2) of what assumptions there are and what is left unproblematic at the same time. Using the same scenario as in the ethics of profession in seeking answers from the Code of Conduct, as to how I, as a principal, should conduct myself in this situation, I would consider the following questions from an
ethics of care perspective when reading the Code of Conduct procedures. I have developed these questions from my understanding of an ethics of care.

(1) What might the relationship be between me and that member of staff?
(2) What are my needs as a principal? What might the other person’s needs be?
(3) What level of loyalty, trust and/or connectedness exists between the two of us—from my perspective and from her perspective?
(4) What degree of empathy and compassion exists between the two of us—from my perspective and from her perspective?
(5) Who will benefit from any directive I follow from the Code of Conduct?
(6) Who might be hurt from any directive I follow from the Code of Conduct?
(7) What might the long term effect be of any action taken as a result of following a directive?

Most of the answers to these questions come in the form of directives. For example, in looking for answers to the first question, the Code is very clear that a principal is a departmental employee and a manager. Whilst there are descriptors of how to be in a work relationship (courteous, honest, impartial, safe), these descriptors are hinged to rules and legislation that may or may not be based on an ethics of care. The answer to Question 5 could be that the principal following the directive benefits because she is following the rules and is therefore compliant. However, this does not recognise that being compliant may be at an emotional cost to that principal and/or the employee. The Code itself does not provide answers to any of the other questions. To answer them, the principal needs to self-reflect and hypothesise about what the state of play may be.

Bacchi (2009) suggests that a policy analysis requires questioning the policy development and policy impact. This requires access to information not readily available. It is sufficient for the purpose of this paper to simply note that the Code, which ‘sits’ with the Employee Performance and Conduct Directorate, was first implemented in 2006 and was not amended until late 2014.
In summary, the Code of Conduct includes procedures for DEC employees. The procedures are comprised of sets of descriptors which can be used as a resource against which to check behaviour. The descriptors are written from a benevolent, proactive, yet imperative perspective, driven by deontological ethics. They are based on overt values, but rely heavily on the interpretation of beliefs and do not promote an ethics of care. Furthermore, the descriptors suggest that the onus for good behaviour rests with each individual DEC employee.

What the Code does not do is necessarily lend a voice of explanation to those whose behaviours are outside the guidelines, or those whose own personal ethics do not align with the ethics upon which the Code has been constructed. Furthermore, there are distinct possibilities that what the Code asks an employee to do does not meet the needs of all stakeholders. A close look at the Code using the multiple ethical paradigms framework certainly illustrates that following the Code’s directives can be problematic, compromising and indeed unsatisfying.

2.5.3 An analysis of Leading and Managing the School

The document Leading and Managing the School was first implemented in 2000 and updated in 2004 (https://www.det.nsw.edu.au/policies/general_man/accountability/lead_sch/PD20040024.shtml?level=Schools). It is meant to give all officers within the Department of Education ‘direction’ as to what the key accountabilities of principals are. The document outlines these key accountabilities in nine key areas, of which ‘staff welfare’ is the most relevant to this research. The document is based on the Teaching Services (Education Teaching Service) Regulation 1994 which sits under the Teaching Services Act 1980.

The essence of what this document is about (its objectives), or to use Bacchi’s (2009) first question, what the representation of the problem is, can be found in the abstract of Leading and Managing the School. There it is stated that this document is ‘a statement of key accountabilities for principals in the effective educational leadership and management of NSW government schools’. In other words, there must have been a perception that principals and those working with principals need guidelines to assist them to lead and manage a school effectively.
Another objective clearly articulated is that principals are accountable to the Director General and teachers are accountable to the principal. Whilst this accountability is delineated within the realm of quality outcomes for students, there are inherent problems. Firstly, what does accountability look like? Is it a matter of yes or no, something has been done or not? Is there a scale? If there is a scale, who decides what this scale is and at what point on that scale does a principal meet or not meet accountability requirements? Secondly, if this accountability is in reference to the quality of student outcomes (as stated on page 1 of the document), then at what point is the quality of student outcomes acceptable and what point is it not?

In looking at the Leading and Managing objectives, what becomes apparent is for a need to define accountability. Kimber and Ehrich (2011) point out that principals work within the realms of multiple accountabilities, of which contractual, professional and moral accountabilities are only some. These accountabilities are not mutually exclusive, although at times this causes tensions for principals in itself. What is particularly relevant here, as Kimber and Ehrich (2011) argue, is that contractual accountability imposed by managerial-inspired policies is problematic. For example: what might make sense from a management point of view may not make sense from an ethics of care or humane stance.

Stating that a principal is accountable for the quality of outcomes achieved by students where ‘quality’ is primarily measured by test scores highlights a managerial-inspired policy. Leaving the problematic nature of accountability aside, it is interesting to note that the Leading and Managing document, similar to the Code of Conduct, is also written from a stance of beneficence, advising what principals should do rather than what they should not do. Furthermore, the Leading and Managing document was also developed from a positive/proactive and imperative approach. Again employees, and in particular principals, are asked to consider whether their behaviour or action complies with what is described in the Leading and Managing document.

Unlike the Code of Conduct, the values and beliefs that underpin the Leading and Managing document are not explicit. It is therefore useful to address Bacchi’s (2009) second question of what presuppositions or assumptions underlie the representations of the problem
the document tries to address. An initial search of the document for at least the four values of fairness, respect, integrity and responsibility (the values explicitly named in the Code of Conduct) yields nothing in the Educational Leadership, Educational Programs, Learning Outcomes, and Resource Management sections, and one reference to procedural fairness towards students in the Student Welfare section. Not surprisingly, there are both overt and covert references to values in the Staff Welfare, Development, and Management sections (Table 2).

Table 2: Overt and covert references to values of fairness, respect, integrity and responsibility in the Staff Welfare, Development and Management section of the DEC Code of Conduct (2010)

<table>
<thead>
<tr>
<th>STAFF WELFARE, DEVELOPMENT AND MANAGEMENT</th>
<th>The principal is accountable for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading and Management requirement</td>
<td>Value</td>
</tr>
<tr>
<td>Promoting a collegial and co-operative culture to support team effectiveness and to encourage individual development</td>
<td>Fairness, respect, integrity and responsibility</td>
</tr>
<tr>
<td>Effective communication and decision-making processes within the school</td>
<td>Fairness</td>
</tr>
<tr>
<td>Informing staff of their responsibilities under Departmental procedures and guidelines including the Code of Conduct</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Clarifying the duties of school staff and ensuring staff appropriately exercise their delegated responsibilities</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Facilitating the professional growth of staff through the promotion of teacher efficiency in student welfare and assessment, curriculum development and evaluation, planning, classroom management and teaching skills</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Implementing specific programs for the development of staff who experience difficulties in the performance of their duties</td>
<td>Responsibility</td>
</tr>
<tr>
<td>The maintenance by all staff of documentation required in the completion of their duties</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Supervising and evaluating the implementation of teaching and learning programs and associated teaching strategies</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Inducting staff in the requirements of policies and mandatory training procedures</td>
<td>Responsibility</td>
</tr>
</tbody>
</table>
It could be argued that each identified area of principal accountability should be underpinned by each of these values. However, it is still worth noting the value that appears most often is responsibility. This is significant when considering what makes a decision an ethical one and certainly requires grappling with the issues surrounding responsibilities for whom and to whom. The application of the four ethical paradigms lenses to Leading and Managing, as it did for the Code of Conduct, enables a deeper analysis of this policy.

To reiterate, an ethics of justice, according to Shapiro and Stefkovich (2005, 2011), is concerned with laws, rights and policies. As in the Code of Conduct, there is no room for doubt that the Leading and Managing document is built on an ethics of justice. This is due to the reference to the Teaching Services Act 1980 (2014) in the preface and the reference to principals being ‘accountable for leadership and management consistent with relevant State legislation and the policies and priorities of the NSW Government’ on the first page.

The language choices further create the sense of the policy being mandatory. Each of the eight sections begins with the stem ‘the principal is accountable for’, thus stating very strongly that what follows is not an option but a requirement for principals. Furthermore, if you look at the opening verb of each dot point in, for example, the Staff Welfare section—‘promoting’, ‘informing’, ‘clarifying’, ‘facilitating’, ‘implementing’, ‘supervising and evaluating’ and ‘inducting’—they are directive and suggestive of things that must be done in a particular way. There is no room for tentativeness or choice. The sentence stems that begin with noun groups such as ‘effective communication and decision-making processes’ and ‘the maintenance’ are equally as definitive and directive as the verbs. Consequently there is a sense of being told what you must do, that is, that these are ‘rules’ that must be followed.

The second paradigm through which to analyse the policy document is the ethics of critique, which enables us to ask questions about the authorship of the document, the legislation and rules it is based on, who benefits from following these rules, whose voice is not heard and who has the power. This paradigm also helps to seek answers to Bacchi’s Question 4: ‘what is left unproblematic in this problem representation? Where are the silences?’ As for the Code of Conduct, it is the questions about who benefits and whose voice is silent that are of particular interest. If we take just one directive from the Staff Welfare
section, namely that ‘principals are accountable for implementing specific programs for the development of staff who experience difficulties in the performance of their duties’ (p. 4), then the voice that may not be heard is the principal’s, if the implementation of such a program is against the principal’s beliefs or interests. Alternatively, it could be the staff member’s voice that goes unheard if such a program is not in that staff member’s best interest from their point of view.

In contrast, the voice that is heard is the Department’s (as the higher managing unit than a principal). The Department clearly states that the principal is answerable ultimately to the Director General about implementing such a program. Therefore, it can be assumed that if the policy expectations are followed it is the Department as a unit, rather than the individual (either principal or teacher) who might benefit. It is also therefore the Department that holds the power. By tying the Leading and Managing policy to legislation, the Department is using an ethics of justice to try to ensure particular kinds of behaviour. Individuals, either the principal and/or teacher, still have the choice to comply or not, but not complying could have negative consequences.

The ethics of profession is the third lens used to analyse the Leading and Managing document. If we take the same scenario from the Code of Conduct discussion and the example from the ethics of critique discussion that principals are accountable for ‘implementing specific programs for the development of staff who experience difficulties in the performance of their duties’ (p. 4), then the ethics of profession would suggest that principals need to follow the directive. What the communities would expect of the principal in this scenario is not as clear cut. The staff community could expect the principal to resolve the situation so that they do not have to take on extra tasks to cover for the person. The parent community would expect the principal to do whatever necessary to ensure effective teaching of their children, but depending on the teacher’s personality could also expect the teacher to be looked after. Similarly, students would expect the principal to restore the norm but without losing their teacher. Therefore, the ethics of profession lens illuminates that in following the Leading and Managing directive, the principal has to deal with competing interests from various stakeholders. These could be further compounded depending on whether the principal has a stronger alignment with an ethics of justice or an ethics of care.
Finally, the ethics of care paradigm not only gives another perspective for analysing Leading and Managing, but also enables Bacchi’s Question 2 and Question 4 of what assumptions there are and what is left unproblematic to be addressed. If we continue to use the same scenario of a staff member regularly turning up just on bell time, wearing dark glasses, principals can also use the same questions from an ethics of care perspective in reading the Leading and Managing the School: Staff Welfare, Development and Management section’s directives.

The answer to the first of the seven ethics of care questions of ‘what might the relationship be between me and that member of staff?’ lies in the first dot point of the Staff Welfare, Development and Management section. This first dot point says that ‘a principal is accountable for promoting a collegial and co-operative culture to support team effectiveness (2006, p. 4). There is no articulation as to how this promotion should take place, but the very deliberate use of the adjectives of ‘collegial’ and ‘co-operative’ suggests supportive relationships between people. The principal is not outside the relationship or school culture, and therefore the implication is that the principal has a collegial and co-operative relationship with that member of staff.

The answer to the issue of ‘what are my needs as a principal and what might the other person’s need be?’ can come from two perspectives. If you take a deontological perspective, then the principal’s needs are those prescribed by the policy and they are quite clearly articulated. In other words, the principal’s needs are those that enable her to be accountable in meeting her responsibilities. The other perspective is from the principal herself in terms of her personal needs and whether they align with the DEC’s prescriptions of what her needs should be.

*Leading and Managing the School* gives no directions as to how the principal should deal with the teacher, but when you consider feelings of loyalty, trust, connectedness, empathy and compassion, as in Questions 3 (what level of loyalty, trust and/or connectedness exists between the two of us—from my perspective and from her perspective?) and Question 4 (what degree of empathy and compassion exists between the two of us—from my perspective and from her perspective?), the policy does indirectly express demands that a
principal have levels of these. In stating that a principal ‘is accountable for implementing specific programs for the development of staff who experience difficulties in the performance of their duties’ (p. 4), there are expectations that a principal is loyal and empathetic enough to try avenues other than immediate disciplinary, punitive measures. Furthermore, in being told to promote ‘a collegial and co-operative culture to support team effectiveness and to encourage individual development’ (p. 4), there is an assumption that a principal is connected with her staff, for without knowing one’s staff and letting them know you, it would be extremely difficult to establish a collegial and co-operative culture.

The answers to Questions 5 and 6 (who will benefit from and who will be hurt by any directive I follow from Leading and Managing?), like for the Code of Conduct, are that the principal benefits from doing all the things outlined in Leading and Managing that make her accountable because she is being compliant by following the prescribed rules. However, once again, being a rule-follower might ‘hurt’ the principal and/or the employee because the principal and/or the employee’s personal needs or wants may not be aligned with what the policy has identified as being the ‘right’ needs. As to what the long term effect (Question 7) may be from any action taken as a result of following Leading and Managing directives, the policy makes no reference to that, but one can surmise that by being compliant a principal’s career will remain assured.

Similarly to the Code of Conduct, the preliminary investigation that Bacchi’s (2009) policy development and policy impact questions in relation to Leading and Managing reveals that access to this information is not readily available either. Like the Code of Conduct, there have been no amendments to this policy (only an update in 2004) since its inception in 2000.

In summary, the Leading and Managing policy provides descriptions of what principals are accountable for. These descriptions are a checklist of what principals should do, like the descriptors in the Code of Conduct, written from a benevolent, proactive yet imperative perspective, driven by a deontological ethic. The descriptors are based on covert values of fairness, respect, responsibility. But they, like in the Code of Conduct, do not promote an ethics of care. Rather, they are based on an ethics of justice. The Leading and Management document’s shortcomings of providing adequate, useful and ethical advice for a range of
scenarios are further illuminated by the use of the multiple ethical paradigms frameworks for the policy analysis. As an example, the directives suggest that a principal’s actions are to ultimately benefit the Department above and over anything else. The same action can cause conflict for the principal if there is a discord between the principal’s and/or the other stakeholder’s and/or the Department’s ethical stances.

2.6 Conclusion

Principals, as managers of school staff, have legal and ethical obligations in relation to staff wellbeing. Principals need to make both legal and ethical decisions when the mental wellbeing, and in particular mental health issues, of staff impacts on the workplace.

In order to make conscious ethical decisions, principals would benefit from being aware of what influences their thinking, and subsequently, the nature of the outcome of their decision. An awareness of ethics and different ethical paradigms allows for more conscious and informed decision-making. In the context of management decisions in relation to mental health issues, an understanding of an ethics of care is particularly useful. An ethics of care is underpinned by the concept of care as a practice focused on meeting the needs of ourselves and others. If we accept that the management of the impact of mental health issues requires a focus on relationships and on doing what is best for the individual and others in the workplace, then the use of an ethics of care to inform decisions is appropriate and beneficial. However, principal decisions do not occur in a vacuum but must be made with consideration of the expectations stated in policies.

A close analysis of two policies that guide principals’ decision-making reveals that the rules and guidelines are inadequate, and at times conflicting, where decisions need to be made when mental health issues are at play. The conflict arises when directives are looked at using multiple ethical lenses and realising that the directives will not necessarily benefit all stakeholders, silences some stakeholders and indeed complicate matters when the principal’s personal ethical stance is different to the ethics underpinning the policy. Given that the policies do not provide principals with adequate direction and support to make complex ethical decisions when mental health impacts on their schools, an ethical decision-making
framework that complements and enhances the guidelines that do exist will be developed in PPI 1, which follows this paper.
3. PROFESSIONAL PRACTICE INITIATIVE 1: 
Developing an Ethical Decision-Making Framework

3.1 Introduction

... the ethical landscape is painted in shades of grey and not black and white. Sometimes
we need to accept the limits to certainty when trying to decide how best to proceed.
Sometimes our range of choice is reduced to picking the least bad alternative.
Sometimes we may have nothing more than a well-informed conscience to guide us
through the maze of ethical decision-making. (St James Ethics Centre, 2011)

My Professional Practice Initiative (PPI 1) involves a research study that aims to address this
maze of ethical decision-making with particular reference to the decisions that principals
need to make when staff mental health affects school management. Ethical decision-making
models exist, but currently there is not one specifically designed to address staff mental
health amongst teaching staff. Developing an ethical decision-making framework that is
useful for ethical dilemmas involving staff mental health requires two steps, the first of which
was completed in Scholarly Paper 1.

In Scholarly Paper 1, after identifying that the NSW Department of Education and
Communities (DEC) does not have a succinct wellbeing policy, policies and guidelines that
are currently available in terms of wellbeing and guidance for managers were found. Two of
the most well-known and frequently referred to documents, the Code of Conduct (2006) and
Leading and Managing the School (2000), were analysed using aspects of Bacchi’s (2009)
‘what’s the problem represented to be?’ (WPR) framework and Shapiro and Gross’s (2008)
and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm framework. The
analysis particularly focused on the ethical choices that are enabled or expected to be made
by DEC staff. The document analysis has informed the development of an ethical decision-
making framework that is specific to staff mental health.
The second step was to develop an integrated ethical decision-making framework. The ethical decision-making framework was strongly influenced by the theoretical constructs of Nodding’s (2003) notion of care and Tronto’s (1993) ethics of care. The ethical theories underpinning the model are also articulated. The final model is an amalgamation of three existing models: Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigm model; Cranston, Ehrich and Kimber’s (2003) Five Component model; and Langlois and Lapointe’s (2010) TERA (Trajectory: Ethics, Responsibility and Authenticity) model. These three models were chosen as they are particularly useful in addressing staff mental health issues.

3.2 Rationale for an Ethical Decision-Making Framework

As established in Scholarly Paper 1, this research takes place in the context of a currently heightened level of international, national and local awareness of the need to address mental health issues. My focus is on the management of the negative effects of teacher mental health issues in NSW Department of Education schools, with a focus on principals’ and executive’s ethical decision-making capacity.

The purpose of this Professional Practice Initiative was the development of an ethical decision-making framework. The analysis of Leading and Managing the School (2000) and Code of Conduct (2006, 2010) using the multiple ethical paradigm lenses revealed that neither policy adequately provides decision-making guidance for principals relating to staff welfare and in particular staff mental health. Indeed, following the directives of either policy at times could mean that principals are put in situations where their actions could contravene their own ethical stance or where a required action may be to the detriment or not to the liking of an interested party. The need for a framework that helps the decision-making process by allowing consideration from a number of perspectives became apparent. This led to the development of the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework.

A large number of ethical decision-making models exists across a variety of disciplines. Whilst their purpose tends to be the same, in that they try to help the decision-maker to make
the best possible decision in undoubtedly complex circumstances, the type of guidance the model provides varies depending on the ethical theory on which the model is developed.

In assessing whether an existing ethical decision-making model was going to be useful for principals to make decisions when staff mental health impacts on the workplace, I generated a number of criteria after my reading, research and reflection. I examined a number of criteria including:

(1) Is the framework based on multiple ethical paradigms?
(2) Does the framework complement DEC policies? Does it provide extra support where the analysis of DEC policies and documents showed the need for extra guidance?
(3) Does the framework allow users to consciously transform their thinking and positioning in relation to a dilemma and to translate that change into practice?
(4) Are the stages involved in the decision-making process explicit?
(5) Does using the framework enable the user to become consciously aware of which ethical perspective(s) are influencing the decision?

Of the existing models examined, none met all of the identified criteria. In the end, the three models that had an ethics of care embedded in them were chosen. The first model was Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) *Multiple Ethical Paradigms Framework*, which is the same model that was used for the policy analysis. Cranston, Ehrich and Kimber’s (2003) *Five Component Model* and Langlois and Lapointe’s (2010) *TERA (Trajectory: Ethics, Responsibility & Authenticity) Model* are the other two models that met most of the above criteria. All three are from the field of education and were identified as having usable attributes to help principals make ethical decisions. However, none of the models could be used on their own and still meet all of the criteria. Consequently, the three models were amalgamated to develop an ethical decision making framework.

Before describing the PTP framework, a look at the Department of Education’s Ethical Decision-Making Tool (2013) shows that there are five key questions to be considered. The answers to all five questions as a whole will result in the ‘right ‘decision. The questions are:
(1) Is it legal?
(2) Have I followed DEC policies and procedures?
(3) Is it in line with the DEC Code of Conduct?
(4) Can it be justified in terms of DEC interests?
(5) Can it withstand public scrutiny?

Audit Directorate suggests this tool is of use for ethical decisions around issues relating to:

(1) Being asked to sign documents or change records we believe we should not sign or change;
(2) Providing hospitality to staff of an excessive nature;
(3) Accepting gifts that could influence our decision-making in the future;
(4) Undertaking private or secondary employment without approval;
(5) Using DEC resources for private purposes without approval;
(6) Releasing confidential information without authority; or
(7) Misappropriation of DEC funds.

These issues are fairly instrumental in nature. This Ethical Decision-Making Tool is a risk-management tool to protect the Department against corruption and is far removed from the complexity of decisions relating to staff welfare. Ethical decision-making in relation to staff wellbeing, as pointed out previously, requires a more complex model, a model that allows for the decision-maker to consciously transform their thinking and positioning in relation to a dilemma and to translate that change into practice. The model also needs to allow for the decision-maker to consciously consider the stages involved in the decision-making process and to consciously be aware of which ethical perspective(s) are influencing the decision. The Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework allows for this conscious thinking because it is dynamic and multidimensional.

3.3 The Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework

The Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework has been developed as a written resource (excerpts are included later in this paper). The PTP
Framework is in many ways quite simple to use. A principal comes to the model with a current dilemma, where decisions need to be made around a staff welfare issue. The principal can systematically step through a series of questions that will at the very least facilitate her thinking about the issue. However, if we consider the recommendations of Dempster and Barry (2003) and Dempster, Carter, Freakley and Parry (2004a, 2004b) that principals need to develop an understanding of ethical perspectives and learn to apply these in their own contexts, then just working through the series of questions is not sufficient. The need for a more complex professional learning model is further highlighted when Cranston, Ehrich and Kimber’s (2006) summation that principals need both formal and informal learning opportunities designed to raise awareness and understanding about ethical decision making is considered.

Consequently, in the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework, each contributing model is looked at individually. As each contributing model is presented, key ideas contributing to the PTP Framework are explained. This is important in order to provide the PTP Framework user with background knowledge. The acquired, detailed background knowledge in conjunction with the repeated use of the PTP Framework will lead to not only a deep understanding of the process but also hopefully to better and/or more informed decisions. The contributing models are explained in Perspectives, Pathways, Transformation order, as it is easier to make connections between the models in this sequence. In order to help conceptualise what the PTP Framework looks like, the diagram below shows how the three components align with each other (Figure 4).
3.3.1 The perspectives component

The perspectives component of the PTP Ethical Decision-Making Framework is based on Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigms work, which was developed to enable educators to find solutions to complex ethical problems in our contemporary time.

To recap what was explained in Scholarly Paper 1, the ethics of justice revolves around concepts such as rights, impartiality, liberty, laws and responsibilities. Shapiro and Gross’s (2008, p. 23) questions are a useful scaffold.
• Is there a law, right or policy that relates to a particular case?
• If there is a law, right or policy, should it be enforced? Is the law enforced in some places and not others? Why or why not?
• If there is not a law, right or policy, should there be one?

However, the answers to these ethics of justice questions are not unproblematic. The ethics of critique, when applied, can help expose problems that may be inherent in an ethics of justice reasoning. It is an ethics of critique that requires us to question our own assumptions and values and to consider concepts such as power, culture and language. Furthermore, an ethics of critique enables us to look for alternatives and possibilities to enable all about whom decisions are made to be treated fairly, equitably and within the parameters of what they want and need. Shapiro and Stefkovich (2011, p. 15) outline the key questions of an ethics of critique as being:

• Who makes the laws, rights or policies?
• Who benefits from them?
• Who has the power?
• Who is silenced?
• What could make a difference to enable those who have been silenced, ignored, and oppressed to become empowered?

The ethics of profession is both personal ethics and standards set by the profession. The ethics of profession is centred on the principle that any educational decision must serve the best interest of the student. Whilst that could be debatable from the stance that what serves one student’s interest best may not be tenable for the teacher or the school, it is useful to consider their key ethics of profession questions. This is because they propose that the ethics of profession goes beyond the ethics of care, critique and justice. The key questions are (Shapiro and Gross, 2008, p. 35):

• What would the profession ask me to do?
• What do various communities expect me to accomplish?
• What about clashes of codes—does this exist, and is there a problem?
• What should I consider the best interest of the students, who may be diverse in their composition and their needs?
The questions for each of these ethical paradigms would certainly help principals not only make ethical decisions but to also justify them. However, to make the multiple ethical paradigms framework even stronger, it might be useful to consider the ethical perspectives that may or may not be applicable when making a decision.

3.3.2 The pathway component

The second contributing model used to develop the PTP Ethical Decision-Making Framework was developed by Cranston et al. (2003). Their five component model did not concentrate so much on various ethics or ethical perspectives, but proposed a pathway (that is not necessarily linear) to reach a decision about an ethical dilemma. This pathway aims to delineate the context, forces and decision-making processes the decision-maker of ethical dilemmas is likely to experience.

The pathway begins with the key idea that it is the critical incident that triggers the ethical dilemma. This incident may be a single event such as a staff member having an emotional breakdown in the principal’s office or the culmination of a series of repeated behaviours that can no longer be left unaddressed. The incident is the event that triggers the thought that here is a dilemma that needs resolving.

The pathway then takes the decision-maker through a set of nine potentially interdependent and potentially competing forces. These forces are like lenses, allowing the critical incident to be considered from different perspectives. Cranston et al. (2003, p. 141) identify these as professional ethics, legal issues and policies, organisational culture, institutional context, public interest, society and community, global context, political framework, economic and financial contexts and ‘?’ (which refers to a yet-to-be-identified force). They explain that these forces may at times compete against each other and that what ‘needs to be again emphasised is the potentially dynamic interdependence of each of these, some surfacing more dominantly than others depending on the context and nature of the decision to be made’ (p. 141). It is enough for the decision-maker to have a broad understanding of each of these forces.
Briefly, professional ethics is the same as the ethics of profession in the multiple ethical paradigm framework and includes the formal and informal, spoken and assumed, and written and unwritten principles, values and norms of the teaching profession. Legal issues and policies correlate with the ethics of justice and includes school, departmental and government ‘rules’. Organisational culture is the way of being and doing things within the school or, as explained in detail in Scholarly Paper 3, it is as Schein (1985, p. 9) explains ‘a pattern of basic assumptions—invented, discovered or developed by a given group as it learns to cope with its problems of external adaptation and internal integration’. Organisational culture both influences and is influenced by the institutional context. Key drivers of the institutional context are the stakeholders—students, parents, staff, the DEC as an organisation and each of these stakeholder’s’ expectations and beliefs.

Public interest, another force, refers to the needs and wants of the community as a whole and these needs and wants are made known through debates, forums and discussions. Society and community, according to Cranston et al. (2003, p. 141), refers to the influence that community members or stakeholders can exert on institutional decision-making. Principals often need to balance or reconcile the competing needs and wants of their school as an organisation, their community and the public. All this needs to be done within the global context, which ‘relates to the wider global, social, political and economic context impacting on institutions’ (Cranston et al., 2003, p. 141). Also impacting on principals’ decisions is the current political framework, which ‘refers to potential implications of a particular ideological view of the government of the day that may translate into a significant force at the institutional level’ (Cranston et al., 2003, p. 141). Another force to consider is the economic and financial contexts, which is particularly significant at the NSW public school level as we move into Local Schools, Local Decisions—a reform intended to put students at the centre of all decision-making and enabling principals (and their communities) to have a greater say on resource allocation. The last force to be considered is the ‘?’ or ‘yet-to-be-identified force’. Cranston et al. (2003, p. 142) state that this ‘untitled force (?) was included to signify that a significant force not identified at this time could emerge in the future’.
Considering a critical incident with these forces or lenses may seem overwhelming, but not all would be entirely relevant, applicable or useful to every incident; their presence can vary in degree and intensity and there is also overlap between the forces. Principals could choose which force gives them the most benefit. At the very least, using the questions from the model for each force is a useful starting point.

After considering the nine forces, the decision-maker following the pathway turns the focus on him or herself, to his or her beliefs, values and attributes. Cranston et al. (2003) state that this component is at the core of the ethical dilemma, as it is the individual who resolves it. Individuals do not approach a decision from a neutral, impartial stance. Rather, all the societal, cultural, religious, economic and social influences that have shaped the individual, together with her beliefs, values, predispositions and her ethical views, impact on the thinking about the ethical dilemma and the decisions ultimately made.

The next step in the decision-making pathway is the choice between alternatives. It is here that Cranston et al. (2003) believe the ethical dilemma arises, as a decision has to be made between competing alternatives. The decision may be to ignore the dilemma or act upon it. The actions taken to resolve the dilemma may be, according to Cranston et al., formal or informal, or external or internal. Formal action may involve invoking a policy or legislation, and informal action may be a verbal reprimand or discussion. External action would mean involving others outside the school, for example a Public Schools Director (the line managers for principals), the police or another relevant agency. Internal action is working out solutions within the school itself.

The final step is to give thought to the implications of the action or non-action that has arisen out of the decision. The action or non-action will have repercussions for the individuals involved (the decision-maker and the person or group about whom the decision is being made), the school as an organisation and the community of which the school is a part. Not all the repercussions can be predicted, and Cranston et al. (2003) point out that the action or non-action could set in motion a new ethical dilemma.
A few years after the original five-component model was developed, Ehrich, Kimber and Cranston (2009) hinted that identifying the antecedents, such as the culture of the school, community expectations, legal and policy frameworks and the decision-makers’ values and beliefs, is critical to the ethical dilemma response too. This is particularly pertinent when the ethical dilemma pertains to the effect of mental health issues, as there is a time before the onset of the mental health issue to consider, in terms of prior behaviours, work ethic, performance and so forth.

Inherent in this five-component model is the assumption that an ethical dilemma requires an ethical decision. Following the model’s steps creates a pathway towards making a well-grounded ethical decision.

### 3.3.3 The transformation component

The TERA (Trajectory: Ethics, Responsibility and Authenticity) model (Langlois and Lapointe, 2010) is the final ethical decision-making model used in formulating the new PTP Ethical Decision-Making Framework. At its simplest, this model was designed to ‘develop greater ethical sensitivity, judgement, and awareness amongst educational administrators of the moral dimensions of their decision-making processes and to the impact of their decisions on people, their organization, and their community’ (p. 149). The aspect of the model that is of significance is that it asks decision-makers to participate in a transformation process of knowledge, volition, and action. The knowledge aspect enables the decision-maker to develop an awareness of where she stands in relation to an ethics of justice, an ethics of care and an ethics of critique. Volition is the next step in the process. Volition is, according to Langlois and Lapointe (2010, p. 151), the ‘level of compliance to our own values and the degree of volition to use these values as an internal guide’. It is here where, after identifying the values, beliefs, principles and standards that matter to her, the decision-maker decides the degree to which she wants to act. As thinking about acting is not acting, the final step in this process is action. It is taking the action after considering all the possible consequences that results in a responsible decision and where that action arises out of the volition, an authentic decision is made.
In their three-year study of educational administrators using the TERA model, Langlois and Lapointe (2010) found that TERA enabled these administrators to develop sound ethical expertise. The particular contribution the TERA model makes to the PTP is that it allows the decision-maker to move beyond just considering the types of questions raised in Shapiro and Stefkovich’s multiple ethical paradigms framework, to the intermediary stage of volition and then translate this into action with an outcome.

3.4 **Practical Application of the Pathways-Transformation-Perspectives Decision-Making Framework: an example**

How the three components complement each other to enable effective decision-making when staff mental health issues impact on the workplace is best demonstrated through a scenario. The scenario is as follows:

Anna is a principal of a large metropolitan primary school. Rick has been teaching at the school for a few years. He is popular with students, parents and his colleagues. Over the last few months Anna has noticed changes in Rick’s behaviour, especially in the staffroom and at meetings. Rick often sits there in silence, does not communicate verbally or non-verbally. If approached directly, his answers are often mono-syllabic and come across as rude and there is little eye contact. However, Anna has noticed these behaviours are intermittent. A few of Rick’s colleagues have commented that he makes them feel uncomfortable and his team leader has reported she avoids asking him for contributions and just takes his share of work on top of her own. When colleagues or his team leader inquired whether he was okay or needed anything when he was in that mood, he would snap at them. During his TARS (teacher assessment and review schedule) meeting with Anna, Rick stood up and said he couldn’t do this anymore and that he would quit. Anna managed to get Rick to sit down and calmed him and then he disclosed that he had been diagnosed with bipolar II but he did not believe the diagnosis and was certainly not willing to take the medication prescribed. Anna needed to make decisions as to how to proceed from there.

Using the scaffold of the PTP Ethical Decision-Making Framework is a tool to help Anna think through possible ways forward (Figure 5).
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<tr>
<th>PATHWAYS</th>
<th>TRANSFORMATION</th>
<th>PERSPECTIVES</th>
<th>KEY QUESTIONS TO CONSIDER</th>
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<tr>
<td>CRITICAL INCIDENT</td>
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<td>Who are the key players?</td>
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<td>Who are the peripheral players?</td>
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<td>Is there anyone else who should/could be involved?</td>
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<td>Why is this an issue?</td>
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<td>When did this become an issue?</td>
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<td>Where is this issue playing out?</td>
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<td>PROFESSIONAL ETHICS</td>
<td>What would the profession ask me to do?</td>
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<td>What do various communities expect me to accomplish?</td>
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<td>What about clashes of codes – does this exist, and is there a problem?</td>
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<td>What should I consider the best interest of the students, who may be diverse in their composition and their needs?</td>
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<td></td>
<td>Are the professional standards formal or informal, written or unwritten?</td>
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<td>ORGANISATIONAL CULTURE</td>
<td>What are the relationships between people like?</td>
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<td>What is the level of trust between people?</td>
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<td>Are the organisations values widely shared?</td>
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<td></td>
<td>How have previous similar incidents been dealt with?</td>
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<td>INSTITUTIONAL CONTEXT</td>
<td>What multiple and competing accountabilities to students, teachers and the wider school community need to be reconciled?</td>
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<td>Are there any particular school practices?</td>
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<td>ECONOMIC &amp; FINANCIAL CONTEXT</td>
<td>What financial constraints are there on the school?</td>
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<td></td>
<td>Is the participant’s financial situation of consequence?</td>
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<td>SOCIETY &amp; COMMUNITY</td>
<td>What influence do community members or other stakeholders exert on the institutional decision-making?</td>
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<td></td>
<td>How will the decision further community well-being?</td>
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<td>PUBLIC INTEREST</td>
<td>What might the community expect?</td>
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<td>What might the community need?</td>
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<td>What might the community want?</td>
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<tr>
<td>LEGAL ISSUES, POLICIES (ETHICS OF JUSTICE)</td>
<td>Is there a law, right or policy that relates to a particular case?</td>
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<td>If there is a law, right or policy, should it be enforced?</td>
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<td>Is the law enforced in some places and not others? Why or why not?</td>
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<td>If there is not a law, right or policy, should there be one?</td>
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<td>Are there any precedents?</td>
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<td>POLITICAL FRAMEWORK</td>
<td>How do current government ideological views impact on the decision?</td>
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<td>What discretionary decision can be made?</td>
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<td>ETHICS OF CRITIQUE</td>
<td>Who makes the laws, rights or policies?</td>
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<td></td>
<td>Who benefits from them?</td>
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<td>Who has the power?</td>
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<td></td>
<td>Who are silenced?</td>
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<td></td>
<td>What could make a difference to enable those who have been silenced, ignored, and oppressed to become empowered?</td>
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<td>GLOBAL CONTEXT</td>
<td>Are there any wider global, social, political and economic factors that need to be considered?</td>
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<td></td>
<td>Is there anything that has not been identified, but that could impact on the situation?</td>
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<tr>
<td>THE INDIVIDUAL VIGNETTE</td>
<td>What values does the individual bring to the dilemma?</td>
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<td>What beliefs does the individual bring to the dilemma?</td>
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<td>What ethical orientations does the individual bring to the dilemma?</td>
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<td>Which personal attributes are brought to the dilemma?</td>
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<td>Who will benefit from what I decide?</td>
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<td>Who will be hurt by my actions?</td>
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<td>What are the long term effects of a decision I make today?</td>
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<td>What am I hearing? What am I observing?</td>
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<td>What factor does loyalty play? What factor does trust play?</td>
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<td>Is my focus equity or equity?</td>
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<td>THE DECISION-MAKER ETHICS OF CARE</td>
<td>What choice will be made between competing alternatives? (This is where the ethical dilemma really sits.)</td>
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<td></td>
<td>Will the action be formal or informal?</td>
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<td>Will the action be internal or external?</td>
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<td>CHANCE</td>
<td>What will the implication be for the individual?</td>
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<td>What will the implication be for the decision-maker?</td>
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<td>What will the implication be for the community?</td>
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<td>What will the implication be for the organisation?</td>
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<td>Is the decision authentic?</td>
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Figure 5: The Pathways-Transformation-Perspectives Ethical Decision-Making Framework
The Critical Incident: The critical incident is a combination of repeated events (Anna’s own observations of Rick’s behaviour and the reports by other staff and his team leader) and the single event of Rick saying he was quitting and that he had a mental illness diagnosis that he refused to accept. The key players are Rick, his colleagues and Anna herself. The peripheral players are the students and parents. Other people that could be affected by Rick’s behaviours are the office staff, cleaners and the high school staff, as Rick was the contact person for Year 6–7 transitions. This incident can become an issue on a number of fronts because staff were not comfortable when he was in his ‘mood’, his team leader’s workload increased and Rick said he could not continue teaching. These issues matter because staff should be comfortable at work, the team leader should not have an increased workload over an extended period of time, and Anna did not want a teacher at her school against his volition. But, she did not want to lose Rick as a teacher either. Anna feels quite strongly about this, especially when she considered what Ehrich et al. (2009) called the antecedents, namely that Rick was an excellent classroom practitioner and highly regarded in the community, especially through his contributions to various sport teams.

The Forces and the Knowledge: Anna needs to develop knowledge by increasing her awareness of where she stands in relation to the different ethical paradigms. She may not need to know or be able to articulate her ethical stance, but her thinking can be broadened by looking at the key questions taken from Cranston et al.’s (2003) nine forces.

Professional Ethics: If Anna is familiar with the Code of Conduct (2006, 2010) and Leading and Managing the School (2000) policies, she may know that she has a duty to both Rick and the other staff. The Code (and therefore the profession), for example, stipulates that ‘it is important for you to treat your colleagues with respect. Rude or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening or derogatory language and physical abuse or intimidation towards other employees is unacceptable’ (2006, p. 12). As staff have reported that Rick comes across as rude and he makes them feel uncomfortable, Anna should act on that directive. However, the Code also stipulates that as a manager Anna is expected to ‘provide ongoing support and feedback to your staff’ (2006, p. 8), meaning the profession expects Anna to support Rick too.
There are other codes of professional practice as well, such as the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) National Standards for Teachers (2011), where it is stated that teachers need to ‘engage with colleagues and improve practice’ and ‘contribute to collegial discussions and apply constructive feedback from colleagues to improve professional knowledge and practice’ (p. 18). If Rick is not participating and contributing to meetings where this is the focus, Anna has an obligation to act on this. This is problematic if Rick has a mental health issue. A different professional policy, the Teacher Improvement Program (2010), recognises that teachers may experience health problems and states that ‘where a teacher’s difficulties in their teaching performance might be related to a health problem, fitness to continue teaching may be determined by referral to Independent Medical Assessment’ and that ‘principals should be both sympathetic and take care to understand the reasons for personal difficulties experienced by members of their staff’ (p. 5). These directives mean that Anna cannot begin the process for a formal review. Hence, there is a clash in what the ‘profession’ asks of Anna.

Relevant to the Code of Conduct (2006) is the NSW Government Privacy and Personal Information Protection Act 1998 No. 133. Therefore, Anna should also consider that ‘privacy and confidentiality are enforced by legislation and underpinned by professional codes of conduct to protect mental health information from unauthorised disclosure’ (National Mental Health Consumer and Carer Forum 2011, p. 5). In other words, Rick is entitled to privacy and she needs to negotiate with him about what could be said to staff that respects his wishes, but also gives staff enough information to help them understand the situation.

**Organisational Culture:** Anna needs to think about how supportive and inclusive the culture in her school is. She has already stated that until recently Rick was very popular, suggesting he had good relationships with his colleagues. However, in spite of the seemingly good relationships between staff, Anna still should consider the level of trust between her staff before she decides on any action. Anna can also draw on any previous cases where a staff member’s mental health issues have impacted negatively on her school and how that was managed, if indeed there were any.
**Institutional Context:** Here Anna should look at what multiple and competing accountabilities to students, teachers, and the wider school community need to be reconciled. Whilst Rick is accountable to his team leader by taking his fair share of the workload, there really are not any competing accountabilities. Anna could, however, consider what the staff welfare practices are in terms of staff supporting each other.

**Economic and Financial Contexts:** If Anna was considering an option of suggesting that Rick take leave to give him time to address his mental health issue, she does need to consider the impact this will have on her school sick-leave budget. This is even more so, as new reforms have been introduced in the DEC, where sick-leave funds are managed locally rather than centrally.

**Society and Community:** As Rick’s behaviours seem to impact primarily on his colleagues, Anna may not need to consider other community members or stakeholders at this point. However, if Anna is thinking that Rick may benefit from taking leave, then there is an impact on students and their parents. Parents may question aspects such as a lack of continuity in the teaching program and pastoral care for their children. Students may also be negatively affected by their teacher being replaced or possibly also if he is sick and not replaced.

**Public Interest:** Anna needs to consider two opposing interests in the wider community. On the one hand, mental health still has a lot of stigma associated with it. But on the other hand, there is an expectation, and this is in legislation, that people with mental health issues are not discriminated against and that accommodations are made in the workplace. In the Australian Human Rights Commission’s *Workers with Mental Illness: A Practical Guide for Managers* (2010), it is stated that managers (which includes Anna) must avoid discrimination as ‘disability discrimination legislation requires you to ensure your workplace does not discriminate against or harass workers with mental illness. You are also required to make reasonable adjustments to meet the needs of workers with mental illness’ (p. 8). Furthermore, managers must ensure privacy, as ‘privacy legislation requires you to ensure personal information about a worker’s mental health status is not disclosed to anyone without the worker’s consent’. Once again, Anna needs to find a balance between maintaining Rick’s privacy and making appropriate accommodations for him.
Legal Issues and Policies and an Ethics of Justice: Anna needs to see if there are any laws or policies that relate to managing Rick’s behaviours and whether they should be enforced. As seen in the discussion on ‘public interest’ and ‘professional ethics’, there are both relevant legislations and DEC policies. However, whether and how they should be enforced and to what extent, depends on how Anna reconciles the competing demands of all the other forces at play.

Political Framework: Cranston et al. (2003) explain that the political framework ‘refers to potential implications of a particular ideological view of the government of the day that may translate into a significant force at the institutional level’ (p. 141).

Ethics of Critique: There are many laws and policies that can be drawn on in this situation. As stated before, at times they present different directives, differences that are difficult to reconcile. Anna needs to think about the rights of all staff, as represented in statements such as ‘as a departmental employee, you are expected to … be courteous and responsive in dealing with your colleagues … and to work collaboratively with your colleagues’ (Code of Conduct, 2010, p. 7). At the same time she needs to think about Rick’s rights, as also represented by statements such as ‘you must not discriminate against or harass your colleagues, students or members of the public on a number of grounds including sex, marital status, pregnancy, age, race, ethnic or national origin, physical or intellectual impairment or sexual preference’ (Code of Conduct, 2010, p. 11) and by the Australian Government Disability Discrimination Act 1992, which directs that employers must make ‘reasonable’ adjustments. These adjustments might include excusing Rick from face-to-face team meetings and providing him with minutes so that he is still informed. Anna needs to ensure that both Rick and the other staff’s voices are heard and that everyone’s needs are met in the best possible manner.

Global context: Mental health is on the global agenda and there has been a groundswell on advocacy for the rights of people with mental health issues and reform in public policy on mental health and mental health issues. Anna needs to keep this context in mind in her decision-making process.
Anna needs to consider if there is anything else that has not been identified that could impact on the situation and be aware that whatever her decisions are could unleash another critical force not identified at this time.

The Individual, Volition and Choice: Having considered the situation with Rick through all the critical forces, Anna now needs to think about what is driving her thinking. She needs to think about her own values and beliefs and which ethical orientations she leans towards. Anna stated that she did not want to ‘lose’ Rick, suggesting that she cares about Rick and is willing to care for him, thus, she could be leaning towards an ethics of care. In this instance, she needs to think not only whether her actions will indeed benefit Rick, but whether they would also benefit his colleagues and herself. She also needs to consider whether her actions of ‘keeping’ Rick would be detrimental to anyone and what the long-term effects of her actions might be. Once she has considered various options and consequences, volition, which ‘enables us to determine to what extent we are ready to defend our point-of-view, depending on the principles we put forth’ (Langlois and Lapointe, 2010, p. 151) comes into play. The degree to which Anna wants to act can also be influenced if she seeks answers to Cranston et al.’s (2003) questions of choice, namely between all the competing possibilities, of what Anna will choose to do. This decision can be further informed if Anna contemplates whether her actions will be formal, such as a preliminary performance review, or informal, such as a discussion with Rick, and whether she will keep the management of the issue internal, within the confines of her school, or seek external assistance.

Action or Non-Action: The last part of the ethical decision-making process using the PTP tool would be for Anna to deliberate what the implications are for the individuals involved, her school and the community. As a principal, Anna needs to contemplate the effect her decision will have not only on the situation in front of her now, but also henceforth. This is both in terms of future situations where staff mental health issues impact on the workplace and in terms of perceptions of her leadership by others. It is when Anna has critically considered the incident itself, the forces affecting the possible actions, her own volition and the likely consequences of her decision, that Anna is in an authentic (by being true to herself) and therefore, best possible position to act. It is the ‘best possible position’ because Anna, according to Langlois and Lapointe (2010) and Branson (2010), is making an authentic
decision as she is acting out of good faith after considering the pros and cons in conjunction with her own belief systems and acting to ‘maximise the dignity, integrity and accomplishments of all’ (Branson, 2010, p.6).

Nevertheless, the process should not end there. In order to make the use of the PTP Ethical Decision-Making Framework worthwhile, Anna would need to reflect on the effectiveness of her decision. Realistically speaking, a principal would not spend a lot of time evaluating the effectiveness of a decision. However, a glance at some of the key ethics of care and ethics of profession questions could help evaluate the effectiveness of the decision.

The PTP Framework is one comprehensive framework that principals can use to facilitate ethical decisions when staff mental health issues impact on the workplace. It is very likely that as the context in which principals’ work continues to become more and more complex, a number of new ethical decision-making models will continue to evolve. However, the model needs to suit the purpose for which it is intended. Therefore, a model that is designed to facilitate decisions where staff wellbeing is concerned must (as the PTP Framework does) include an ethics of care and an ethics of profession.

3.5 Future Direction

The discussion on ethical decision-making models makes a number of assumptions. Besides assuming that such models are indeed necessary, there is an assumption that principals (or educational administrators) need training and development on using such models. This is not unfounded when current research is examined. Branson (2007) argued that although necessary, moral leadership is not natural and therefore principals need assistance. He found that after leading principals through a ‘deeply structured process of self-reflection’ (p.492) their capacity for moral consciousness and therefore moral leadership was enhanced. After surveying Queensland principals, Dempster and Barry (2003) and Dempster et al. (2004a, 2004b) concluded that principals were ill-prepared to navigate through the minefield of school-based ethical decision-making, and recommended that principals develop an understanding of ethical perspectives and learn to apply these in their own contexts. Similarly, Cranston et al. (2006) found, after interviewing principals, that both formal and
informal learning opportunities designed to raise awareness and understanding about ethical decision-making were necessary to enable principals to make more effective ‘bread and butter’ (ethical) decisions. Langlois and Lapointe (2007) found that length of service of Canadian French-language minority school principals determined which ethic they used to make decisions. They found that the more experienced the principals were, the more likely they were to use an ethics of care and an ethics of critique. Principals with less than five years’ experience were more likely to rely on an ethics of justice. Based on their observations, they recommend that practice analysis groups are formed to enable participants to practise reflexive ethics to develop a higher sense of their own moral responsibilities.

As the purpose of this research is to develop an ethical decision-making framework for principals and executive members, consideration needs to be given whether the needs of school executive teachers are the same as those of principals in regards to the ethical decision-making framework. Rintoul and Goulais (2010) identified specific skills including moral purpose, self-knowledge, flexibility, vision and a high tolerance for ambiguity that vice principals (second in command leaders in schools) need in order to make ethical decisions. They acknowledged that there are substantial differences in how vice principals can, to borrow Dempster and Barry’s (2003) phrase, ‘navigate through the minefield of school-based ethical decision-making’. They argue that:

Caught in a middle realm between principals and teachers, vice principals are challenged with the on-going task of satisfying multiple and diverse stakeholders.

In a simplified way, there is an inherently complex expectation that the school executive demonstrates loyalty to the principal (an alignment to the principal’s beliefs, ethics and morality) and commitment to school policies (which may or may not be committed to by the principal) and at the same time build respect and following within the teams they lead. The implication for the development of an ethical decision-making framework and an associated professional learning package is that there is a need to embed opportunities for school executives to recognise, analyse and reflect on where and how they are being morally positioned by whom or what, when and where.
Finally, whilst there has been some recent research (such as the four mentioned above) into the professional learning by principals and school executives about ethical decision making in the field of education, it might be useful to look further afield for other possibilities. As an example, Cant and Kulik (2010) propose an EDMP (ethics as a decision-making process) framework to use with undergraduate business students in conjunction with an ethical reasoning rubric. One of the interesting components of the EDMP is the inclusion of where the ‘disconfirming data’ contradicting the decision-maker’s moral intuition is identified. This step would assist in clarifying the issues around an ethical dilemma and could be incorporated into, for example, Cranston et al.’s (2003) model. The idea of an ethical reasoning rubric could also be used for ethical decision-making training, both for the decision-makers’ self-awareness of where they are at and for managers to evaluate their employees’ ethical decision-making capabilities.

3.6 Conclusion

As managers of school staff, principals have legal and ethical obligations. These obligations include managing situations when staff mental health issues impact on their workplace. These obligations can at times be conflicting and/or competing. Having already established (in Scholarly Paper 1) that an ethics of care and an ethics of profession are paramount in relation to the management of staff mental health issues, three ethical decision-making models were amalgamated into The Pathways-Transformation-Perspectives Ethical Decision-Making Framework. This framework gives principals a comprehensive tool that facilitates the decision-making process. This tool enables principals to work towards reconciling not only conflicting and competing legal and ethical obligations, but also conflicting and competing beliefs and values. It also means that as a result of thinking through the components of the model, principals can rationally justify, with certainty and conviction, why they have made a particular decision in relation to the staff mental health issues impacting on their workplace.
4. Scholarly Paper 2: Using Sociolinguistic and Ethical Frameworks to Interpret Interview Data

4.1 Introduction

Eight transcripts. One hundred and eighty-five minutes of recording. Twenty-nine thousand nine hundred and fifty-three words. As a researcher, how do you make sense of this enormous wealth of data? There are many theories and analytical frameworks at my disposal to help make sense of it. Whilst there is merit in many of them, choosing which theories and frameworks to use became more apparent when reiterating the purpose of conducting the interviews in the first place.

The focus of the interviews was to highlight a range of experiences that Department of Education and Communities employees have that would help principals and executives to understand how to support staff with mental health issues better in the future. Interviews were conducted with two groups of people: those who managed staff with a mental health issue that affected their performance at work, and those who readily disclosed that an extended period of mental health issues affected their work performance. Each participant was asked to share his or her experiences in relation to her or his wellbeing and to discuss what worked well and what could have been handled better or differently.

I wanted to explore four issues within the interviews:

(1) What was an experience of either living through the prolonged period of mental health issues like for the ‘sufferer’ or the person managing such a situation?
(2) What policies, procedures or support was available and how useful was it?
(3) What made things easier or more difficult?
(4) What suggestions for the future of managing staff mental health issues might there be?
However, an initial glance at the data suggested that questions 2 and 3 needed to be considered separately in terms of the principal’s experience and the teacher’s experience, simply because of the different positions of power. Consequently, the four questions became seven and they were:

(1) What was an experience of living through the prolonged period of mental health issues like for the ‘sufferer’ (the teacher)?
(2) What was an experience of managing the prolonged period of mental health issues of a staff member like for the principal?
(3) What policies, procedures or support were available for the teacher and how useful were they?
(4) What policies, procedures or support were available for the manager and how useful were they?
(5) What made things easier or more difficult for the teacher?
(6) What made things easier or more difficult for the principal?
(7) What suggestions for the future of managing staff mental health issues might there be? Is this the same for both teachers and principals?

As explained in the Overarching Narrative, some of my postgraduate experiences included engaging with sociocultural linguistic domains. Even though I have a limited understanding of only a small number of sociocultural linguistic theories, analysing transcripts from a sociocultural linguistic stance seemed a viable starting point. This was further driven by a long-held interest in the power of narrative and a beginning understanding of power and discourse and social positioning.

Consequently, a look at systemic functional linguistics seemed a practical starting point. This will be followed by a look at aspects of critical discourse analysis that dovetail with and enhance aspects of systemic functional linguistics which are used for the transcript analysis. Finally, Shapiro and Gross’s (2008) and Shapiro and Stefkovich’s (2005, 2011) multiple ethical paradigms will be revisited and applied to transcript analysis as well. Before explaining the theories underpinning the analysis of the transcripts, I will explain the choice of interviews as the research method and the processes involved.
4.2 The Interviews

As outlined above, I wanted to understand teachers’ and principals’ experiences of mental health issues. In order to get access to their experiences, I chose a qualitative research method. Qualitative research seemed most appropriate, given that as Ormston, Spencer, Barnard and Snape (2013, p. 23) state that:

almost universally the aim of the qualitative studies we undertake is to produce meaningful qualitative evidence that has relevance for wider application beyond the specific sample involved in the research.

Inherent in qualitative studies is the problem of generalisation, and this will be addressed in the limitations of interviews as a research method.

Within the qualitative research method, I have chosen not to adopt what Ormston et al. (2013, p. 19) call ‘epistemological determinism’. Instead, I have loosely adopted the paradigmatic perspective called pragmatism, by authors such as Patton (2002) and Creswell (2003). The pragmatism perspective seemed appropriate for two reasons. Firstly, in pragmatism the problem is more important than the research method (Creswell, 2003). This perspective allowed the need to describe the experiences of working with a mental health issue or managing a teacher working with a mental health issue to drive the choice of the research method. Secondly, pragmatism’s premise that ‘knowledge claims arise out of actions, situations, and consequences rather than antecedent conditions’ (Creswell, 2003, p. 12) seemed significant in helping articulate the validity of this research, in spite of its limited scope.

The scope of this research was limited in terms of the data collection and sample size. The context of the research determined the limits. Being a requirement of an educational degree, a single researcher, minimal funding, and limited time due to thesis submission date are some of the factors that contributed to the limitation of the scope of the research.

A deliberate decision was made to use interviews as the enquiry and data collection method. Interviews ‘give access to knowledge—a knowledge of the meanings and
interpretations that individuals give to their lives and events’ (Minichiello, Aroni and Hays, 2008, p. 1). From the range of possible interview types, a general interview guide approach (Patton, 2002) was chosen. This approach is also known as a loosely structured interview (Minichiello et al., 2008). The interview format was to use an interview guide to ‘ensure that the same basic lines of inquiry are pursued with each person interviewed’ (Patton, 2002, p. 343). These questions are intended to provide enough structure to enable the conversation to be aligned with the researcher’s interest, whilst simultaneously allowing ‘the social interaction between the interviewer and informant to elicit interpretations’ (Minichiello et al., 2008, p. 53).

In order to find participants, invitations to participate in this research were distributed to DEC employees within my region. As the invitations to participate were distributed through electronic means, such as invitations distributed by School Education Directors and through paper flyers distributed at a variety of conferences and network meetings, the recruitment for volunteers was fairly wide. Invitations had the potential to reach staff in approximately 220 schools within my regional, DEC school context. Whilst this seems a geographically wide area, it would still constitute what Minichiello et al. (2008) call limited ‘space sampling’, as the participants are all employees of metropolitan, public schools.

The sample used in this research can further be described as what Cohen, Manion and Morrison (2011) call a ‘purposive, intensity sample’. This is because the volunteers who participated could provide ‘clear examples of the issue in question’ (p. 157). The teacher sample was drawn from teachers who had experienced a significant period in their career where their own mental health issue impacted on their performance and which they needed ‘managing’ in one way or another. The sample of principals was drawn from those who had managed staff whose mental health issues impacted negatively on the workplace. The ‘intensity’ effect was further added to because it was a requirement that participants were currently not involved in any treatment for psychological or emotional challenges. There was also some snow-ball sampling (Minichiello et al., 2008) as potential participants made other potential participants aware of the study. Whilst it was difficult to predict how many people were going to respond to the initial invitation, exactly four teachers and four principals volunteered.
Keeping the sample to eight participants was a deliberate choice. Theorists such as Patton (2002) and Beitin (2012) note that there is no general rule regarding the size of the interview sample. Rather, it is more valuable to choose a sample size that fulfills the purpose of the research whilst staying within the parameter of the available resources. As Minichiello et al. (2008) suggest, the benefit of conducting in-depth interviews with just eight participants allowed me to gain understanding of the field, share the insights and interpretations of the participants in my field of research and engage in some theory building. It was never my intention to generalise the findings to a wider population. Rather, the exploratory nature of the research allowed me to explore the meaning of mental health issues within a small sample of educational settings.

The choice of research method and the sample size were part of the research design presented to both the university and my employer’s ethics committees. The application for Human Research Ethics approval from the University of Western Sydney No. H8974 was obtained on 17 June 2011. Ethics approval for this research, No. 2011052, was granted by the Department of Education and Communities on 23 August 2011.

Participants were informed prior to the interviews that participation was voluntary, that participation could be terminated at any point and that support was available if needed after the interviews. Participants were given an information sheet (see Appendix 1) both prior to the interview and at the interview. At the interview, I explained the voluntary nature of participating, recapped the purpose and the process of the interview and invited participants to sign the consent form (see Appendix 2). Extra care was given both before and after the interview to remind participants that should the interview trigger any distress, they could contact a number of services for support.

I conducted the interviews on a one-to-one basis, at all but one of the participant’s places of work. The one interview not conducted in a school was conducted in an office. The interviews ranged in time from 16 minutes to 40 minutes. All of the interviews were audio-taped and then professionally transcribed to allow for detailed analysis afterwards. During the transcribing stage, all participant identifiers, including names of people, names of schools and names of district offices were removed to ensure confidentiality.
All participants were asked open-ended questions. The intent was to seek deep, reflective, non-linear responses. As a guide, I used question prompts that were clustered under broad areas of enquiry, which included what the experience was like, what policies or procedures were used, what support was available, and what suggestions might there be for the future. The broad areas came from the seven questions outlined in the introduction (page 104) to this Scholarly Paper. All participants were asked to recall specific incidences, to reflect on the overall management of the situation, and to suggest what would have made the management of the situation better or more effective.

4.2.1 Limitations of interviews as a research method

Using qualitative research embedded in a pragmatic paradigm with interviews as the primary enquiry method is not without limitations. In adopting this approach, I was cautious and conscious of a number of issues. These include the danger of over-generalising and an awareness of the impact of my presence including my position of power on the interviewee and on the interpretation of the data. However, adopting a reflexive approach can change the limitations to ways of strengthening the issue under investigation (Alvesson and Sköldberg, 2000; Patton, 2002). The value of reflexivity ‘is the critical analysis that takes place when examining how the researcher or research relationship/context influences the research’ (Finlay, 2012, p. 317).

In the following sections, systemic functional analysis, critical discourse analysis and the multiple ethical paradigm framework are used as methods to interpret the interview data. The strength of these methods is that they enable reflexivity to be carried out at four levels of interpretation (Alvesson and Sköldberg, 2000). These levels are the interaction with empirical material, interpretation (with a focus on underlying meanings), critical interpretation (with a focus on ideology, power and social reproduction) and reflection on text production and language use. The focus on the social construction of language allows for reflexive interpretation at each of these levels.
4.3 A Systemic Functional Linguistic View

4.3.1 An introduction

Sociocultural linguistic theory is concerned with the relationships between culture, society and language. The theory describes the interplay of societal norms, policies, rules and language. Systemic functional linguistics (SFL) is one sociocultural linguistic theory which aims to uncover and expose the usually invisible and unconscious systems that are at play when meaning is made through spoken or written text. Systemic functional linguists ‘place considerable emphasis on the idea of choice. They view language as a large network of interrelated options, from which speakers unconsciously select when speaking. In more technical terms, their focus is on ‘paradigmatic relations—on what you say in relation to what you could have said’. (Martin, 2010, p. 14). Of essence is the recognition that this choice is not random but very much determined by the context in which the text is created.

In order to use an SFL framework to answer the research questions listed at the beginning of this Scholarly Paper, the transcripts are viewed as transcripts as language, transcripts as texts and as transcripts as discourse. Adopting the systemic functional view that language has three functions—the ideational, the interpersonal and the textual (Halliday, 2002, 2004)—allows for a starting point in taking a sociolinguistic path to analysing the transcripts.

In very simplistic terms, Halliday (2002) describes that when language is representation and reflection, the ideational function of language is at play in that it allows the language producer to express her experience of the world, including her own thoughts and beliefs. Experiences are directly represented in terms of happenings, participating entities and circumstantial features.

Where language is as interaction, the interpersonal function of language is activated to enable the establishing and maintaining of social relations. Halliday (2002) argues that every speech embodies information about the text producer including his attitudes, beliefs and interpretations and about the role the text producer gives the text reader or listener. The third is the textual function, which enables language to make links with itself and with features of
the situation or context in which it is used. The speaker or writer has choices in how to structure meaning as text, how she organises these choices and how she relates them to what has gone on before or to foreshadow what might be ahead.

Thinking of the transcripts in terms of their ideational, interpersonal and textual functions (also known as metafunctions) allows the analyst to start looking at how the speakers (both interviewee and interviewer) observe and reflect on their reality (ideational), how the speaker positions herself in her reality (interpersonal) and how the speaker has organised the information she gives (textual). To illustrate this, I take an excerpt from a transcript of one of the principals interviewed.

Even the fact that—there was a time, not so long ago, we didn’t use the expression mental health for instance because it wasn’t part of the landscape for us, and now it is.

A single sentence pulled out of context means we need to make guesses at the intended meaning. However, because we know that the text comes from a recording of a professional interaction between two educational professionals, we can make some educated guesses. For example, we can presume that ideationally the speaker is not talking about a geographical space or art when she refers to landscape, but rather a mental space or belief. We can also construct something about the speaker’s interpersonal meaning in that when she uses ‘we’ and ‘us’ she is referring to her own professional community of teachers and principals, and not, for example, a group of psychologists. We can also presume that, textually speaking, the speaker is in the middle of a spoken text. ‘Even the fact …’ hints that she is in the middle of creating meaning and the cut from that thought to locating her thought in time (not so long ago) suggests that she is thinking and formulating ideas as the conversation evolves. In other words, meaning is created ‘on the run’ and is not created and precise as in written text.

4.3.2 Aspects of grammar to facilitate text analysis

As a researcher with an interest and background in sociocultural linguistics, I paid particular attention to spoken and subsequently transcribed language, as it is an accessible meaning-making resource (Halliday and Matthiessen, 2013). I begin with a focus on language choice at sentence, clause and word level. I use this method here in Scholarly Paper 2 when
conducting the policy analysis, and in PPI 2 and PPI 3 when analysing the interview transcripts. The focus is often on verb groups, noun groups and modality. At all times the focus remains on semantics (meanings), rather than syntax (the way in which words are put together in a sentence). In doing so, we need to remember that ‘what is being said about any one aspect [of grammar] also contributes to the total picture’ (Halliday and Matthiesen, 2013, p. 20). In other words, the language choices do not occur in isolation, but in a much bigger context.

In English, sentences can be broken down into clauses. Clauses are the basic unit of meaning and convey a message. Clauses can be broken down into three parts:

1. the participants in the action or state (i.e. who is taking part)
2. the processes, which is the state or action itself (i.e. what is happening)
3. the circumstances (i.e. the when, where, why and how surrounding the activity).

The clause represents the ‘content’ of our experiences, answering the question ‘Who does what to whom’. The participants may be people, places, things, ideas and so on. These are represented by single nouns, for example behaviour, or noun groups for example, the unusual behaviour of the teacher. Processes are expressed through verb groups, which may be a single word, for example thinks, or a group of words, for example might have thought. Circumstances are usually expressed through prepositional or adverbial phrases and give more information about the verb by signifying time, place or manner. A speaker makes choices, often unconsciously at each of these points. These choices are influenced by sociocultural factors including different social structures and value systems, as well as by authorial ideology or individual mindsets.

In order to assist the reader to make sense of the use of aspects of grammar in the search for meaning from the transcripts, a simplified and basic introduction to some of the language tools used appears below. The aim is to familiarise the reader with the terminology and to provide enough information for the reader to understand how choices at these levels contribute to the meanings conveyed by the speaker or writer.
4.3.2.1 Participants: Noun Groups

The participant of a clause is represented by a single noun or pronoun, or what is known as a noun or nominal group (Halliday, 2004; Halliday and Matthiessen, 2013). Nouns can be classified into many different categories such as everyday/technical, objective/subjective and concrete/abstract. Noun groups can be expanded considerably, by a variety of adjectives and post-modifiers. This conveys detailed information in a concise manner. In the following sentence spoken by Cara, ‘the stigma about mental illnesses and things is still a huge barrier’, ‘the stigma’ is the noun and subject of the sentence, and ‘about mental illness and things’ is the post-modifier. ‘Huge barrier’ is the second noun group of that same sentence and here ‘huge’ acts as an opinion adjective. Paying attention to both word choice and word group construction of noun groups gives insight into how speakers represent their experiences.

4.3.2.2 Processes: Verbal Groups

Processes can be described as the heart of the clause—without a process there is essentially no clause. Processes are represented by verb groups, which can be categorised as material, behavioural, mental, verbal, relational and existential (Bloor and Bloor, 2004; Halliday, 2004). In interviews on mental health, the expectation is to see more mental processes than in, for example, interviews on sport, where the expectation would be a higher prominence of material (action) processes. Whilst it is not necessary to explain each of these categories in detail for this research, I will briefly explore three processes in some detail, as these processes signify particular information in the transcript analysis.

Material processes refer to experiences of the external world and describe processes of doing and happening. They are the easiest processes to recognise, as they are the ‘doing’ or action verbs. When analysing texts in the context of mental health issues, the choice of the material process or action verb conveys a lot about the speaker and his interpretation of events. For example, to choose to say ‘I relinquished’ is a higher degree of intensity and emotiveness than if the speaker had chosen to say ‘I gave up’.

Mental processes involve phenomena best described as states of mind or psychological events and are about ‘sensing’ and happenings within our consciousness (Bloor and Bloor,
According to Halliday and Matthiessen (2013), mental processes are subdivided into processes of emotion, perception, cognition, and desideration. The mental process conveying emotion is identified through verbs such as ‘to fear’, as in, for example, ‘she feared his reaction’. Similarly, the mental process expressing cognition can be stated through verbs such as ‘to know’, as in, for example, ‘I knew I had to resign’.

Relational processes are states of affairs or ‘how things happen to be’. They serve to identify and characterise or attribute and can be subdivided into processes of ‘being’ (intensive or circumstantial) and ‘having’ (possessive) (Halliday and Matthiessen, 2013). In attributive relational processes, ‘a’ is the attribute of ‘b’. Attributes may be a quality, an entity, a circumstance, a possession or even a process. ‘The problem is enormous’ or ‘she looked awful’ are examples of sentences with an attributive relational process.

**4.3.2.3 Modality**

Modality is the selection of words used to express a speaker’s or a writer’s attitude towards the world and how definite he is about something. Modality can be expressed along a continuum from being uncertain (low modality) to being very certain (high modality). Modal words and expressions are also used to reflect possibility, willingness, obligation, necessity and ability. As an example, modal nouns include possibility, requirement and certainty. When Cara, one of the teachers said ‘she [her principal] suggested that maybe it was a possibility of going and just checking out to see ...’, the use of the modal noun ‘possibility’ suggests that Cara’s principal was not insisting Cara see someone, but that it might be something she could consider. Modality is a useful aspect to think about in text analysis. The modal language chosen signals degrees of opinion, degrees of certainty and degrees of obligation. It also reveals a level of judgement and a level of persuasiveness on the speaker or writer’s behalf.

**4.3.3 Text and discourse**

To reiterate, if we accept that language has an ideational, interpersonal and textual function, then we also need to consider in what form these language functions operate. They do not operate in a vacuum, but as text and discourse. Understanding text and discourse is
imperative in pursuing a discourse analysis of the transcripts in order to find the answer to the research questions.

In the literature, there seems to be a synonymous use of text and discourse. However, for this purpose I will see them as separate entities, where text is the physical product of the transcript and discourse refers to the text, discursive practice and social practice. I acknowledge that text per se and discourse as text have many overlapping, if not almost the same, features. However, what is useful is that the tools of systemic functional linguistic text analysis are indeed useful for a text and a discourse analysis of the transcripts.

If we start with discourse analysis at the discourse as text dimension, then a systemic functional linguistic analysis at the vocabulary, grammar, cohesion and text structure level is appropriate. Fairclough (1992, p. 75) adds three other points to the four points of analysis: ‘the force of utterances, that is, what sort of speech acts (promises, requests, threats etc.) they constitute; the “coherence” of texts; and the “intertextuality” of texts’. However, even though these latter three points involve formal features of text, Fairclough suggests that they are more useful in the analysis of discursive practice. The following sentence illustrates Fairclough’s seven elements (vocabulary, grammar, cohesion, text structure, force of utterance, coherence and intertextuality) for looking at discourse as text and discourse as discursive practice dimensions.

This is serious, serious, heavy stuff, right, and it’s also past [an] apology stage.

This single sentence, made out of two clauses, is cohesively tied to the text beforehand as ‘this’ refers to the situation that had just been described. The repetition of the adjective ‘serious’ adds emphasis to the gravity of the situation, as does the negative impact of word choices such as ‘heavy’ and ‘apology’ and ‘serious’ itself. The use of ‘stuff’ acts as a summative word for the person’s behaviour, the illness and the impact this person is having on the faculty, other teachers and students. It is a colloquial word, appropriate to spoken text but could also be seen as possibly the only word at the speaker’s disposal to capture the complexity of what he was talking about. This in turn could be indicative of the lack of vocabulary we have in everyday English to talk about specific mental health issues and its
effects. The sentence is a statement that has a declarative feel to it. It suggests a number of things about the speaker, including that he in some way seeks to draw the listener in, through the word ‘right’ and that he is very definite about what he thinks, through the existential repetitive use of the verb ‘is’.

It is interesting to ask ‘what if’ the same statement was expressed differently. For example, ‘this person’s illness and behaviours are incredibly serious and it is now no longer enough for him to just apologise’. Besides being much wordier, there would be a shift in meaning and relationships. For a start, the ‘stuff’ has been identified and leaves no doubt as to what is serious. By adding reference to a person through the pronoun ‘him’, not only is a relationship between speaker and the person spoken about visible, but there is also now an element of accusation towards the person spoken about. This is different to the sentence above, where it is unclear as to who should be doing the apologising.

Discursive practice, according to Fairclough (1992, p. 78), ‘involves processes of text production, distribution, and consumption, and the nature of these processes varies between different types of discourse according to social factors’. The text production in this instance is a spoken text created both in response to questions and to the speaker’s personal need to bring points about mental health across. The consumption is also quite specific. The transcriber was the first consumer of the recorded text and I, as researcher, listened to the recording, read and edited the transcripts and then ‘consumed’ the transcript as a researcher. At this point, the texts get substantially re-structured as I focus on excerpts, analyse, pull texts from various speakers together to compare and contrast and so on. The text consumption does not end here, as supervisors and readers of my analysis then add their own consumption and interpretation.

The analysis of discourse at discursive practice level is enabled by looking at the force of the utterance, the coherence of text and intertextuality. In the example used here, analysis of coherence is not possible as only a single sentence is used. The force of utterance can be examined, as ‘the force part of a text is its actional (what the speaker wants to achieve) component, a part of its interpersonal meaning, what it is being used to do socially, what speech acts it is being used to perform’ (Fairclough, 1992, p. 81). So, in the sentence above,
the social function is to make a declarative statement, to voice the speaker’s opinion and position. What is ambiguous is who the intended recipient of his message is. Obviously the researcher is one, but whether the speaker consciously included the department and/or the person speaking about is unclear. It is also difficult to comment on the aspect of intertextuality when using a single sentence. On reflecting on the sample text used here, I, as the researcher with an interest and certain level of understanding through experience and study in mental health, could interpret the ‘this is serious, serious stuff’ quite differently to a researcher with different experience and knowledge. For instance, I took ‘stuff’ to include everything at play, whereas someone else might interpret it as the person’s behaviours.

Discourse as social practice is the third dimension in Fairclough’s discourse framework. The key concepts at this level are discourse in relation to ideology and power. Fairclough and Wodak (2010, p.105) define ideologies as ‘particular ways of representing and constructing society which reproduce unequal relations of power, relations of domination and exploitation’. They suggest that in order to ascertain whether a particular discourse does ideological work, text analysis must be augmented by consideration of how the text is interpreted and received and what social effect the text has.

Even this single example sentence is indicative of the discourse doing ideological work. The teacher talked about has no voice and therefore no power. The speaker has the voice, the forum and, as stated earlier, the perceived right to make some very serious and negative judgements about the teacher. What matters here is the acknowledgement that more than likely the perceived right has come about through the social construct of ‘principal’ and the rights and powers that have been accorded by our society to that position.

Fairclough’s three-dimensional conception of discourse (discourse as text, discourse as discourse practice and discourse as social practice), together with aspects of systemic functional analysis, were useful tools when trying to formulate a pathway for the analysis of the transcripts. The next part was to find an analytical tool that allows for the application of these understandings to the transcripts. Critical discourse analysis seems the most useful perspective and approach for this purpose.
4.4 Critical Discourse Analysis as a Process

Critical discourse analysis (CDA), according to Fairclough (2001, 2012), is problem-based and both a normative and explanatory critique. Using CDA allows a researcher to describe, evaluate and assess existing realities (the normative aspect) and to describe and explain existing realities (the explanatory aspect). The assessing and explaining is in relation to how the discourse relates to social elements including ideologies, power relations, and social identities. In other words, CDA is ‘fundamentally concerned with analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language’ (Wodak, 2001, p. 2). This concern requires looking beyond the text as an artefact and considering the broad range of factors that influence a text.

The ‘critical’ in CDA, according to Wodak (2001, p. 9), is ‘understood as having distance to the data, embedding the data in the social, taking a political stance explicitly, and a focus on self-reflection as scholars doing research’. Fairclough (2001) adds that the critical can be a negative critique when trying to identify what the social problem in the situation is, and is a positive critique in trying to find possible solutions.

Fairclough (2012, p. 13) takes up Bhaskar’s ‘explanatory critique’ (Bhaskar as cited in Chouliaraki and Fairclough, 1999) and suggests a four step or stage methodology for CDA. The four stages are:

**Stage 1:** Focus upon a social wrong, in its semiotic aspects

**Stage 2:** Identify obstacles to addressing the social wrong

**Stage 3:** Consider whether the social order ‘needs’ the social wrong

**Stage 4:** Identify possible ways past the obstacles.

In an earlier paper, Fairclough (2001) had a fifth stage, namely to reflect critically on the analysis—a step still useful for this discussion.

Identifying a ‘social wrong’ or problem is imperative to CDA, as the whole point of CDA is to examine social practices in terms of social and political constructs. ‘Social
wrongs’, according to Fairclough (2012, p. 13), ‘can be understood in broad terms as aspects of social systems, forms or orders that are detrimental to human wellbeing and could in principle be ameliorated if not eliminated, though perhaps only through major changes in these systems, forms or orders’. Of course, what is detrimental is no doubt debatable, both in terms of what is deemed detrimental and to whom it is detrimental, but also whether being detrimental to someone is the same as being beneficial to someone else.

This CDA methodology requires not just the identification of the ‘social wrong’, but an inherent focus on the dialectical relations between semiotic and material moments, where semiotic moments are any instances of meaning-making including images, body language and text. The intent would be to identify the ideologies that are semiotically encoded and the material effect these have.

As noted in Scholarly Paper 1, there is no doubt that there is a ‘social wrong’ in terms of mental health when considering the tension between the rights and obligations of the NSW Department of Education and the rights and obligation of its employees. When analysing the transcripts, I, as the researcher, could actively look for evidence in the discourse of ‘social wrongs’ in terms of understanding of mental health issues per se; the rules and policies that drive action to manage the situation pivoting around mental health and the attitudes towards people with mental health issues. However, I, again as the researcher, needed to go beyond the texts to establish the social context within which the texts were created.

Stage 2 of the critique according to Fairclough (2001, 2012) ‘approaches the diagnosis of the problem in a rather indirect way, by asking what the obstacles are to it being tackled—what it is about the way in which social life is structured and organised that makes this a problem which is resistant to easy resolution?’ (2001, p. 125). Paramount to the analysis at this stage is the recognition that the textual analysis is only a part of the semiotic/discourse analysis, and that the textual analysis should be framed within the discourse analysis.

The challenge, in terms of the analysis of the interview transcripts, is how to capture the interplay between the orders of discourse (structures) and the action (what is happening in the particular action). Faireclough (2001, p. 126) suggests that one of the difficulties lies ‘with the
social structuring of semiotic differences in orders of discourse’. The example he gives of the way managerial discourse has infiltrated domains such as education is very appropriate to the purpose of this research when the focus is on how management deals with the effects of behaviours caused by mental health issues.

Another aspect of the challenge lies in identifying the ways language is used in the interactions in terms of dominance and influence. Fairclough suggests that the interactional analysis should have two aspects, interdiscursive and linguistic/semiotic analysis. The former investigates ‘how particular types of interaction articulate together different genres, discourses and styles’ (p. 126). The latter draws on systemic functional analysis, the nature of which has been addressed earlier in this paper.

Stage 3 requires thinking about whether the social order or network of practices needs the problem or social wrong in order to sustain itself. It is here that the embedded ideologies need to be identified in trying to ascertain how the social order enforces and/or maintains positions of power and domination. In terms of the transcripts, the key questions could be framed in terms of in what sense does the social order (the way the NSW Department of Education is structured and exists) need this social wrong or problem?

Stages 1–3 are all negative critiques, but Stage 4 moves to the positive, as the analysis shifts to identifying ‘with a focus on dialectical relations between semiosis and other elements, possibilities within the existing social process for overcoming obstacles to addressing the social wrong in question’ (Fairclough, 2012, p. 15).

Stage 5, left out of the 2012 version of Fairclough’s discussion of his CDA framework, asks the analyser to reflect on whether the critique was effective in contributing to any positive social change, whether it provided answers to the questions posed, and so forth.

To return to the beginning, we have eight transcripts, 185 minutes of recording, 29,953 words and the question of how to tackle this amount of data. A way forward has been carved out by suggesting critical discourse analysis with a considerable, but certainly not exclusive, use of aspects of systemic functional linguistics. However, in spite of the frameworks and theories, a way through the vast data needs to be created.
Fairclough (1992) recommends to focus on ‘cruces’ and ‘moments of crisis’: these are points in the transcripts (or discourse) where there is a point of difficulty. This could be coded in a repetition, hesitation, request for clarification, silences, or avoidance of a topic. Careful reading of the transcripts points to many overt cruces, but the transcripts also require a reading to find where those points of difficulty are quite covert.

4.5 Critical Discourse Analysis and the Multiple Ethical Paradigm Framework as Complementary Analytical Tools

In Scholarly Paper 1 and PPI 1, Shapiro and Stefkovich’s (2005, 2011) and Shapiro and Gross’s (2008) multiple ethical paradigm framework was introduced, for a number of reasons. Firstly, the framework included an ethics of care, and as explained in Scholarly Paper 1, this is particularly important when decisions need to be made in relation to mental health issues. Familiarising oneself with the framework enables the user to become aware of four different ethical paradigms, and therefore four different ways of thinking about an ethical dilemma. Secondly, the multiple ethical paradigm framework became an integral part of the Pathways-Transformation- Perspectives (PTP) Ethical Decision-Making Framework, which was developed in PPI 2, to assist principals making ethical decisions when staff mental health issues impact on the workplace.

Shapiro and Stefkovich’s (2005, 2011) and Shapiro and Gross’s (2008) multiple ethical paradigm framework could also be used to reflect on ethical decisions already made. When analysing the transcripts, considering statements made by the interviewees from a number of ethical perspectives enabled me to hypothesise what factors may have been at play that made a teacher or principal make a particular decision or statement. When questions from the four ethical paradigms were applied to a particular section of a transcript, in conjunction with either systemic functional analysis and/or critical discourse analysis tools, powerful observations could be made about the interviewees’ experiences.

As an example, if we take CDA Stage 1, focusing upon a social wrong in its semiotic aspects, then questions from the multiple ethical paradigm framework can help identify ideologies that are semiotically encoded. To illustrate this, the ethics of justice questions of
‘is there a law, right or policy that relates to a particular case? If there is a law, right or policy, should it be enforced?’ (Shapiro and Stefkovich, 2011, p. 13) can be helpful in identifying ideologies. In the statement ‘because without that department’s support, you really are handling it on your own. It’s very sensitive and fragile stuff’ (from the transcript of the interview with Nora, a principal), we can suggest that Nora believes (her ideology) that there should be Departmental policies for support. From this comment (and others in the transcript), Nora would have answered the ethics of justice question whether there is a policy in place to support principals to manage the effects of staff mental health issues with a negative response. Furthermore, she would have answered the ethics of justice question whether there should be a policy if there is not one in place with a resounding ‘yes’. It is the use of the adverb ‘really’ that suggests Nora thinks that ideally a policy should exist, in that the lack of support should not be this way. The recipient of Nora’s message would further get that impression from the emotive adjectives ‘sensitive’ and ‘fragile’ that immediately follow the first statement.

An analysis of Nora’s statement also shows the overlap between another ethical paradigm—the ethics of justice and the CDA Stage 2 of identifying obstacles to addressing the social wrong. Relationships are fundamental in an ethics of care, and in this simple statement Nora alludes to several relationships that matter in this ‘social wrong’. Firstly, there is the relationship between herself, as a principal, and the Department. The word ‘support’ encodes the relationship, as you cannot have support without two parties, the supporter and the supported. The second relationship is between Nora, as the principal, and the ‘it’. Here the ‘it’ can be a reference to the mental health issue itself, the teacher with the mental health issue or the impact of the mental health issue on the teacher’s performance. Again, given the rest of the transcript, it can be assumed that the teacher with the mental health issues mattered to Nora. Therefore, the statement reflects a relationship between herself and her staff member. Of significance here is that the action of one party of the Department/principal relationship, namely the withdrawal of support, has a suggested impact on at least one, if not both parties, of the principal/teacher relationship. At a minimum, that impact is fear of the withdrawal of support on the principal’s behaviour. The sense of fear is encoded in the verb ‘handle’ (which has different connotations to verbs such as ‘manage’) and in the phrase ‘on
your own’ (as opposed to ‘together’). Once again, the immediately following adjectives of ‘sensitive’ and ‘fragile’ add to the suggestion of fear. Therefore, just by taking the ethics of care concept of relationships, we can see one obstacle to righting the social wrong around managing the effects of staff mental health issues.

There was a particular overlap between Fairclough’s (2012) third step ‘consider whether the social order needs the social wrong’ and an ethics of critique. An ethics of critique has four main questions: Who makes the laws? Who benefits from the law, right or policy? Who has the power? Who are the silenced voices? (Shapiro and Stefkovich, 2011, p. 15) If we continue to take the excerpt from Nora’s interview, then I could ask if there was support, who decided it should be there and who took it away? Who benefitted from it being there and who is affected by it not being available? Of particular interest in this scenario is the power relationship between the Department of Education as a single entity and the principal in terms of support. What benefit does Nora see from the support the DEC should give her and what benefit does the Department see by not providing the support that Nora sees as necessary?

4.6 Conclusion

An essential component of the research into enabling ethical decision-making when staff mental health issues impact on the school workplace was to collect meaningful stories. These stories were to give insight into experiences of what has happened in the past, both for teachers and for principals. The eight stories serve as snapshots, and were never intended to be a definitive collection of all possible experiences of staff mental health issues. Seven research questions formed the scaffold for the interviews. Once the interviews were completed, critical discourse analysis, systemic functional linguistics and the multiple ethical decision-making frameworks were three theories and tools used to analyse the transcript data. The application of these theories allowed for the social forces that are at play when mental health issues impact on the workplace to be identified and discussed. In PPI 2, the transcripts of the four teachers interviewed are analysed and discussed. In PPI 3, the transcripts of the four principals interviewed are then analysed and discussed, and similarities and differences to the teacher interviews are articulated.
5. PROFESSIONAL PRACTICE INITIATIVE 2: The Teacher Interviews

5.1 Introduction

People with mental illness are, and continue to be, very important parts of the workforce and the vast majority of people with a mental illness function very effectively most of the time.

St Vincent’s Hospital, Melbourne’s Professor Castle’s (2015) quote from the Mindful Employer website (www.mindfulemployer.org) would have resonated with the four teachers interviewed for this research. The four teacher interviews highlighted the complexity of mental health issues in the workplace. The following sentence, expressed by Cara, one of the four teachers interviewed, captured the essence and complexity of mental health in the workplace.

“You’re not diagnosing, but I think you need to just be more aware of how others are … you need to minimise that stigma that’s attached to the whole issue, because I think still people don’t understand it. Even people with a mental illness don’t understand it.

The ‘you’re not diagnosing’ comment was very apt, for two reasons. Firstly, because it reflected the sensitivity around ‘diagnosis’ per se, and secondly, because in a school context the issue is not about diagnosis of mental health issues but rather about the management of the effects of mental health issues. The repeated use of ‘you need’ where ‘you’ can be taken as the Department of Education itself, principals, and/or staff and colleagues, squarely highlights that responsibility needs to be taken to be aware of mental health issues themselves and to make others aware too.

Four key research questions were developed to shed light onto the complexity of the management of the effects of mental health issues in schools. To reiterate, these were:
(1) What was an experience of either living through the prolonged period of mental health issues like for the ‘sufferer’ or the person managing such a situation?
(2) What policies, procedures or support was available and how useful was it?
(3) What made things easier or more difficult?
(4) What suggestions for the future of managing staff mental health issues might there be?

These questions provided the scaffold for the interviews and the resulting transcripts were analysed to seek answers to these questions. As outlined earlier, a multilayered approach to the transcript analysis was taken. Aspects of systemic functional analysis and critical discourse analysis and the multiple ethical paradigm framework provided the tools to gather data from the transcripts and to interpret the data.

Before analysing the transcripts specifically in terms of these questions, I tried to understand where the teachers, as people who have experienced mental health issues, stood in terms of beliefs, attitudes and understandings towards mental illness and mental health themselves. Their individual beliefs, attitudes and understandings were overtly and covertly threaded throughout each transcript, but it was worthwhile to get an initial insight. This insight is important because each teacher’s own beliefs, attitudes and understandings will have driven what they chose to say and how they said it.

### 5.2 The Teachers

Four teachers responded to the invitation to participate in this research. All four teachers were interviewed in their current south-west Sydney workplace. All four teachers were given pseudonyms. Nora, the youngest interviewee, has been employed by the Department of Education (DEC) for over five years. She is single and was diagnosed with depression approximately two years before the interview. Cara has been with the DEC for over ten years, is also single and was diagnosed first with depression and then bipolar II. Yola has been with the DEC for over twenty years. She is married with young children and was also diagnosed with depression first and then bipolar disorder. She refers to several significant periods of being unwell over a period of at least five years. Mya, the oldest interviewee, has also been with DEC for over twenty years. She is married with grown-up children. Mya was diagnosed
with a range of disorders including severe depression and has had multiple periods of time where she has been unwell.

Each interview took place in a private setting in the school grounds where the interviewee worked, was tape recorded and professionally transcribed. The interviews all began with an invitation to describe what it was like for them in the workplace while they were affected by their mental health issues. The conversations were allowed to take their own course to a point, but key questions were also used, relating to what was helpful or not, what relevant policies or procedures did the interviewee know of and what suggestions might they have to make things better or easier for people affected by mental health issues in the school workplace.

5.3 Teacher Beliefs of and Attitudes Towards Mental Health Issues

I begin by exploring the collective beliefs, attitudes and understandings by looking at how the teachers refer to the ‘elephant’—mental health issues. Given that the teachers ‘owned’ their condition and had readily agreed to talk about it and its effect, it was interesting that there were surprisingly few uses of the word ‘mental’ in their transcripts. However, across the four transcripts there was a significant number of references to three specific forms of mental health issues (depression, anxiety and bipolar) that supplements the relatively low number of usages of ‘mental’. Using Halliday (2004) and Martin’s (2010) concepts of the importance of specific word choice and word placement, these specific references themselves, as well as the way in which they were used in terms of place in sentence structure and tone (which cannot be recreated here), reflect that the teachers have internalised the ‘label’ of the condition they have. Consequently they use specific vocabulary to talk about mental health issues.

The following exchange between Nora and me reflected this internalisation. Nora responded to my invitation to explain what has been happening to her with:

Yeah, I’ve been, I was diagnosed with depression look maybe more than a year or so ago now, but that wasn’t, it wasn’t my first time I’ve been diagnosed with it. I’ve had it before at about the age of 21 through to 25.
There was no hesitation in describing her own diagnosis. The effect of the absence of hesitation is further highlighted by the immediate volunteering of more information about time frames and previous occurrence. Nora’s reiteration of what happened to her is almost identically mirrored in Yola’s account. Yola stated:

Yep. Well in 2003 I took, or 2002, I took extended maternity leave and then long service leave when my second child was born and while I was on leave I was diagnosed with clinical depression and as a result of the treatment for that it was discovered I actually have bipolar disorder. So that was in 2003 the bipolar disorder diagnosis was made.

Again there is an instant naming of not one, but two conditions, and a clear time frame. Mya, also in the first minute of the interview, stated that she had ‘stress-related illnesses’, that she ‘suffered from severe depression’, and that she had ‘a number of relapses’ and required ‘hospitalisation’. An analysis of Mya’s language choices reflects that Mya is comfortable talking about mental health, her diagnosis and how it affected her.

In contrast, Cara’s use of language suggests that, unlike the other three teachers, she has not accepted her condition to the same degree. Three times she explicitly states that she and other people do not understand ‘it’, such as in ‘nobody understands it quite—I still—I struggle with it myself, knowing what’s going on’. The use of ‘it’ is quite revealing as in the entire interview Cara does not use any specific mental health terms, not in relation to herself, nor when the discussion moves towards a more general, less personal level. She also only uses the word ‘mental’ twice, in relation to the stigma attached to mental health. The use of ‘it’ as a pronoun substitute for any mental term may be more palatable and less confronting to Cara at the stage of acceptance she is in. In setting up the interview, Cara did mention her diagnosis once, but did not refer to it during the taped interview, nor in the conversation that continued after the tape recorder had been turned off.

As I explore the research questions more fully, it is useful to keep in mind that Yola, Nora and Mya seem to understand and have accepted their mental health issues, but Cara, to use her words, is still ‘struggling’ to accept and understand her condition.
5.4 Experiences of Teachers

The teachers expressed their experiences in terms of events that happened, as a result of the effects of their mental health issue, and how they felt about both their own mental health issue and how it affected their performance. A number of themes emerged when the transcripts were read to find an understanding of what it was like for teachers who were battling mental health issues. These themes fall broadly into two categories:

(1) the impact of the effects of mental health issues in the workplace
(2) the emotional effect of the impact of mental health issues in the workplace.

5.4.1 The impact of the effects of mental health issues in the workplace

The most obvious organisational impact for all four teachers was to do with their presence or absence at work. Nora, Cara and Yola spoke of the difficulty of getting to work some days. Nora stated that ‘it impacted me (sic) on absences; I was having a lot of absences. Just not being able to get out of bed in the morning and not feeling like coming to work, not feeling like doing anything really’. Not only is there the effect of the ‘lot of absences’ but Nora’s description carries a sense of despair, conveyed through the three repetitions of ‘not’, especially as two of those three instances are immediately followed by ‘feeling’, a verb carrying emotion. Cara and Yola did not seem to have as many absences, but both spoke of the difficulty of getting to school. Cara said:

There were a couple of days that I didn’t come to school, like I physically could not get out of bed, but the majority of time I would drag myself to work out of sheer, I guess, feeling that I was responsible for that class, so that I knew I had to get to work.

Again ‘feeling’ plays a part of the effect. The emotional impact on the four teachers is discussed in the next section. Cara’s use of ‘drag’ is interesting, in that, even though it is a verb portraying physical action, in this context, it would almost also certainly be a metaphor for the willpower she needed to physically turn up at work. Yola echoes the difficulty of physically getting to and being at work, when she describes:
There were a couple of absences but not a lot, I wasn’t chronically absent. But I just found the getting to work and the getting through the day a big struggle. It was really difficult.

In spite of how they felt, all four teachers felt a duty to go to work. Mya actually said that when things first became unstuck ‘I would go to work because I felt too guilty not to go to work’. If we look beyond the description we start asking critical questions. Why did the teachers feel they could not just stay home? Would they have stayed home if they had ‘just’ had the flu? Is there an unspoken assumption about how many days are ‘reasonable’ to have off? Is there something unstated about a ‘work ethic’ in our schools? Each of these questions seems to have an undertone or suggestion of teacher’s guilt. Alternatively, the undertone could also be an indication that the teachers themselves view mental and physical health issues differently.

The presence of guilt is pervasive in the interview data. Guilt ‘is both a cognitive and an emotional experience that occurs when a person realizes that he or she has violated a moral standard and is responsible for that violation’ (Daeg de Mott, 2001, p.285). It is an emotional experience when the teacher feels that they have done something wrong. It is a cognitive experience when there is the perception that the teacher has done something wrong. In this context, guilt relates more to the feeling of guilt, but at times it was over the responsibilities teachers had as well. Why did the teachers feel guilt? This question can be answered from a psychological perspective, using any number of theories such as cognitive-behaviour or psychodynamic theories. It could also be answered by exploring the commonly acknowledged intertwining of guilt and mental health issues. But since I am without expertise in any of these areas, it is more useful to turn to the ethical paradigms to seek an answer. Are the teachers making the decisions to still go to work even though they are unwell because they are driven by an ethics of care, ethics of justice or ethics of profession?

An ethics of profession is about ultimately doing what’s best for the students in school. If the teachers were informed by this ethical stance, then perhaps they felt an obligation to be there for their students, since that is why most people become teachers. That care could be about students personally, about their social, academic and or emotional development, or
about ensuring that they have continuity of access to the teaching and learning experiences that students are entitled to. Furthermore, the teachers would know that parents and the community would also expect regular attendance of their teacher and continuity of learning for their students.

On the other hand, an ethics of care involves care to both students and self. The guilt of not going to work could also be because the teachers genuinely care for their students as human beings with needs and wants, and want to be there for them. Here, there is obviously considerable overlap between an ethics of care and an ethics of profession—not surprising given that teaching, like nursing, is seen as a caring profession.

The care of self could relate to making sure that the self is valued and that value can be seen to stem from professional success. Nora, for example, pointed out that she put off telling her diagnosis to her principal because ‘she would just see me as incapable of doing my job and I have career goals of trying to go for AP (assistant principal)’. Similarly, when Cara said it was ‘not knowing quite sure if it was just me, and being an AP, and having to move things, like juggle different things in the air, and maybe not coping with that, or if it was actually something bigger than that’, she expressed that she was worried that she could not be the AP she and others thought she should be. Again, there is an overlap between an ethics of care and an ethics of profession.

A third approach of an ethics of justice is focused on rights, laws and responsibilities. From this perspective, the teachers’ felt guilt about not coming to work can be seen from two angles: the guilt the teachers may have put upon themselves through their interpretation of DEC ‘rules’, and the ‘rules’ the DEC actually imposes. The teachers may have felt that the Department expects them to come to work, they may have believed that the Department does not recognise whole or partial absence due to mental health issue-related symptoms as ‘valid’. Interestingly enough, there is nothing in the Code of Conduct, the Department of Education’s professional code of behaviour, that refers to punctuality or attendance directly, although of course in the industrial awards hours of duty are stated. Still, it is unlikely that it is the industrial awards that teachers work under and therefore it is an ethics of justice that drives teachers’ decisions to go to work when they are mentally unwell. This is especially so
as teachers are entitled to sick leave. Whether or not teachers take sick leave would depend on whether they felt they were ‘entitled’ to it for their ‘condition’.

Mya and Yola relinquished their substantive positions during the course of dealing with their mental health issues. Neither wanted to do so, but Mya was motivated by guilt and Yola by shame and the fact that she had run out of leave. Obviously, there was the practical impact of no longer having a substantive position, but there was an emotional toll too. Below is Mya’s recount.

So initially I took sick leave, until I had a number of relapses. When—after, I think it was, the second hospitalisation—I relinquished my position, because I—the prognosis was not favourable, initially, for me returning to the role, but also I just felt so guilty about the school, and that guilt just became totally disabling for me. So it was both for the school and myself that I relinquished my position.

To many readers, the connected words of ‘relapses’, ‘hospitalisation’, and ‘prognosis’ would already elicit empathy to a negative situation. This is amplified by Mya’s verb choices of ‘disabling’ and ‘relinquished’, both of which are very strong, emotive verbs, and the repetitive use of ‘guilt’ and ‘guilty’.

Mya’s statement is another example of the role that guilt plays. It is not within the parameters of this research to comment on the psychological aspect of Mya’s guilt, but to explore the possible ethical paradigm Mya may be operating from. The assumption is that Mya’s guilt is connected to absenteeism and lack of continuity of service and not to duty of care in relation to the safety of students or herself. In stating that the relinquishing of her position was about the school, as well as herself, Mya is simultaneously operating from an ethics of care and an ethics of profession. In the Code of Conduct (2010, p. 7), in the Duty of Care section, it is stated that this ‘relates to both physical and psychological wellbeing of individuals’. The act of relinquishing can be seen to be both about care for herself and care for her students. For herself, the care could be about taking time to recover and not to add extra pressure on herself. For her students, the care could be about continuity of teaching programs and continuity of pastoral care. The act of relinquishing is also a professional act. Mya is abiding by the Code of Conduct—the professional behaviour
guide—by acting from a state of caring in looking after her own and her students’ ‘psychological wellbeing’. However, even though Mya was acting from an ethics of care and an ethics of profession, there was a cost to herself: her position in her current school. The complexity of Mya’s relinquishing her position from two ethical paradigms is captured in the table below (Table 3):

**Table 3: The complexity of Mya’s relinquishing of her position**

<table>
<thead>
<tr>
<th>Ethical Paradigm</th>
<th>Possible Questions to Consider</th>
<th>Possible Considerations Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ethics of care</td>
<td>Who will benefit from what Mya has decided?</td>
<td>The school financially, as Mya will no longer need to be replaced. There may be less stress on Mya herself.</td>
</tr>
<tr>
<td></td>
<td>Who will be hurt by Mya’s actions?</td>
<td>Mya herself by losing a job she values and through the loss of income and work conditions. Some students who might be particularly attached to Mya. Colleagues who value Mya’s presence. The system loses an experienced teacher.</td>
</tr>
<tr>
<td></td>
<td>What are the long-term effects of a decision Mya makes?</td>
<td>Losing the right of return to her school. Possible loss of confidence as a professional, in part due to missing out on the constant professional learning that is part of the current landscape.</td>
</tr>
<tr>
<td></td>
<td>What factors do loyalty and trust play?</td>
<td>Mya expected loyalty and trust from her supervisors, but that was broken. After 20 plus years of service, she may also have felt that ‘the Department’ would look after her, in return for the service she had given. Mya may also have felt that she ‘owed’ it to the Department to leave.</td>
</tr>
<tr>
<td>An ethics of profession</td>
<td>What would the profession ask Mya to do?</td>
<td>Mya would be expected to follow the Code of Conduct.</td>
</tr>
<tr>
<td></td>
<td>What does the community expect Mya to do?</td>
<td>Mya stated she had community support. Thus it could be possible that the community would have supported an indefinite absence.</td>
</tr>
<tr>
<td></td>
<td>What should Mya consider in the best interest of the students, who are diverse in their composition and their needs?</td>
<td>Mya was torn between wanting to be there for her students, but was also thinking they needed someone on a consistent basis.</td>
</tr>
</tbody>
</table>

There were no clear cut answers on what would have been best for Mya and what would have been best for her school. Even if Mya had a clear scaffold of questions to consider before deciding to relinquish, it is more than likely that a level of guilt would still have been at play.
The impact of ‘guilt’ will be further explored in the next section when the transcripts are analysed for descriptions of what was happening emotionally for the teachers.

Yola’s description of the physical impact illustrates how complex a situation can be.

I suppose that’s the unfortunate part of my story because when I said in the end of 2002 right I’m using up the rest of my maternity leave then I’m going on long service leave for all of 2003 and he was very pleased with that idea, and then I was diagnosed with bipolar disorder in the July/August of 2003 so I knew by the end of that year there was no way I could go back teaching.

But I just did not feel comfortable speaking to him about it. All I said to him was I’m going on further long service leave and I’m giving up my right of return to X Public School and that’s all I said to him. I didn’t feel comfortable at all telling him what my situation was or what I could do about it. So I literally suffered in silence …

Yola’s situation became more complicated because, even before her illness, there were issues over her returning part-time (a legislative right for Department of Education employees) from maternity leave. When she approached her principal over this, ‘he sent me packing from his office and said there was no way he’d consider anything less than fulltime’. Yola had to try and negotiate which leave was appropriate, and in the end relinquished because, in her words, ‘I didn’t know who to turn to for help’. Add to this her statement ‘I literally suffered in silence …’, and a sense of despair was very evident in the interview.

Before I move on to investigating the emotional impact further, the last excerpt of Yola’s interview highlights another issue in the domain of social relations. If Yola did not know who to turn to and if she suffered in silence, there is a need to question why she was helpless (or conversely who was not offering help) and why she could not speak (or conversely who was not listening). In both instances, it appears that it was her principal who did not help or offer Yola the chance to speak. This is reasonable if he did not know about her mental illness, but even once he did, he chose not to assist. Yola explained that he remained unapproachable. Similarly, she tried repeatedly to contact staffing, explaining that ‘it was such a struggle’, but she could not or was not helped to see her way clear to obtain part-time work. Even seeing a psychologist did not help her work situation.
At one point I thought I’m never going to teach again, and I was seeing a psychologist whose husband was the principal of a nearby private school and she repeatedly tried to get me to go for a medical retirement and I kept promising her that I’d fill in the paperwork and do it.

I think at one point I even had the relevant paperwork. But I couldn’t bring myself to do it, because even though I knew I couldn’t cope with teaching at that point, this was in about 2006/2007, even though I knew I couldn’t cope with it I didn’t want to give up the hope that I could.

To Yola, it seemed like that there was no support at all—not from her principal, not from the psychologist (who may or may not have been connected to the Department), and not from staffing. Thus there were many unresolved issues for Yola, including her entitlement to part-time work, which is an industrial relations matter. The point is that, when she had the mental health issues, she could not find the assistance and support that she needed and wanted to remain connected to the workforce.

Asking questions about who has or has not heard and who has or has not acted reveals what Fairclough (2012, p. 13) called a ‘social wrong’. Accepting what was happening for Yola and Mya as a social wrong, the question that critical discourse analysts ask is does the Department of Education, as Mya and Yola’s employer, need this social wrong to exist? Does the employer benefit from Mya and Yola relinquishing their position? The social wrong can be explored more deeply by asking two further questions. The first is the ethics of critique question of what could make a difference to enable those, like Mya and Yola, who have been silenced or oppressed to become empowered. The other question stems from an ethics of care, and asks to what extent does the DEC need to exercise an ethics of care.

5.4.2 The emotional effect of the impact of mental health issues in the workplace

The insightful and articulate emotional descriptions of what was happening for the teachers either related to how the teacher felt herself, how she perceived her principal might feel, or how she felt in relation to others.
All four teachers spoke of how they did not initially understand what was happening themselves. They knew that something had changed and that things were difficult. As an example, Cara said:

I think I was probably (more) harder on myself and thinking that things were not quite right, but trying to—basically, it was like treading water, and just going under, and coming back up a little bit, and then going back under again.

Even though there was variation amongst the ways in which the teachers expressed themselves, there was consistency about the up-and-down nature of the effects of the mental health issue and a change in relationships. Interestingly enough, none of the teachers talked about a change in relationships between themselves and their students or community. Mya stated that ‘the staff were very supportive of my situation; the community were very supportive of my situation’. Both Cara and Nora talked about being fine in the classroom, Cara stating that ‘I’m pretty sure I was fine in the classroom’ and Nora ‘it’s my happy place. So to be in the classroom was good’. Whether or not Cara or Nora’s performance was satisfactory is irrelevant here, the fact that the classroom was the space where they felt fine or happy is important. It is important because both Cara and Nora stated they found it difficult being around other staff.

When you look at Cara and Nora’s statements and those of Mya and Yola, it appears that the issues around relationships are three-pronged: how the teacher related to others, how others related back, and how the teacher perceived the relationship with others. Cara and Nora both talked about their relationships with other staff in terms of how they behaved towards colleagues. Cara was aware of what she said and how she said it, as illustrated when she said ‘it was just being around other people, like I would snap occasionally. I would become very frustrated with not only myself but other people around me’.

Nora was aware not so much of verbal responses but of a need to not want to be in other staff’s company, as she described ‘so I think also withdrawals, a lot of social withdrawal as well from friends and I’d say in the workplace as well. I withdrew from coming down to the staffroom, and still do a little bit as well’. It would have been interesting to have asked why Nora felt the need to withdraw but a guess as to the reason could be that it
was either too much effort for her to be social or she felt uncomfortable. Later in the interview, she added that ‘when I didn’t withdraw from them (the staff), they made me feel happy to be here as well’, highlighting that she did not really want to keep herself separate from her peers. When Nora said ‘and with depression your view of things is a little bit askew anyway. So even when people were asking me how are you or expressing concern I thought they don’t really care’, she is articulating two realisations, namely that her view may have been skewed and that there were people who were genuinely concerned about her.

All four teachers mentioned that there were people in their workplaces who cared and supported them, whether they knew of a diagnosis or not. However, Cara, Yola and Mya had profound negative experiences with people who knew of their mental health issues. Cara talked about colleagues deliberately turning away from her, when she stated ‘I think they didn’t understand what was happening, not that I understood either, but I think it was more of a too hard basket, walk away’.

Yola echoes this experience when she explained ‘I know from my own personal experience in 2007 I had an awful time with some people who are no longer friends, but after that experience I decided I would never, ever talk to anyone about it again’. The emotional impact of Yola’s friends’ actions was to force Yola into hiding her mental health issue, no doubt adding to her stress and feeling of isolation.

The level of support from the Department of Education, as an entity, and principals was also seen as adding to the overall experience for teachers. As an example, Mya’s comment ‘I was clearly being discriminated against on the basis of it being a psychological illness’, was in relation to the Department of Education, and stemmed from not being initially re-employed even though she had been declared medically fit for work. Mya’s experience with her direct line manager was, as she said, apart from anything else very damaging to her self-esteem. Yola could not tell her first principal about her diagnosis, but found her current principal ‘very supportive’. Equally, Cara and Nora stated that they found their principals very supportive when they told them of their diagnosis. The importance of this support is further described in the next section on effective policy, procedures and support.
It is, however, telling that Cara used the word ‘disclose’ when she recounted how and why she told her principal. If we take ‘to disclose’ meaning to reveal by taking off the cover or to bring something out in the open that has been a secret, then the implication is that mental health, or any diagnosis in that domain, should be secret or kept hidden. Another implication could be that if someone needs to disclose something, they were at some level reluctant to do so, as Nora’s recount suggests:

[I was] just unsure how people are going to take it. I was scared that she might, she has to obviously consider the impact on the kids so I thought she might feel that I was not capable in doing my job because of this, so she, yeah she might be concerned about my ability to continue to work, and I guess yeah the stigma attached to it. People don’t have a big understanding of it, as well.

In Nora’s account of how she felt before she told her principal, there is a lot of fear embodied in words such as ‘scared’, ‘not capable’ and ‘concerned’. The use of ‘stigma’ is particularly poignant. According to Carr and Halpin (2002, p. 8), the ‘term “stigma” means a mark or sign of disgrace or discredit, and “to stigmatise” means to regard a person as unworthy or disgraceful’. Nora mentions the stigma associated with mental health issues and uses the term four times. Cara and Yola also use the term stigma several times, suggesting that the perception of stigma plays a significant part of the experience of working when living with mental health issues.

Given this definition, it is not surprising to hear the term ‘stigma’ used frequently amongst the teachers. Using the critical discourse analysis framework for the analysis, discourse can be seen as social practice in terms of systems of knowledge and belief. The fear embodied by the use of the word stigma reflects the values that our society has attached to mental health issues. Carr and Halpin (2002, p. iv) argue that ‘stigma against people who have experienced mental illness is deeply entrenched in our culture’, and that the cost is high, both for those who are experiencing mental health issues and others not experiencing mental health issues.

However, it is not only stigmatisation that occurs by others towards those experiencing mental health issues. Carr and Halpin (2002) talk about the concept of self-stigmatisation,
where people experiencing mental health issues hold a negative view of mental health issues themselves. In turn, the negative view itself becomes debilitating. Cara’s reflection ‘Yeah, and probably to minimise that stigma that’s attached to the whole issue, because I think still people don’t understand it, even people with a mental illness don’t understand it’, where Cara includes herself in ‘people with a mental illness’ hints at self-stigmatisation. Later, when she adds ‘It’s just that it’s still that stigma attached to it. Nobody understands it quite—I still—I struggle with it myself, knowing what’s going on, so …’, it becomes clearly evident that self-stigmatisation is at play amongst our teachers who are suffering mental health issues too.

Whether it’s the stigma projected by others or self-stigmatisation, the teachers’ interviews are full of negative language in relation to their own feelings. When Yola states ‘because I didn’t know who to turn to for help, and I felt so ashamed of having a mental illness …’, the despair in the statement is heightened by the single use of the very poignant adjective ‘ashamed’.

At other times, the negative language reflected the injustice the teachers felt. As Mya described:

I should not have been discriminated against, and the stigma further perpetrated, because I—even the school that I relinquished, the staff were very supportive of my situation, the community were very supportive of my situation. I could have stayed there, but the guilt, as I say, was just so overwhelming, and part of that reason was because I had no support from the SED.

The first three verbs alone—’discriminated’, ‘perpetrated’ and ‘relinquished’—are very strong, very negative and emotive. The adjective ‘overwhelming’ adds to the emotiveness. Together, these language choices result in what can be described as a sense of frustration, pain and/or despair. Even though Mya had support from her staff and community, she needed support from her SED (School Education Director) as her direct line manager. The support Mya expected would have been, at the very least, in terms of leave approval and employment. Consequently, Mya argued that her SED discriminated against her because he insisted she relinquish her job on the grounds of her mental health issues.
A close look at the language choices made by the teachers when describing their feelings about how the effect of their mental health issues was managed in their schools revealed significant degrees of fear, difficulty, and negativity around their mental health. In other words, there are ‘social wrongs’ at play. This echoes the findings from the previous section, where I looked at the teachers’ descriptions of events that happened as a result of the effects of the teacher’s mental health issues. These findings will be addressed in the recommendations, together with the findings in the next section, of what policies, procedures or support teachers may have found useful.

5.5 Policies, Procedures or Support Available for the Teacher and their Usefulness

An organisation as large as the NSW Department of Education will have policies and procedures in place articulating rules and regulations designed to help manage the organisation. In PPI 1, the *Code of Conduct* (2006, 2010) and *Leading and Managing the School* (2000) were identified as the two documents principals are most likely to use when trying to manage situations when a staff member’s performance is affected by their mental health issues. The documents were analysed and it was ascertained that they were of minimal use for this purpose. Therefore, I was interested in whether either of these documents influenced any management decisions (as far as the teachers knew) or whether there were other policies or procedures that their managers may have used.

Each teacher was asked if they were aware of any departmental policies that were or could have been used in the management of their situation. None could pinpoint anything specific. Nora was quite scathing:

> To my knowledge there’s nothing. There’s nothing that I know of and really when I spoke to *(my principal)* she offered me nothing. I was seeking all external agencies I guess to help me. I didn’t really feel there was anything in the Department.

Mya also emphatically stated with a ‘no, none’ that to her knowledge there was no specific policy in relation to mental health. Mya’s elaboration was different to Nora’s in that she referred to other policies, where ‘everything stated that nobody can be discriminated against
under psychological grounds, that it’s exactly the same as physical rehabilitation, but it just wasn’t treated that way’. Neither Yola nor Cara knew of any policy or procedures either. Yola went as far to say that this was ‘unfortunate’, intimating that, had there been some, her story might have unfolded differently.

When I consulted the Code of Conduct (2010) to look for a statement in relation to discrimination on psychological grounds, the relevant directive was:

You must not discriminate against or harass your colleagues, students or members of the public on a number of grounds including; sex, marital status, pregnancy, age, race, ethnic or national origin, physical or intellectual impairment or sexual preference. Such harassment or discrimination may constitute an offence under the Anti-Discrimination Act 1977. (p. 11)

It is staggering that, in the most accessible reference document about acceptable behaviour within the department by all stakeholders, there is no specific reference to discrimination against psychological or emotional impairment. The single reference to ‘psychological’ is in terms of employees having a duty of care in relation to ‘safety’ in regards ‘to both physical and psychological wellbeing of individuals’ (p. 13).

As discussed in PPI 1, this is fraught with ambiguity, especially when, as a manager, the safety of all needs to be considered. The ambiguity lies in the fact that ‘safety’ is not just physical but also psychological (and therefore not clearly or imminently visible). It raises the question of whose safety is more important: the students’ or the teachers’? Furthermore, in making a decision, can both teacher and student safety be given equal weighting? In trying to answer this question, the ethical decision-making framework developed as part of the PPI 1 could be of use.

The omission of psychological and emotional impairment from the anti-discrimination list raises another interesting point. If we consider this situation from an ethics of justice point of view, there is a need to ask whether discrimination against psychological and emotional impairment should be on the anti-discrimination list. If the answer is yes, then the ethics of
critique question of how do we get it there needs to be answered. This issue will be further explored in Scholarly Paper 3.

If there were no policies or procedures that the teachers were aware of, then it is worthwhile to look at what other possibilities of support the teachers identified. Two sources mentioned by the teachers were the Employees Assistance Program (referred to as EAPS) and support from their principals, although in some cases there was a large degree of disparity between the expected level of support and what actually eventuated.

Two teachers mentioned EAPS, but neither used it. Cara was very clear that it is a service she would never access, because:

I’m a person who doesn’t like to speak, so having things like the Employees Assistance Line and things like that, that’s not something that I would use. So it may help other people, but it wasn’t something that I would use whatsoever, and I still, to this day, would refuse to use it …

Whilst acknowledging that others might use it, it was a service that was not for her. Interestingly enough, Yola, who was aware of the service too, did not think of using it when she needed it. However, Yola stated that should she need it now ‘I think my first stop would be the Employee’s Assistance Scheme, and I know they existed then and I was aware of it, but I don’t know, it just didn’t occur to me’.

We could assume that when Nora stated the Department had nothing to support her that she was unaware of the Employee Assistance Program. Mya also made no reference to it, but in stating that ‘I had no support from my employer’, we can assume that she was unaware of it or more likely, given that Mya was very experienced and knowledgeable about the DEC system, not in need of its services. The latter would be more fitting, as Mya, like Nora, had her own professional mental health carers.

Yet the fact that EAPS was not used by four teachers with mental health issues does not mean that EAPS holds no value. What it does do is raise questions as to what role EAPS can or should play in helping staff manage a mental health issue, whether principals are recommending the service, and what teachers’ and principals’ perceptions of the service are.
If EAPS was not a support structure used by the teachers and not all of the four teachers could rely on support by colleagues and friends, it is worthwhile looking at whether the four teachers could turn to their principals or managers for support. In doing so, it is especially poignant to consider what role the teachers described that their principal/manager played.

Cara, who stated several times that she hates talking about her issues to anyone, mentions several times how supportive her principal was and her realisation that not every workplace would have that support. She stated ‘I don’t think it would be—if I was in a different work environment, I probably wouldn’t have had that support’. It appears that there was a relationship of trust and respect between Cara and her principal. Whilst Cara does not say that directly, the following two statements seem to suggest this.

The principal actually brought me into her office and I had a—I spoke to her for a while. She hinted towards, well, maybe that’s the next step, of seeing—going and seeing somebody …

I think there was a couple of times when she had me come in to her office and ask me what was wrong, and I think I burst out into tears quite a few times, so—and I try and make it a habit of not showing emotions or crying at school … I think, she realised then that something was not quite right, and that—I don’t know if she has experience with that personally, but, yeah, she definitely suggested that I need to go and speak to somebody.

Cara also went on to say that that when her principal suggested that she go and see somebody it was ‘probably the best thing that happened’. The fact that it was acceptable for the principal to say and for Cara to hear that she should ‘see’ someone, to go and seek professional help, can be seen as indicative of a trusting and respectful principal/teacher relationship.

Nora seemed to have a similar relationship with her principal. She first broached the subject of her mental health issues with her principal when she was asked to explain her large number of absences. Until this point, her principal thought it was due to glandular fever and was ready to sign off on that. But Nora took the opportunity and said:
I said to her look, that’s true but I’ll let you know something else as well. So it just kind of happened that way, yeah, it wasn’t so much as planned but I felt good afterwards, after telling her.

Part of what motivated Nora to tell her principal was that she thought her absences were ‘reflecting poorly’ on her. If she did not feel that she could trust her principal, she did not have to give any information about her depression. Nora also recounted elsewhere during the interview:

I think the other turning point a bit was in telling (her) that I had depression that this was all going on for me, and as I said she kind of said I thought something was happening with you. So to be able to tell her, for her to understand and have a feeling like she understood and supported me was another turning point.

Nora’s explicit statement that her principal understood is similar to when Cara implied that her principal understood her when she said that her principal might have had experience with depression or mental health issues ‘personally’. Cara might be making an assumption here, as the principal could have been sensitive and well-informed, but either way there was that important level of trust.

The support Yola received from her two principals was almost diametrically opposed. We have already discussed the total lack of support and understanding from the principal she had at the time of the onset of her mental health issues, and that he ‘literally’ only spoke to her ‘twice all year’. In contrast, the support of her current principal seems exemplary. When Yola started in her new school, she proceeded with caution, in terms of what she let her new principal know. As she explained, ‘I suppose before I felt confident in sitting down with him I wanted to prove to myself I could do it, if that makes sense, yeah’. Once she felt that there were no issues for herself or for her principal, Yola felt she could share her medical history and status with him, because, as she described:

I have a lot of respect for him and I think he’s very good at his job, but he sees part of his role as making sure he’s aware of his emotional intelligence and putting that into action, and he is quite explicit about that with myself.
Yola clearly notes again the need for respect in the relationship between manager and teacher. She also raises the benefit of her principal not only being aware of his own emotional intelligence, but of him also being an emotionally intelligent practitioner. Here, Yola refers to emotional intelligence as used by popular psychologist Goleman (1995). Her reference may be in particular to Goleman’s view that ‘people who are emotionally adept—who know and manage their feelings well, and who read and deal effectively with other people’s feelings—are at an advantage in any domain in life, (including) picking up the unspoken rules that govern success in organizational politics’ (p. 36). Yola would attribute her good relationship with her principal to his ability to manage his and others’ feelings.

Mya stated very clearly that she felt that she had no support from the people who should have been there to support her, when she said:

the part that really frustrated me was that I was feeling very vulnerable anyway, and to be strong enough to advocate for myself, and to contact the right people—Federation—the Teachers Federation also let me down very badly as support people. It would have been very easy for me to give up, because it was made very clear that I was not wanted, and I was so actively discouraged, it was so damaging to my self-esteem, apart from anything else.

There are two issues raised in this description. Firstly, it is clear that Mya felt unsupported by an organisation that states it ‘looks after a multiplicity of issues on behalf of teachers’ and that its ‘members should aim to improve the working conditions of all Federation members’ (www.nswtf.org.au). Secondly, a question arises as to what role the NSW Teachers Federation plays or could play here. The answer lies outside the parameters of this research, but a recommendation could be to investigate what role the NSW Teachers Federation might be in helping manage issues which are directly connected to staff mental health issues.

To summarise, it is the explicit use of the word ‘respect’ by Yola, the ‘she understood and supported me’ by Nora and the implied ‘trust’ by Cara, that highlights what appear to be four main characteristics that teachers look for when they seek and/or accept support from their principals. Mya, who did not have trust, respect and understanding, also stated the need for ‘support people’. It is then, of course, important to look at whether principals talk about
trust, respect, support and understanding in relation to the teachers with mental health issues that they speak about.

Besides policies and EAPS, a third possible source of support identified was the Department of Education and Communities itself. It is interesting that the DEC is seen as one entity, even though it is made up of numerous departments and thousands of employees.

When Nora recounts being called into her principal’s office on the day she told her principal about her depression, it was in response to ‘a letter from DEC’. Yola also said ‘the Department sent me forms about resuming duty’ and that she ‘actually contacted the Department’. In all three instances, DEC or the Department are in fact Employee Services, a section within the Department. When Nora said ‘I didn’t really feel there was anything in the Department’, meaning no support, the Department is seen as someone or something that can or should offer support. Interestingly enough, Mya attributed the same ability to the Department when she stated ‘DEC has now taken away those principal supports’ and even more strongly so when she said:

I think that what the DEC does not factor into account is that we are people who have lives that are happening, just like everybody else, and the nature of the job is one where sometimes you do need support, and it shouldn’t be left to us to find our own support networks.

All these instances are of significance if we look at power relationships. The references to DEC or the Department as a single entity that can ‘do’ things such as sending letters, not offering support, and ‘think’ by not factoring things into account, and that can have things being done to it, like being contacted by personnel, defers to the Department’s formal power. However, in the DEC, as in any organisation, there are what Budd and Bhave (2010) call ‘complex webs’ of power relationships and they come into play here between the Department, the principals and the teachers as employees. Again, the ethics of critique can be applied here to ask questions in terms of who seeks, who gives and who takes power and at what cost. The teachers appeared to choose or felt they had no other option but to choose the Department as a single, powerful entity.
A final area of exploration in the interview transcripts was what made things easier for teachers at work whilst they were unwell. Nora listed three things, starting with being in the classroom, as it was her ‘happy place’, and then she immediately added by telling her principal about her diagnosis and by ‘taking the medication and seeing the psychologist’. Similarly, Yola mentioned her current boss with the high level of emotional intelligence and the support she had from the Black Dog Institute. Cara replied with ‘I think it made it easier because I had a principal that knew that that wasn’t me’, implying that her principal support was what made it easier. Mya’s response came about slightly differently, in that she replied that what would have made it easier in the first instance was if she had been offered the level of support the same as if she had a physical illness. In each instance, principal/manager support was paramount.

5.6 Suggestions for the Future of Managing Staff Mental Health Issues

The final area explored in interviews considered teacher suggestions as to how their situation could have been managed better and about what would be useful in the future. These suggestions seem to fall under the broad headings of human resource support (emotional and psychological), human resource support (physical), policy and professional learning.

5.6.1 Human resource support (emotional and psychological)

All four teachers suggested that teachers affected by mental health issues need emotional or psychological support. The supporting people should be both colleagues and principals. The nature of the support should be helping by connecting to significant people, establishing and negotiating a checking-in mechanism and being acknowledged in an understanding and respectful way.

Nora’s response to what would have been helpful was a suggestion to have personnel whose responsibility was to check in with her. She explained:

Look, maybe having somebody at school that I felt I could talk to that understood that perhaps encouraged me to come to school, monitored me a little bit or just asked, just checked in and said, how are you today? You know, you’re here, well done. How’s things going? How are you feeling or some, you know, somebody that I could go to
when I was having a bad day, you know, which was often and I could just tell them about it.

In other words, Nora was suggesting that there would be someone who had a duty to care for her. Nora’s suggestion is very do-able in workplaces where there is mutual respect and where staff and/or the principal are willing to exercise that level of care. Where the mutual respect is absent, and/or where the attitude towards mental health issues is one of not being willing to make accommodations, then this type of support is less likely.

Similarly, Yola mentioned that she wished she had someone to talk to, when she said ‘I can’t remember being aware of who I could contact, who I could talk to. Like it wasn’t publicised as such, do you know what I mean?’ The difference between the two teachers is that Nora wanted the support person to initiate some of the contacts, whereas Yola indicated she would have initiated the contact. Mya also expressed that she would have liked support, when she stated:

I had no support from my employer, and no contact from my direct line management during the months that I was off and during hospitalisation, except one email which asked for a sick leave form. So the fact that there was no support was difficult.

Each of these three teachers had expectations of some sort of support or care from their employers. If we use the ethics of care lens and Tronto’s (1993) notion of care involving four interconnected phases of caring—caring about, taking care of, care-giving and care-receiving—then the message from these three teachers is that they want to receive care and that they feel their employer should not only care about them as employees, but also take care of them and readily give care.

If the Department were to take care of its teachers who are affected by mental health issues by having accessible support people, then a range of question arises including would the contact, either sought or offered, be on a daily basis, negotiated basis or ad hoc basis? Furthermore, would that support person be based at the teacher’s school or externally, either within or outside of the Department?
Whilst a formal system for such support does not exist at the moment, there would be an argument to at least trial it. Such a trial would require a great deal of negotiation between various departments within the DEC and key stakeholders such as the NSW Teachers Federation and principal associations. However, if in the long run it meant better outcomes for staff, and ultimately students, then surely various support models would be worth investigating.

Even if there is support through interpersonal interaction, care can also be given through practical support, as suggested in the next section. However, before moving to practical support, there were also cautions from Nora and Cara, about having a designated person to talk to. Nora added:

Oh, see it’s hard. It really would depend on who it was and if I felt comfortable enough to talk to them. I mean it’s a really personal issue, so it would have to be someone I had confidence in, and knew me enough as well. So it’s a hard situation.

Cara rejected the whole notion of having someone in the workplace to talk to when she said:

I don’t think that would’ve worked at all. I don’t know. I think, from my—the less people knew, the better, and I’m not one to come out and talk about it in an open setting with people that I’m not familiar with. So that would’ve been quite hard, and also to—I think it would be more of an embarrassment factor too, so ...

It is interesting that both teachers used the word ‘hard’ to describe the notion of having identified in-school support. The choice of words such as ‘comfortable’, ‘confidence’, and ‘familiar’ highlights again the need to respect and understanding between the teacher and the designated support person.

Another area of support mentioned by the teachers concerns emotional support through confidentiality. Nora pondered the pros and cons of her principal having discussions with her psychologist, when she said:

… when I think about it, I think I wouldn’t want my extremely confidential matters discussed, that’s the first reaction is oh, is she going to tell them all the things I’ve
talked to my psychologist about but in terms of, yeah, their conversation would be
talking about what would be best for me in the workplace.

The dilemma for Nora is that balance between maintaining her privacy and letting others
perform their ethics of care by discussing what would be best for her in the workplace. If
discussions between principals and health care providers were a possibility, for Nora, it
would be letting people into her private matters, what she notes as being very important to
her as indicated by her use of ‘extremely confidential matters’. It would also mean letting
people decide or at least suggest what is best for her. In doing this, besides enabling them to
practice an ethics of care, she is deferring some power to them.

However, it is one thing for a principal to talk to a health care professional (presumably
with the teacher’s permission) but another for DEC employees to discuss a teacher’s
condition with other DEC employees, without that teacher’s knowledge or permission. Mya
illustrated that this did occur when she described:

… it became obvious also to me that my case had been discussed with other SEDs,
because other SEDs spoke to other principals about myself and my situation, one saying
in a public forum that I would never get employed in this region again.

Mya talked about how damaging this lack of support through breach of confidentiality was.
The breach was unethical and contravenes any privacy legislation. Speaking out against such
behaviour is difficult for most employees, but probably even more difficult when you are
already struggling with mental health issues.

As discussed earlier, the matter of ‘disclosing’ a personal mental health issue is very
personal, sensitive and fragile, not just for teachers but for anyone. Yola talked about parents
in her school who took a ‘big leap of faith and trust’ when informing the school of their
child’s mental health issue diagnosis. That leap of faith and trust is not only in the moment of
telling, but in actions by the informed afterwards. Obviously, Mya’s manager broke that trust,
but then there are other situations. For example, in one instance Yola’s principal showed
great sensitivity when he checked in with Yola by saying ‘I’m sorry I didn’t get a chance to
tell you beforehand that topic was coming up’, after a child with the same diagnosis as Yola’s was discussed at a meeting.

There is a whole spectrum of responses of what managers might do with the information shared by teachers affected by a mental illness. It is therefore not surprising that teachers like Cara take the stance, ‘I think the less people knew, for me it was the better, and still is to this day’.

5.6.2 Human resource support (organisational)

Some of the teachers also suggested that they would have liked practical support. Yola, who has accepted her diagnosis, has asked her current principal ‘if he noticed any shift in mood to contact my husband and my mother as soon as possible so that they could help me seek treatment’. The message in Yola’s statement is that principals should make a call to family if they are concerned. Nora directly and Mya indirectly proposed help in the school setting. Nora proposed that:

Maybe someone to offer to I don’t know, it’s hard, to help with my classroom if I felt that I was overwhelmed with things they could say I’ll take that from you or you don’t have to do that, just focus on these things and cut down my tasks a little bit.

The idea is that some of the responsibilities would be taken from her until she was feeling less overwhelmed. Mya similarly stated ‘I should have been offered the support I would have been offered had I had a physical illness’. Mya did not elaborate, but as it is common practice to relieve teachers who are unwell of responsibilities such as playground duty, attending meetings, extra-curricular activities and so forth, the same support should be given to those who are mentally unwell.

In this instance the two teachers are suggesting that the Department extend an ethics of care to them as human employees. There may not be any legislation that requires this, but Mya and Nora felt that their life at school would be easier (with the implicit effect of possibly being more effective) if there was flexible physical support. The dilemma for principals managing such spoken or unspoken requests is how they balance the ethics of care by arranging the taking away of responsibilities with giving those responsibilities to someone
else. To what extent can those responsibilities be given to others, how often and for how long? This dilemma is further addressed in PPI 3.

5.6.3 Policy

There was not much discussion about whether there should be policy that would be helpful, except with Nora, the youngest and least experienced teacher interviewed. Nora acknowledged how different mental health issues are for every person, but advocated for systemic support when she raised the following:

I definitely think there should be something to assist teachers through different mental illnesses. But it would be really tough I think because it’s so different for every person. I mean even depression in itself is so different for every person.

So to be able to have a policy or procedures or, you know, have a system in place is hard because it really needs to be case by case, working with the person, what works best for them. Perhaps working with their psychologist as well and even their GP as well.

It is uncertain whether Nora meant a policy per se, as she seems to use policy, procedure and system synonymously, but the message remains that there should be a formal process in place.

5.6.4 Professional learning

The very first principal I interviewed for this research suggested that all DEC employees should have to participate in a mandatory course on mental health and mental illness. This idea was subsequently put to the other interviewees. The four teachers all responded positively, although with caution. What follows is the key section of each teacher’s response. In reading one after the other, some common messages emerge.

Nora: Yeah, I would think that would be great because it would break down those, the barriers, the stigma attached to it so have some understanding of what it is, recognise the signs in people as well because yeah I think people, as I say people saw changes in me but they weren’t quite sure what it was, what was happening.
So no-one was really able to help me and for somebody else that didn’t have other support networks they could really fall through the cracks and really feel like I’ve got no-one who can help me and support me. So yeah that could be a really good idea.

Cara: Well, being in the situation now where I, obviously, have been diagnosed, and then reading a lot of material, I think it’s one in three, one in four people, obviously either diagnosed with it or have some link to the illness, whether it’s immediate family—and I think, not only is it common in adults, but it’s also quite common in children that don’t get picked up. So maybe having a workplace session on it and just being aware, so not only would it benefit the school, the students, but it might also have an impact on staff, and even their immediate families, as I said. So, yeah, you’re not diagnosing, but I think you need to just be more aware of how others ...

Mya: Absolutely. Particularly for the training of the job that we’re in, because we’re coming up against children who suffer mental illness, and that—they’re being identified at a younger and younger age. So absolutely, as far as education of people in a job like ours. Absolutely. Absolutely.

Yola: Yeah, because you know, particularly with all the reflecting I’ve done over the last nine years, you wonder how many people are living with it, even suffering with it and just going about their day-to-day business and you just don’t realise.

There is so much stigma about it that if people were better educated it would be better for us as colleagues and also better for children, too, because children have mental illnesses.

It is significant that all four teachers immediately linked the suggestion of a mental health awareness course to children. There could be a number of reasons for this, including that children are our core business, that most (although not all) mandatory courses for teachers are directly child related and/or that these teachers extend an ethics of care more to others than to themselves. The teachers also identified that the notion of having mandatory mental health awareness training is helpful beyond children and teachers. Yola talked about the pervasiveness of mental illness and Cara mentioned that it would be useful for immediate family too.
The key words of ‘understanding’, ‘recognise’, ‘aware’, ‘education’, and ‘educated’ that are interspersed throughout the teacher dialogue above is indicative of the consensus that further awareness raising about mental illness must happen. Interestingly, both Yola and Cara mentioned that they too had to ‘reflect’ and ‘read a lot of material’, suggesting that there was self-education too. Cara in particular referred to this several times throughout the interview when she explained that she herself had to learn to understand her illness.

The issues that arise here are why do people need to know about mental health issues in particular, why does this knowledge and understanding matter and more importantly, to whom does it matter. One way of addressing these issues is to ask what happens when that knowledge and understanding does not exist. The answers include that mental health would continue to carry stigma due to misunderstanding and ignorance. As discussed earlier in this section, the cost of the stigmatisation is high for both the person who has the mental illness and those who do not. The cost can be emotional, psychological, physical, financial and more.

Other points that are important to consider are the financial and emotional costs of stigmatisation on teachers. In Scholarly Paper 1, Page et al.’s (2009) three component model equating employee wellbeing with mental health suggests some factors to consider. Subjective wellbeing is one component. If the teacher’s subjective wellbeing is compromised by the disorder itself as well as lack of support by family, friends and even health care providers, then there is a cost to that teacher’s wellbeing. Workplace wellbeing is the second component, and if the teacher is not cared for and supported by colleagues, then job satisfaction will be negatively affected. Psychological wellbeing is the third component. When relationships are affected, purpose through loss of acceptance by others is diminished and both work and home environments become problematic, then the psychological wellbeing is affected too. In other words, when the mental health issue is stigmatised, the cost on the teacher is high.

There is a financial cost to mental health issues too. This exists even if stigmatisation is not at play. Primarily, the costs are in relation to sick leave and teacher replacement. The financial cost in relation to sick leave is varied both for teachers and for schools. The
variance for the teacher depends on the type and quantity of leave the teacher is entitled to, and how quickly the teacher is without pay. The variance for the school depends on what leave the teacher is entitled to. Another significant cost occurs for the teacher if they lose a permanent government job.

All four teachers recognised that there is a cost associated with mental health issues and with stigmatisation in particular. The cost is emotional and physical, in terms of resources. The cost could be significantly reduced with education, both within the system and beyond. As Nora stated, professional learning ‘would be great because it would break down those, the barriers, the stigma attached to it’. Yola echoed this when she said ‘there is so much stigma about it that if people were better educated it would be better for us as colleagues’. The is an increasing range of national and international awareness campaigns such as SANE Australia’s ‘Mindful Employer’ initiative (www.sane.org), which aims to provide both online and face-to-training on managing mental health issues in the workplace.

5.7 Conclusion

Interviewing four teachers gave insight into diverse experiences of what it is like to be working in NSW Department of Education schools whilst affected by a diagnosed mental health issue. By using elements of critical discourse analysis and systemic functional linguistic theory and an ethics of care perspective, common threads of what helped and what did not help were identified, described and analysed.

Mya, who was so profoundly affected by the lack of managerial support, mused about the complexity of mental health in the workplace when she said:

I don’t know, because with mental health—and this doesn’t pertain just to the DEC—but like I could walk around with a T-shirt saying, I survived, look at me, I was resilient to the point of being able to return to work, but to me, that makes a judgement on those that don’t return to work, whether they choose to or are unable to return to work because the job is just not good for their health, mental or otherwise. But you also come against the issue with mental health that it can make other people feel very uncomfortable to have those discussions, so it’s a hard one. It’s a very hard one.
As Mya pointed out, not only is the experience of being afflicted by a mental illness different for each ‘sufferer’, but also the experience of each ‘sufferer’/teacher in the workplace is different. The differences lie in their own acceptance of their illness, and the pathway the illness and diagnosis took and the reaction and support of family, friends and colleagues.

The four teachers all gave their perspective on how they felt their mental health issues impacted on the workplace and how that in turn affected them. There were two consistently mentioned effects on the workplace. The first was primarily seen in terms of the impact or perceived impact their absenteeism and ‘irregular’ absenteeism had on the students and other staff. This was more in terms of student learning and teacher responsibilities than school leave budgets. The second was in terms of social relations with other staff and in particular principals. Deeply intertwined with these two consequences were the emotional effects.

Guilt was an effect mentioned by all of the teachers, numerous times. Guilt was both in terms of a feeling and a responsibility. The teachers felt guilty towards their peers for not meeting real or perceived obligations, for not behaving in expected ways and they felt guilt towards the system. Another strong emotion elicited was shame—shame for having a mental health issue, for not being able to function as expected and for running out of leave. At times, the feelings of guilt and/or shame were exacerbated by the reactions and actions of people in the teacher’s schools.

There is no doubt that working in a school when affected by a mental health issue is complex, particularly for the teacher concerned and their principal. There seemed to be little support from the system as a whole and how supportive a principal was, depended on the individual. As Mya states:

I think that what the DEC does not factor into account is that we are people who have lives that are happening, just like everybody else, and the nature of the job is one where sometimes you do need support, and it shouldn’t be left to us to find our own support networks.

This comment is representative of what all the teachers wanted: sensitive, negotiated support during the entire period of their mental health issue. Whether their recommendations are
feasible from a system organisational and financial position is unknown. However, at least advocating for such support would be a starting point.

In the end, the key messages from the four teachers interviewed can be distilled to include the need for professional learning on mental illness; the need for principals and managers to support from an ethics of care perspective and with a high degree of confidentiality, and the need for Departmental support that is easily accessible.
6. PROFESSIONAL PRACTICE INITIATIVE 3: The Principal Interviews

6.1 Introduction

On 7 July 2013, Harry O’Brien, an AFL player, went public about his mental health issues. In the Late News on Channel 10, journalist Matt Doran chatted to Kate Carnell, the CEO of Beyond Blue about Harry specifically and mental health issues in general. Here is an excerpt from the interview (Ten Late News, 2013):

Matt: Looking more broadly at this topic in sport, Kate, what are the clubs doing to identify these issues and more importantly support the players who are battling depression?

Kate: Look I think clubs are very good when you end up with situations like Harry’s today, when he has talked about his depression, I think some of the things they can do better is ensuring that players, that staff, families understand the symptoms of depression and anxiety and identify them early enough.

Matt: Kate, Harry’s decision is obviously a very public case but if there are other people out there in a similar situation, what’s your advice to them, for the very first step?

Kate: Look, what’s important to realise is that mental health issues are very common. One in four people will experience depression or anxiety at some stage in their lives. The important thing is to take that first step. It might be going and seeing a GP if you are comfortable with that. One thing that is not a good idea though is to do nothing and to be a bit too embarrassed to talk to someone you think might be struggling or a bit too embarrassed to say ‘hey, I’m really doing it tough at the moment’. (My emphasis).

Matt: A very big challenge for so many.

Over the last decade or so, many people in the public eye have made it known that they are living with or have experienced a period of mental health issues. Since the late 1990s, more and more people with public personae are explicitly sharing their stories. This includes a public acknowledgement by people such as actor Gary McDonald that he had depression and
an anxiety disorder, international celebrities like Catherine Zeta-Jones who went public in 2011 revealing she had bipolar II, and AFL players such as Harry O’Brien in 2013. This need to share their stories reflects that in our society there are still misunderstandings about, ignorance of and discrimination against mental health issues. Whether they were motivated to share for the common good or to reveal their story before the media took control is irrelevant. What matters is the recognition that it is in this societal context that this research is taking place.

The excerpt above from the news segment is relevant to the research, as the journalist asks how are the employers (the clubs in this case) helping the employees (in this case the players) who are ‘battling depression’. The parallel for this research is how are the Department of Education and principals (the employers) helping employees with depression or other mental illnesses? The key messages that the CEO of Beyond Blue had are very relevant to the research. One of these is about ensuring that staff can understand and identify symptoms of depression and anxiety. Another is about the importance of not doing anything but rather raising the issue with someone who might be affected by mental health issues. Here, the questions become about the role principals have in addressing mental health issues with staff, and in raising awareness about mental illness in general. Finally, it is interesting that even in this short excerpt the journalist used two terms, ‘battling’ and ‘challenge’, that further paint the picture of the context in which this research is taking place. The aim of this section of my research was to interview principals and gain an understanding of managing situations where teacher performance is affected by mental health issues, and to identify possible recommendations to improve the situation.

Invitations were sent out to principals in south-western Sydney to participate in this research project focusing on ethical management decision-making when teacher performance is affected by their mental health. Four principals responded to the invitation. All four principals worked in south-western Sydney schools at the time of their interviews. All four principals were given pseudonyms. Fred was in his sixth year of his first role as a principal, at a large co-educational, multicultural, comprehensive high school. Gabi was in her third year, in her second role as principal at a large, multicultural primary school. Wilma has been a principal at her large, multicultural primary school for over ten years, but has had many
secondments away from her school to relieve in a variety of senior executive positions. Nelly is the least experienced principal interviewed, being in her third year as principal at a middle-sized primary school.

Each interview took place in a private setting, was tape recorded and then transcribed. The interviews all began with an invitation to describe what it was like for them, as a principal, managing situations where the performance of the staff member they were talking about was affected by that staff member’s mental health issues. The interviews were semi-structured and focused around key questions relating to what was helpful and what was not, what relevant policies or procedures did the principal use and/or know of and what suggestions might they have to make things better or easier for either staff affected by mental health issues or for their managers.

Gabi echoed what all principals expressed in one way or another during the interviews, when she said:

At one stage I, in desperation, (said) why is this person at our school, why can’t we just put them in another position somewhere else where this is not going to be an issue? As my SED (School Education Director) at the time pointed out to me, you’re just moving the problem ... We need to deal with the problem.

When this statement is unpacked, several key issues about the complexity of management emerge. These include identifying what brings a principal to desperation point, and what the exact nature of the problem that needs to be dealt with is. Furthermore, we also need to examine why there is a belief that the problem ‘needs’ to be dealt with. During the search for answers to these three issues in the transcripts, more related themes appeared. Consequently, a similar structure will be used in the principal transcript analysis as was used for the teacher transcript analysis. The structure is formed around the three key research questions, which are:
(1) What was an experience of managing the prolonged period of mental health issues of a staff member like for the manager (the principal)?

(2) What policies, procedures or support were available for the principal and how useful were they?

(3) What suggestions for the future of managing staff mental health issues might there be?

In order to gain an understanding of what may have driven a principal’s thinking and decision-making, the principal transcripts are analysed using the multiple ethical paradigm framework. Just as the teachers were not asked which ethical perspective they drew on to make decisions, the principals were not either. Rather, it is by the close look at the language using critical discourse and systemic functional theory elements that I can infer what belief systems may have underpinned their thinking and actions.

The teacher transcripts were examined for clues as to where the teachers themselves, as people who have experienced mental illness, stood in terms of their own beliefs, attitudes and understandings towards mental illness and mental health. This was of significance because each teacher’s beliefs, attitudes and understandings very much directed what they said and how they said it. It therefore makes sense then to also scrutinise the principal transcripts for each principal’s beliefs, attitudes and understandings. The information gathered by doing this can then be useful when analysing the principal transcripts for answers to the three research questions.

6.2 Principal Beliefs of, and Attitudes Towards, Mental Health Issues

The Mood Disorders Society of Canada (MDSC) has been running a campaign in schools and workplaces called ‘The Elephant in The Room Anti-Stigma Campaign’. The purpose of the national campaign is to eliminate stigma associated with mental illness. Besides this being a strategy worth exploring in terms of future directions, what is of interest here is the name of the campaign. Here, we have a national campaign whose very name addresses the fact that mental illness is the ‘elephant in the room’ or as I have previously referred to it, the ‘grey
elephant’. Whichever term is used, it is the issue that people know about but are not comfortable, willing or capable of addressing.

Wilma used the same metaphor when she said ‘I think—it’s like what is it—the elephant in the room, or black dog or whatever. This is something that is part of our everyday landscape’. In doing so, she acknowledged that mental illness is here but difficult to address. The ‘black dog’ reference is different to the elephant, as it commonly attributed to Winston Churchill’s description of his depression, that is, it is a label of an illness and not a reference to a difficult subject matter. However, Wilma’s point is that both mental health issues (the grey elephant) and depression (black dog) are part of what principals need to manage.

Given the purpose of the interviews, it would be logical to expect a large number of direct references to mental health such as mental health, mental illness, depression, bipolar, anxiety and so on. Indeed, an analysis of the transcripts showed that there were, as expected, references to mental health. However, not only is the number of references interesting, but also when we look at the construct of these references, we are given an insight into a number of significant issues.

The following four sentences, one from each principal, are examples of how the language choices made in constructing each sentence embody information about these four people’s perception of or relationship to mental health.

Fred: It’s an issue, and I’m also not a fool. Depression is one step away for all of us.

Wilma: It’s a can of worms.

Nelly: It’s very sensitive and fragile stuff.

Gabi: It’s very—it’s such a, as you said, a complex, diverse—it’s so big.

It is interesting that every principal used the relational verb ‘is’ to state what mental health is. As explained in Scholarly Paper 2, the function of ‘is’ (or to be) is to link the subject (mental health) to its attributes. Just from these for examples, mental health is seen as being an issue, sensitive, fragile, complex, diverse, big and a ‘can of worms’. All these words have negative
connotations, establishing a sense that there is nothing good or positive about the mental health issues being discussed. The metaphor ‘can of worms’ is particularly poignant, even more so, because Wilma also uses it in relation to mental health. If metaphors, as Fairclough (1992, p. 194) states, ‘structure the way we think and the way we act, and our systems of knowledge and belief, in a pervasive and fundamental way’, then this metaphor clearly adds to the perception that mental health is an unpredictable, troublesome, difficult phenomenon. This brief textual analysis raises the question whether mental health has to be this big, complex and sensitive issue and what can be done to change it.

The textual analysis can be explored even further and enhanced by looking for choices or what Kristeva (as cited in Fairclough, 1992) calls alternative ways of ‘signifying’. People can always choose different ways of giving meaning to their experiences, which involves, as Fairclough (1992, p. 190) points out, ‘interpreting in a particular way, from a particular theoretical, cultural or ideological perspective’. In order to access the different ways of interpreting, it is imperative to examine not only the actually wording used, but also the wording not used.

In any conversation or interview about the general topic of mental health, it is reasonable to expect a large number of uses of the nouns, adjectives and verbs related to mental health issues. Yet between the four principals, there was a limited number of uses of the word ‘mental’ as either part of mental health or mental illness. This number of references would increase if we added instances of the pronoun ‘it’ when referring to mental illness/health etc. But because a pronoun is not an explicit naming of a thing, they will be discounted here. Even if we add the very few references by the four principals to specific mental health conditions (all for depression), the total number of references is still far below what could reasonably be expected. This leads to speculations about perhaps principals being reluctant to use the terms themselves, to diagnose or to use a given ‘label’ and/or to find the ‘right’ words to label what they are talking about and where a sense of perceived political correctness comes into play.

The principals’ struggle to name the issue is further reflected in how they tried to articulate what they were dealing with. The following excerpts reflect this struggle. Nelly
reflected that the teacher she was talking about ‘went through a time when she wasn’t the way she had been. She was a little bit emotional; she was a little bit touchy, cranky and things like that.’

Nelly, the principal of a middle-sized primary school, started her reflection by stating ‘she wasn’t the way she had been’, and it is the use of the negative in ‘wasn’t’ per se, as well as the use of the negative to paint a picture of contrast, that shows the reluctance to label. This is further reinforced by the use of the adjectives ‘emotional’, ‘touchy’ and ‘cranky’. These adjectives, although casting a judgement, are ‘safe’, as they are common, everyday, non-medical language.

Fred, the principal of the large, comprehensive high school, remembered that his School Education Director (SED) had:

… said, very early in the piece here, we’re managing some extremely difficult situations, really, really difficult women. He said, 15 per cent of the population has a mental health issue, and he said, you’ve got 130 staff, so you’ve got about 20 here.

Fred’s paraphrasing of the School Education Director saying ‘we’re managing some extremely difficult situations’ is of interest because ‘situations’ is used in this instance as a synonym for mental health issues. We know this as in the next sentence he refers to mental health. The positioning of ‘situations’ first could be indicative of again wanting to avoid the phrase ‘mental’ health. As an aside here, Fred went on to say that the difficult situations pertain to ‘really, really difficult women’. Perhaps Fred (or his School Education Director) assumes that mental health issues affect women more than men, or perhaps they believe the effects of mental health issues are felt more when women are involved. Either way, the statement is at odds with what Fred goes on to say, as the teacher he uses as the case study and talks about at great length is a male member of staff.

Wilma, the principal of one of the large primary schools, when introducing the teacher she wanted to talk about, began with:
But there’s one that I want to refer to now, that we’re managing in the school, and it’s someone that probably, if she had help, someone might say she was prone to depression.

Wilma’s use of the very tentative adverb ‘probably’ indicates a reluctance to state outright what she thought. That tentativeness is further manifested by the inserted clause ‘if she had help’. This clause acts as an aside and a qualifier for the next statement. It’s almost as if Wilma is hedging towards using the word ‘depression’, which indeed she does at the end of the sentence. The non-descriptive persona of ‘someone’ and the tentative modal verb ‘might’ also add to the effect of the reluctance to naming the mental health issue.

Finally, Gabi, also a principal of a large primary school, introduced the teacher she chose to talk about with:

When I started here, my first day here also coincided with a member of staff who was returning from a significant absence due to ill health, mental health in particular. She’d had a history of that for a number of years.

Gabi’s statement also echoes the reluctance to use the term ‘mental health’. Similar to Fred, it is the position of her phrases that carry that reluctance. In systemic functional grammar, the order in which speech acts appear is of significance. Therefore, when Gabi referred to ‘ill health’ first and then qualified it by adding ‘mental health in particular’, rather than just stating ‘a significant absence due to mental health’, we can possibly presume that she was reluctant to use the term mental health. If Gabi’s statement is looked at in isolation of the rest of the interview, it could be interpreted that maybe Gabi accepts mental health as ill health. To her, perhaps it is no different to, for example, having asthma or cancer.

Wilma, in stating ‘there was a time, not so long ago, we didn’t use the expression mental health …’ articulates part of the issue in the difficulty with explicitly naming mental health issues in the workplace. It is still relatively new. The analysis above does not reflect the newness itself, but certainly highlights the reluctance, the difficulty and the complexity of using the term mental health and technical mental health language. The difficulties and complexities are further highlighted as I analyse the interview questions in more depth.
6.3 Principals’ Experiences

The four transcripts were analysed very carefully for either similar or unique experiences amongst the principals in managing the effects of prolonged mental health issues on their staff members’ performance. In grouping these experiences and issues together, I found it useful to apply a similar framework to that used for the analysis of the teachers’ transcripts in PPI 2. Consequently the analysis of the transcripts is organised along the same themes, namely:

(1) the impact of the effects of mental health issues in the workplace

(2) the emotional effect of the impact of mental health issues in the workplace

(3) the importance of relationships

(4) the impact on students.

At this point the analysis is primarily descriptive.

6.3.1 The impact of the effects of mental health issues in the workplace

Similar to the teachers’ experience, the principals commented on the large degree of absenteeism, both whole days and partial attendance. As two examples, Nelly and Gabi stated:

Nelly: It might be a day and then there might be a second day and then she’d be back for a day and then she’d be away for a couple of days. So, you know, that has a real impact and you’re also worried about the community and whether they’re going to start getting annoyed …

Gabi: …there were lots of other issues with her work at school that had cost the school a lot of money, not to mention the teaching and learning that wasn’t happening.

Whilst the teachers talked about the struggle to get to work and the guilt they felt, the principals talked about the impact the absences had on the school. In these two snippets, we have three concerns: the financial cost of absenteeism for the school, presumably in casual days; the negative reaction from the community; and the implication that teaching and
learning was not happening or was disrupted. These three concerns are problematic for the following reasons.

Cost is a factor, as each day a teacher needs to be replaced costs the school money from a limited short-term relief budget and a limited overall school budget. Schools, not some other authority, pay for casual relief. For some schools, the added stress is finding good casuals to replace absent teachers. Absences also impact on community expectations for their children to have continuity in their teachers and planned teaching and learning at all times. Unexpected absenteeism by a teacher does not allow for this continuity. Even negotiated absences can have an impact, such as when Gabi’s teacher was on a return to work program with a continuously negotiated and reviewed working hours program. As Gabi explained:

… she only works four days a week but she returned to school for three days a week, short days. So it was something like three hours a day for the first few weeks and then that was gradually increased until towards the end of the year where she was back for her full four days.

If Gabi’s teacher had not been ‘above establishment’, meaning an additional teacher, then this return to work program in most primary schools would have been untenable due to the way staffing allocation and classes are worked out.

Absenteeism as an effect of mental illness can also be partial:

Nelly: There were a couple [of times] where she’d perhaps get upset about something and might’ve had to go have a break or go home early or something like that. In the classroom she was functioning pretty well.

Gabi: We’ve negotiated around sitting towards the back of the room [in meetings] and if she does get anxious during that time, she can get out and walk out or take some breaks or just use some strategies to try and get herself—but if she’s really feeling threatened, she needs to get up and walk out but she needs to have a try at doing it, not just avoid going to the meeting altogether.

Here we have three different instances of absences, each of which matters in the school context. Leaving early means that someone has to cover a class, putting extra responsibilities
on executive staff to organise and a teacher to provide cover. ‘Having a break’ may have an impact in terms of what the teacher’s responsibility was at the time (e.g. playground duty, formal or informal meetings etc.). Walking out of meetings has a number of consequences including the teacher not getting necessary information, not being part of any decision-making and not being part of the processes that contribute to developing cohesive, collegial school communities.

In order to think about what might drive principals’ beliefs and how they respond, Shapiro and Gross’s (2008) and Shapiro and Stevkovich’s (2005, 2011) multiple ethical paradigm framework can be used again. A starting point is to consider what matters to the principals in terms of attendance/absenteeism. A principal may not be particularly driven by an ethics of care, but rather by an ethics of justice, and will not compromise on the teacher being paid unless s/he is there completely between 8:30am and 3:30pm. A different perspective could be that the principal operates predominantly from an ethics of profession, which purports that teachers have a duty and responsibility to be there for the students and other staff. As a result, he might insist that the teacher has professional responsibilities which must be met uncompromisingly at all times. Operating from the same paradigm would be the principal who reluctantly covers a class. The reluctance might be because it is an imposition on his time to organise the cover or because the principal sees the teacher as unprofessional as s/he is imposing on other staff time as they need to cover his/her class. Principal responses to partial or fulltime absenteeism will vary. What matters for this research is to what extent principals put their ethics of care over their ethics of profession and ethics of justice.

Fred also raised an impact that would be particular to high school, although could also be apparent in primary schools with a small staff. Fred explained:

I’m telling you now I can’t get casual teachers with that faculty background, [for] those subjects. I can’t find anybody. We spent six weeks trying to find one person to cover there for a promotion position which was vacant.

The context for this statement was that not only is it difficult to find casuals with the teaching expertise of the absent teacher, but, more significantly, nobody wanted to work in that faculty whilst that teacher was there. The latter became evident as Fred went on to explain that other
teachers are ‘scared to the full degree of offending him’ as he had acted inappropriately in the staffroom on other occasions.

A different organisational impact was when the principal and other staff needed to physically remove a member of staff from the school grounds.

Fred: But his mental health issues are huge … causing huge issues, and his own inadequacies in a range of issues, which means that we’ve actually had to take him off site and take him to St John of God …

Fred’s account of taking a staff member to a psychiatric hospital raises a range of questions. These include whether a principal has the right to make such a decision, and whether the action violated the person’s privacy. Other questions worth considering are whether the action was safe for both the principal and the person, and whether calling an ambulance for professional assistance would have been a better option. Gabi also found it necessary to get medical help for one of her staff:

Gabi: The last episode resulted in her having to be removed from the school by ambulance.

However, Gabi made the call to seek professional assistance, rather than deal with the staff member herself.

Besides the organisation that needs to happen around such circumstances, the emotional cost for both the teachers and the staff involved would have to be high. Fred recounts the situation of having to take the teacher to St John of God three times. Each time, the language used in the recount draws on very strong emotive words:

We’ve actually had to take him off site when he’s broken down to take him to St John of God, this is massive flagging.

We took him to St John of God. My deputy drove him to St John of God because he had a complete breakdown.

If you add to the excerpt above these two references, the principal’s view of the gravity of the situation is reflected in the way he describes the teacher as having ‘inadequacies’, having
‘broken down’ and then repeating this as the teacher having a complete breakdown. Add to this the repetition of ‘we had to take him’, where the ‘had to’ is high modality suggesting there was no choice, and we are left in no doubt as to how serious this was for Fred.

However, Fred’s quote also raises management issues. In particular, questions need to be raised about what expected DEC procedures would be when a staff member has a breakdown. A search of Departmental Work Health and Safety guidelines did not reveal any specific procedures of dealing with staff when they have a ‘breakdown’. The Department’s Work, Health and Safety Directorate does have an ‘Emergency Health Situation’ Fact Sheet (2013). The recommendation on the fact sheet is for the school to develop ‘effective emergency response strategies to emergency health conditions in consultation with all relevant groups (e.g. parents and carers, emergency services)’. This may have been a possibility to organise in preparation for such an event with this teacher, if the teacher had chosen to co-operate. In the absence of such a plan, the principal may have been better off calling the School Safety and Response Unit Hotline for guidance. This is to ensure that he is not putting himself or his staff at risk, as a result of his and his staff’s actions.

Another organisational impact is when the teacher’s behaviour in relation to students or staff is questionable. The behaviours can be overt, such as in Fred’s and Gabi’s teachers’ cases. Fred describes this when he said:

He comes in, at some stages, really on a high. It’s almost like—and it will be the medication will take him on a high. I’m in love with the Lord, sort of thing, right now, I love the day, and then just dribbles right down. So stupid things like having a sleep in the sun behind his car. That’s really inappropriate behaviour for an adult male in the school setting.

Gabi also mentions inappropriate, overt behaviours, when she states that ‘[she had] paranoid behaviours in the school grounds to the point where we had to call an ambulance and it wasn’t the first time that an ambulance had to be called’.

In either case, the behaviours are not acceptable for a range of reasons. The NSW Department of Education Code of Conduct (2010, p. 7) states that employees are expected to
‘carry out your duties in a professional, competent and conscientious manner’ and to ‘be courteous and responsive in dealing with your colleagues, students and members of the public’ and to ‘be mindful of your duty to the safety of yourself and others’. Later in the document, there is another statement that ‘considerations of safety relate to both physical and psychological wellbeing of individuals’ (p. 12).

If the teachers’ irrational behaviour is affecting the psychological wellbeing of students or staff, then that behaviour is inappropriate. Whilst Gabi did not explain how her teacher’s paranoid behaviour manifested itself, it may have made other staff and students uncomfortable. Similarly Fred’s teacher’s highs could make people uncomfortable. Furthermore, sleeping in the car is neither professional nor particularly safe.

Fred identified that his teacher’s behaviour came close to becoming a reportable act, when he stated that:

… some of this is bordering on child protection. It’s a fine line, but it’s bordering on child protection, with regards to yelling and carrying on. It’s bordering on lack of safe practice because of mental instability in the classroom. It’s bordering on losing it verbally, and then having to deal with a whole lot of things like that, right.

Normal department procedure is, even if in doubt, to contact the Employee and Performance Conduct Directorate (EPAC) for advice. However, often principals need to make judgements at exactly what point they contact EPAC. Fred may have made the decision that the teacher was on the side of the ‘not-to-call-yet’ border of reporting the teacher’s behaviour. Even though the guidelines seem clear, there are still ambiguities.

It can also be said that the phrase ‘having to deal with a whole lot of things like that’ encapsulates the complexity of the situation. The complexity would include the principal having to manage the teacher, to give necessary support to the student and the student’s parents, and to possibly report the teacher under child protection laws.

Code of Conduct aside, the impact of these behaviours then also has, once again, a flow-on effect to school management. Not only would classes need to be covered, missed meeting information repeated and so on, but also staff and/or students who have been
affected by the paranoid behaviour or the unusually ‘high’ behaviour may well need informal or formal counselling too.

In Gabi and Fred’s cases, the inappropriate behaviours as a result of mental health issues were overt. However, inappropriate behaviours can also be quite subtle and hard to detect. Wilma’s teacher’s behaviours were covert, as she explains:

Some of the stuff that to me is less obvious and probably more dangerous is her talk—lots of her conversation is very negative. I guess she looks for a baddie. Some of the stuff might be how she’s seeing the world, or something’s happening at home. But for whatever reason, it happens at school, that’s where the problem is.

The implication appears to be that the negative talk can be problematic in a number of ways. These include that by creating doubt or by making a small issue blow out of proportion or simply through continuous criticisms and ‘whinging’, a positive workplace climate can be corroded. This is especially so if other staff start colluding with the negative-talking teacher.

6.3.2 The emotional effect of the impact of mental health issues in the workplace

As already mentioned, at times the organisational effects also had a particular emotional effect. In Fred’s example below, the teacher’s behaviour resulted in an unmanaged classroom and unprofessional behaviour towards a colleague and a child. Fred retells:

… his class rioted this particular period. It’s addressing the fact that he’s walked into a staffroom where one of the teachers was speaking to a child, and that’s her role as a year adviser, and he’s actually yelled at the child to get out of the staffroom.

As discussed above, this behaviour contravenes the Code of Conduct (2010). But even if there was no Code of Conduct, the behaviour is of concern because it is unacceptable to yell at a student and undermine another teacher, let alone your supervisor’s authority. Besides upsetting both the student and the teacher, this action would impact negatively on this teacher’s relationship with both.

All principals commented on the impact the effects of the mental health issues had on relationships with others, although to varying degrees. Nelly stated that even though ‘there
was no angst, no anger or anything directed at her’ by other staff, her teacher’s mental health ‘wasn’t merely impacting on her performance within the classroom, but it was more impacting on her relationships with the staff’. Exactly how it was affecting the relationship was not stated, other than the teacher making ‘dark comments’ on Facebook. In Gabi’s school, the impact on relationships seemed more minimal. Gabi acknowledged that there may have been ‘chatter’ about the teacher, but on the whole ‘the staff certainly are very professional in their dealings with her when I’ve seen them working with her and I’ve never heard anyone be critical of her in front of me, at all’.

In contrast, Fred’s teacher’s behaviours had a massive impact on his relationship with other staff. Fred described a range of physical manifestations, including breaking down and crying during conversations, and the faculty being intimidated. Furthermore, staff had to be ‘on eggshells because they do not know how he is going to respond’. Other manifestations, as illustrated earlier, were that the teacher came in on ‘highs’ and that he yelled at students. Fred makes several references to staff being fearful, when he stated:

Most people are now fearful of the fact that that change [in the teacher’s behaviour] will occur.
They’re scared to the full degree, of offending him in a low level, because he has actually physically sworn and intimidated the head teacher …

While parents are also a school’s clients, very little reference was made to the impact on parents. Only Wilma talked about having to explain her teacher’s absences to parents, but this in itself was not a big issue because ‘in fact, interestingly I would say this person compensates by forming relationships with parents’. In thinking about this, Wilma went on to say that her teacher uses her relationships with her parents as her strategy to manage her situation. It would have been interesting to ask exactly how that happened and whether indeed that was a professional and appropriate thing to do.

All principals commented either directly or indirectly on the impact the effects of the mental health issue had on themselves. Wilma described the situation as being grinding, and Fred used a similar sentiment when he stated ‘I just find it a massive, massive drain’. Fred, in
particular, was very articulate about just how difficult dealing with the impact of a teacher’s mental health is for the principal when he stated:

I’m prepared and I have had the strong conversations where I’ve addressed him fully on, and I’ve had him avoid me and walk away from me, walk around the school in order to avoid me, and I’ve met him in the car park, and I’ve done all those sorts of things which are direct and challenging. I don’t particularly find them difficult, but they are really, really difficult things for a principal to have to do, and it’s my job. It’s not to be delegated to a deputy. It’s not to be delegated to somebody else.

Even though Fred contradicted himself, the repetition of ‘really, really’ can be seen to imply that managing the teacher is indeed difficult and this would be further reinforced by Fred saying that this must be done by a principal and not delegated to someone else. Earlier in the interview, Fred had also stated that:

as the deputy principal at the High School, I started to get involved with having to deal with staff issues at a higher level where it became the management of performance issues. Up until the deputy’s level you can let that chalice pass you by, but from then on you actually have to start doing something specific.

Besides declaring that it is the senior executive that has the responsibility to manage performance, it is Fred’s use of ‘chalice’ that is poignant. According to Fairclough’s (1992) premise that metaphors reflect the way we think and the beliefs that underpin that thinking in a pervasive way, the use of ‘chalice’ is significant. More than likely, Fred meant that the management of staff performance is like a ‘poisoned chalice’, in that staff management is part of what aspiring leaders do. But the further up the management you get, you realise that staff management is not easy or good, but challenging and gruelling (hence the poisonous). Furthermore, the principal has to hold that cup (management) and can no longer pass the responsibility up the line, but has to deal with the issue.

Wilma echoed this sense of responsibility when she said:

In terms of how much responsibility we have, and I believe we have some—not saying I’m responsible, or the school environment’s responsible for her health. But I think
because her mental health impacts on the school so much that I do have some responsibility.

The recurring theme of ‘how much responsibility’ is evident here and is one of the key concerns of this research. The dilemma is between how much care from an ethics of care perspective can a principal extend to an employee whose performance is affected by mental health issues before it impacts on what the principal sees as his other responsibilities. When this sense of other responsibilities stems from an ethics of profession and ethics of justice, there is a conflict—a conflict that this research aims to address.

When the teachers’ transcripts were analysed for the emotional effects, the extensive use of the word ‘stigma’ was noted. In contrast, the principals, with the exception of Fred, barely used this term. Fred used ‘stigma’ six times but all in the context of what could be done to help the management, and not in relation to his teacher’s situation itself. As an example:

I don’t give a shit about the stigma. I don’t give a crap about all that sort of stuff. I don’t give a —I don’t care if you’re disfigured because you’ve had cancer and something has happened. I don’t care about any of those sorts of issues. I’m just trying to get it out there.

Whilst Fred does not say exactly what he means by getting ‘it out there’, the context suggests that he feels you should just be able to talk about the mental health issue at hand, without censorship.

Similarly Gabi’s four references to ‘stigma’ were made in response to the interviewer using the term, and in relation to her search for making mental health more manageable in the workplace. These references are quite different to the teachers’, where the references to stigma related to their own illness, their perceived reactions and/or expectations of others and their own perceptions in regards to mental health.

As a principal’s attitudes towards mental health issues influence action and thinking, I will explore these through the language choices principals made. Gabi, Fred and Nelly all
referred to having direct experience of mental health issues. Nelly acknowledges that she did not understand or know much about depression before living with it through her husband:

I’ve learnt a lot more about it now, about depression, and I hadn’t really learnt a lot about it. I should say now my husband was recently—beginning of this year, diagnosed with depression and now I understand a lot more that the blow ups are actually a result of the depression …

Nelly goes on to say that now she knows some of the ‘signs’ for depression to look for. She seems to predominantly operate from an ethics of care paradigm in her management of her teacher. This can be ascertained from comments like ‘I rang … and I left a message saying I just want to know you’re okay and just ring me back’, which suggests that Nelly cared enough to call. When the teacher told Nelly she had depression, Nelly reports having asked her ‘what can we do to help you through all that?’, alluding to the fact that she was here to support her teacher and consider options to help her. When an external person to the school questioned Nelly’s attendance at a regular course and hinted to Nelly that there is more to the absenteeism than a physical illness, Nelly covered for her teacher and maintained her privacy by stating ‘I said well it may well be but she’s not well at the moment’. Through these comments, we can assume that the new knowledge Nelly gained through her husband’s experience may have enhanced or strengthened her operating from an ethics of care, but certainly did not shift the dominant ethics of care paradigm she operated from originally.

Gabi briefly mentioned a family member and that:

when they were first experiencing difficulty, (there was) absolutely nothing wrong with them. Yet every single person around them could see it—the world was falling in for this person. So it’s very—it’s such a, as you said, a complex, diverse—it’s so big.

Whether this personal experience outside the workplace had an impact on the management decisions Gabi makes cannot be determined here. However, given that she also said that she had ‘seen the denial that they go into and their reality is not—the world they build and what they see is not reality’, suggests that Gabi has an awareness or understanding that could help her deal with complex staff management involving mental health issues. Her experiences
could possibly have strengthened her ability to make decisions more from an ethics of care, where she felt it was appropriate.

Fred also had first-hand experience with mental illness, saying ‘depression is one step away for all of us, right, and I’ve had a daughter who has attempted suicide out of it, so this is pretty close to heart’. He states he has a good understanding as he says ‘I think I’ve got a really good general education on mental health issues’, and is trying to share that by, for example, ‘trying to develop 130 people to look after themselves and be aware of that (mental illness)’. However, Fred may also have some misunderstandings about mental illness. This becomes evident when you consider statements such as when he talks about his daughter: ‘It was a combination of a lot of things. One of the things is she’s a high-end achiever. She’s a teacher’s kid, right. My ex-wife is bright. Mental health runs in their family—their family, not mine’. The last sentence suggests a belief that depression and suicidal thoughts are inherited, which although a possibility as described on the Black Dog website (http://www.blackdoginstitute.org.au/public/depression/causesofdepression/genetics.cfm), is not a foregone conclusion. At another level, Fred even mentioning that mental health does not ‘run’ in his side of the family suggests an undercurrent of a belief that mental health issues are something unwanted, to be ashamed of and possibly even blamed for.

Fred may even believe that mental health issues are more prevalent in females (even though the case he chose to talk about was a male teacher). This is evident when he makes comments such as:

This is not minor flagging where, to coin a phrase, a woman’s had a bad menstrual cycle and gone off at someone.

So in an aligned case in another faculty, which is probably not as bad, the female who is the one who’s with the mental health issues is saying, it’s a boy’s club, I’m being picked on, they ignore me, they do this, she’s the one freaking out and going crazy.

So when I’ve had all the issues of women, women in my office, crying all the time—I go through boxes and boxes of tissues—is some of it mental health, but is some of it caring?
These three statements can be seen to have highly gendered overtones when, for example, behaviour attributed to a woman’s menstrual cycle is used as a comparison to behaviour resulting from a mental illness. There is a derogatory tone in the description of the female in the other faculty. There is a sense of this teacher’s complaints about male members of staff being equated with mental health issues, when there could be a whole array of other social and/or psychological factors at play. Similarly, the point about women crying portrays a particular way of thinking. The adverbial phrase ‘all the time’ seems an unnecessary modifier of the verb ‘crying’. Its very choice adds to the negative connotation and sense of Fred’s irritation, as does the repetition of ‘boxes’. It is unclear whether Fred believes he is caring by providing the tissues, or whether the women are crying because of mental health issues or whether mental health can be separated from caring as if they are separate things.

Fred’s positioning towards mental health is also coded in his choice of words. As seen in the examples above, he makes word choices like ‘freaking out’ and ‘crazy’ in describing people’s behaviour. Furthermore, he makes statements like ‘there’s degrees of it (mental illness), but there’s quite a few of them out there’ where ‘them’ is a deliberate pronoun use (instead of using the proper noun group as expected when introducing a new subject) to encompass all people with mental illness. The message that can be read from these statements is that Fred has, at times, a derogatory stance towards mental health.

The analysis of Fred’s transcript is illuminating, because here is a manager who overtly says he understands mental illness and is trying to both proactively and reactively manage mental health issues in his school. However, his understanding of and sympathies towards mental health are at times questionable. Statements such as the one about the other faculty teacher who has mental health issues because she feels picked upon and isolated, or about another member of staff who ‘has mental health issues, because she just can’t get on with people, can’t get over stuff’, suggest a limited understanding of and empathy towards mental illness.

Examining Fred’s belief systems through his choice of words and the events and thoughts he chose to describe is relevant because it affects the decisions he makes when staff performance is affected by mental illness or even perceived mental illness. The question that
arises is, does a limited understanding or misunderstanding of mental illness result in different management decisions than if the manager is operating from a sound understanding? Another way of thinking is to what extent does a manager’s knowledge and understanding of mental health impact on their management decisions? Furthermore, does that knowledge and understanding heighten or decrease the extent to which a manager might draw on an ethics of care, ethics of profession or ethics of justice?

Considering what Fred presented, there is some indication of the complexity of the belief systems underlying a decision-making process. Fred repeatedly speaks of caring for his staff and the obligation to do this. Right at the beginning of the interview, he states that our work ‘is improving the outcomes for kids, and therefore you worry about the staff member in front of the kids’. Here, Fred clearly speaks from an ethics of profession in stating that the outcomes for students are paramount. However, the ‘worry’ about the staff, whilst at face value may be about the staff member himself, is more likely still from an ethics of professionalism, as the worry is about the student’s learning and not the teachers themselves. This interpretation is supported by the fact that Fred goes on to say that he generally thinks ‘would you have your kids in that class with that teacher? That’s probably the rule of thumb I work on’, meaning he makes decisions based on what the outcomes will be for the students.

Fred sees his role as principal as caring for his staff and describes that ‘the physical, verbal, emotional support is there for me, for all these people’. He also advocates that the Department needs to extend that care in saying:

But the other thing is, in that same comment that’s made at me by my superiors, caring and being in the caring job that we’re supposed to be in, that’s what we’re not giving these people, the care, that extra part of working. I think they need care faster and at a greater depth …

In other words, Fred states that he is told by his managers that he must care for his staff but feels that the rate and level of care available beyond the school context (i.e., the Department) is lacking. In the next section, this perception will be further explored, but it is worth noting the message contained in ‘the caring job we’re supposed to be in’. Fred’s message could be that if teaching is a caring profession, should the Department not also extend the caring to its
staff? Alternatively, the message could be that Fred does not really believe teaching is a
caring profession, and that this is a label that has been ascribed to teaching, but not one he
necessarily believes in. There are glimpses of this belief resulting in incongruity between
Fred saying he extends care and support to staff on the one hand, and a sense of irritation
with the fact that caring and dealing with mental illness in the workplace is what he has to do,
on the other. This incongruity might be diminished (or possibly exacerbated) if we knew
exactly what Fred understands by care—both as a mental and physical act and the extent to
which he believes a principal and school can extend that care.

The ethical paradigms Fred, or anyone for that matter, operate from are not mutually
exclusive. The crux of the matter is to what extent does Fred, or any other principal, draw on
a particular paradigm, particularly when a situation is complex and particularly when two
different ethical paradigms conflict.

6.3.3 The importance of relationships

The analysis of the teacher transcripts illuminated the importance the teachers placed in good,
trusting relationships with their principals. It makes sense, then, to examine whether the
principals also placed such an emphasis on positive teacher/principal relationships when
managing staff with mental illness. In scanning the principal transcripts for references to
trust, respect, support and understanding, I needed to be mindful that just because these
attributes are not explicitly stated or implied, does not mean that the principals did not value
them. However, there were explicit references, which reinforce the perceived value of these
attributes.

Fred does not explicitly use any of the key words such as trust, but the following
comment shows that Fred is aware of the importance of the relationship between himself (as
employer) and the teacher (as employee), and of the imbalance in power between them. Fred
explained ‘there’s him coming to me in fear because he sees me as a traditional boss on a
construction worksite, and there’s massive power there to sack him, so that becomes an
intrinsic problem in the way he relates to me’.
Being aware of the power the teacher attributes to the principal could be of use when reacting to what the teacher does and says when he is confronted about his behaviours. Gabi, who ‘inherited’ the teacher with mental illness when she started her role as principal at her school, recognised the need to develop trust with the teacher. Gabi said ‘it was a slow process. It was basically—working with her, it required her to develop that trust in me’. Nelly, in talking about mental health in general, realised, that ‘so probably we are the frontline, as principals, particularly if you develop a trusting relationship with your staff’.

There were many references to support in the principals transcripts. However, most were either in reference to the support principals need, want or get, or the support that the teachers needed or should have had. There were very few direct references to how principals supported the teachers themselves. Only Gabi mentioned that collectively ‘we were heavily supporting her and we had support from outside agencies as well’, but there is no direct reference as to what Gabi did herself. Similarly, there was only one direct reference to the principal understanding their teacher’s situation and/or condition, when Nelly described that she had a better understanding of behaviours resulting from depression as a result of living with it in her own home.

The teachers talked about disclosing their diagnosis to their principals, where the choice of ‘disclosure’ was indicative of the need to cover up their illness and/or being ashamed. It would have been interesting to find out how and when the teachers the principals talked about in their interviews disclosed a diagnosis to them. Unfortunately, this question was not asked. There is only one use of ‘disclose’ in the principals’ transcripts, and that was in reference to Nelly’s teacher coming back after an absence and ‘then she disclosed to me that she was suffering from depression and was being treated for depression’.

6.3.4 The impact on students

Two of the teachers, Cara and Nora, from PPI 2, felt that their mental illness did not impact on their students. In contrast, all four principals talked about negative impacts on students. Fred talked about the students’ emotional welfare when he discussed his teacher: ‘if he’s
stable, if he’s okay, he can help damaged kids. If he’s not stable, if he’s not okay, he will
damage good kids. Actually, that’s probably the simplest way I can put it’.

Wilma, Gabi and Nelly all mentioned the impact on teaching and learning, the core
business of teaching. Gabi expressed concern about teaching and learning programs directly
when she said ‘there were lots of other issues with her work at school that had cost the school
a lot of money, not to mention the teaching and learning that wasn’t happening’. Wilma
reminded us that no matter what we, as an education system, have to ‘make sure we don’t
back off on what kids are entitled to’.

The small number of references to students cannot be taken as significant, as the
principals were not asked a specific question in relation to students. It could also be taken as a
given, as reflected in Wilma’s comment that a large percentage of decisions principals make
is underpinned by a belief in improving student outcomes.

The management of staff affected by mental health issues is complex and difficult.
There are so many factors at play including the nature and length of the period of ill health,
the relationships within the school, and the negative impact teachers’ behaviours have on
students, student learning and organisational structures. There is no doubt that managing a
staff member with mental health issues puts an enormous strain on principals. Wilma sums it
up when she said ‘it actually shocked me, as a principal. It was quite shocking to discover
how much ongoing support people require to, I guess be at their best’.

6.4 Policies, Procedures or Support Available for the Principal and their
Usefulness

Principals are accountable to the Department. In PPI 1, I examined the Code of Conduct
(2006, 2010) and Leading and Managing the School (2000) policies and concluded that
neither were helpful for the management of situations where mental health issues were
involved. Given there are mixed/unclear expectations, it was necessary to explore what
resources were used by principals.
6.4.1 Policies

In PPI 1, two Departmental policies, *Code of Conduct* and *Leading and Managing the School*, were analysed and the shortcomings of providing adequate, useful and ethical advice for principals managing situations where staff performance is affected by mental health issues were identified. The four transcripts were analysed for references to these two policies and whether principals used them. The scan yielded only one small reference to either policy in terms of managing such situations. Gabi, in response to the question of whether she knew of any policies that might help, thought that ‘in Learning and Managing the School, there’d be something there around—well basically, I think fits around staff performance’. Besides the misnaming of the policy, the reference was very short. Wilma was the only principal who referred to the Code of Conduct, but in terms of what could be included in this policy in the future. This is hardly surprising given that the findings in the analysis of these two documents suggested that there was little there for principals to draw on to help them manage situations where staff performance is affected by mental health issues.

As there are other department policies that principals can draw on, I asked the principals whether they used any of these. Fred and Wilma mentioned that they did not. Nelly said there was no specific one and that her situation ‘didn’t come to that’. Gabi referred to two policies. In the first instance she said:

I certainly very carefully looked through the policy document about teachers who are experiencing difficulties fulfilling their teaching position and was very clear on what was required there.

Here, she more than likely referred to the DEC’s Teacher Improvement Program (2010) policy. Later, she added that ‘there was some policy guidance. Nothing ever gives you step by step of what you’re going to do’, and elaborated on this by saying she sought advice from the OH&S directorate. She did not refer to a specific policy.

Principals cannot or indeed should not make decisions in a vacuum, ad hoc or uninformed. I was interested to find out if there were other resources they found helpful in making management decisions.
6.4.2 System Support

Two of the teachers interviewed in the PPI 2 made reference to the Employee Assistance Program. On the Department’s website, the Employee Assistance Program (EAPS) is explained as ‘an independent, confidential and free professional counselling service provided by the Department to support the health and wellbeing of its employees’ (2015). Teachers can self-refer and managers are, according to the website, ‘encouraged’ to promote EAPS in their workplace. It would therefore be reasonable to expect managers who are dealing with staff with mental health issues to use EAPS as a resource or strategy.

However, an analysis of the principal’s transcripts shows that only two principals, Nelly and Wilma, mentioned EAPS, in the context of telling their teachers that the service exists. Nelly did not push the use of the service as she knew that her teacher was using external to DEC resources. Wilma felt ‘it’s up to her whether she does it … because it’s not my business’. However, at a later stage in the interview, Wilma referred to EAPS again, by explaining that ‘at least once a term I would say to this person don’t forget EAPS is always available. This is something that can be really helpful. I’ve used it myself, blah. It was useless, but that’s beside the point’.

The ‘it was useless’ comment is, like the lack of uptake of EAPS as a support service, noteworthy when considering recommendations as a result of the analysis of these transcripts. When I also consider the anecdotal evidence that many principals recommend to staff who appear to be suffering some emotional or mental ‘difficulties’ to seek support from EAPS, then that lack of uptake warrants further investigation, as does what value principals attach to the service. However, this is beyond the scope of this research.

The Department also has a policy, the one that Gabi referred to, called Teacher Improvement Program (2010). The principals who mentioned this as an available management strategy consciously chose not to use it. Gabi, who had read the policy, chose not to enforce it. However, she conceded that ‘it could still end up that way because the pressure on teachers to be accountable is increasing, I feel’. If Gabi were to put that teacher on the improvement program, she would choose to operate more from an ethics of
professionalism, in order to make sure there is compliance. However, at this point, for reasons not explored, she held off and managed her teacher’s performance without it.

Fred, when asked why he would not use the improvement process with the teacher he was dealing with, stated that ‘he’ll pass a performance review. Performance review is being a good teacher’. This statement and the fact that Fred said ‘when he’s in a good space, he’s good’, suggests that Fred believes the enforcement of this policy is inappropriate when the behaviours are caused by mental health issues. This is quite a significant judgement, as here Fred can be seen to draw more heavily on an ethics of care rather than an ethics of professionalism.

Wilma’s reply as to why she would not put her teacher on an improvement program was similar. As she explained:

Oh well, I think when you do something like that there has to be behavioural evidence. So I can go—okay, if she’s not performing in terms of not preparing appropriate paperwork, or not performing in the classroom. So this person’s doing those things, but there’s this other layer that comes on that I guess impacts on how things are delivered.

Here Wilma points to the complexity of managing the less tangible effects of behaviours resulting from mental health issues. She goes on to describe ‘there’s probably a black veil over everything that—it could be a red veil—there’s something that is a layer between performing at the best level’. This analogy suggests that the effects cover everything, yet are not quite visible and are hard to capture or identify concretely.

An alternative explanation for the choice not to use the Teacher Improvement Program (2010) is possible. The principals were aware that the policy states that there needs to be an awareness and consideration of the fact that teachers’ efficiency may be affected by:

- Personal difficulties being experienced both within and outside the school. Principals should be both sympathetic and take care to understand the reasons for personal difficulties experienced by members of their staff; and
- Health problems. Where a teacher’s difficulties in their teaching performance might be related to a health problem, fitness to continue teaching may be
determined by referral to Independent Medical Assessment (Teacher Improvement Program, 2010, p. 5).

Whether to consider using the improvement program or not seems to depend on a number of factors. These factors can include the principal’s knowledge of the policy and their overall judgement of the situation, which would be steered by the ethical paradigms they naturally lean towards.

6.4.3 Human resource support

The teachers discussed how much they needed their managers’ support and understanding. Each of the principals also mentioned at least one person, if not more, that they could go to for advice. All stated that they either had or would in the future seek advice from their School Education Director (SED), their line manager. Gabi stated her SED was ‘extremely supportive at the time’, as did Fred: ‘I have massive support. It’s not an issue of the support. My School Education Director is an extremely experienced older male’. Between them, the principals also listed that they had support from the now disbanded Staff Welfare Officers and Principal Liaison Officer and some assistance from the Work, Health and Safety directorate. What is unknown is what training, if any, these people had in mental health issues and also which ethical paradigm they chose to operate from.

While the principals mentioned these different forms of support, these were not always given unconditionally. Fred, for example, stated that at times he felt his request for support and his judgements questioned. As an example:

Fred: I’ve also had the experience of when I flag stuff, to the department, my immediate department, be it School Education Group Office or further up, regional. I’ve also had, what has he done to stuff up again? I’ve had that comment made.

Interviewer: It’s not helpful, is it?

Fred: It’s not a helpful comment, particularly when I’m dealing with high needs community, high needs parents—and I’ll quote directly—high level Aboriginal parents who are bush lawyers and know the law going at me. I did not stuff up that interview, right. But I’m also having the same feeling with regards to this.
What are you not able to do to manage these people? What are you not able to do to bring them back on stream of, for want of a term, normality? Not yell at kids, not yell at staff, not break down in front of kids, right, not unnecessarily overpick kids for doing something wrong where it becomes massive, massive, massive. Whereas that’s what they bring to the table when they come to work that morning.

Here there appear to be at least two salient issues. The first is Fred’s sense that his managers judged him to have mismanaged complex situations. The other is that Fred feels that the expectation is that he brings the behaviours of people affected by mental health issues back to ‘normal’. Whether that expectation is perceived or real is irrelevant, as what matters is that Fred is operating under that expectation and he finds it onerous, as indicated by repeating ‘massive’ three times.

Gabi also stated that sometimes the support she needed was not there. She said:

It’s really difficult because I think there are times when there’s not enough support from the department. Basically, if someone’s constantly absent for whatever reason, as long as they’ve got a medical certificate and that medical certificate can be from a different doctor every time …

The intent here is a request for practical intervention, for the absenteeism at the very least to be questioned. Gabi had talked about the financial and educational cost of a teacher’s high level of absenteeism. Yet the system cannot question that absenteeism if medical certificates are provided. That leaves the school to deal with the cost. Gabi is aware of that as she goes on to say:

…there’s not a lot they can do. There’s a lot of legislation out there to protect people’s rights. I often think to myself, in a private sector organisation, this person would be no longer working there. There is no doubt about that whatsoever. Be it right or wrong, that person would not be working there. That person would’ve been—they would’ve paid out three months’ pay or 12 months’ pay or whatever and said your position no longer exists, bye. We’re a government agency, so that’s not an option for us and I don’t know whether it is the right option to do that to somebody either.
Here Gabi’s pondering swings between one strongly influenced by an ethics of professionalism, in that she does not want to have to accept the large absenteeism (as more than anything else the students miss out), and an ethics of care. The latter is indicated by Gabi saying ‘be it right or wrong’ and by her questioning whether terminating somebody’s employment due to a large number of absences is the right thing to do. The tension is between wanting the right action for her students and the right action for her teacher.

Irrespective of whether the support from SEDs or regional staff was there or not, what Fred really needed was action. The urgency of this is reflected in this excerpt:

Fred: Where I’m finding extreme difficulty, it’s not the support—it’s not the—the term they have is the support at your elbow.

Interviewer: Yes.

Fred: You’ve heard that one before? Right. That’s not the problem. It’s the problem of being able to pursue it to the next level, and it’s the next level where—what I need with this particular person, I need something done fast. I need it to be taken out of my hands. I need it more than just keep recordkeeping, keep notes on it. I want this person under HealthQuest. I want it progressed fast.

The short, truncated sentences and the repetition of ‘need’ reflect the magnitude of Fred’s needs. The high modality of ‘need’ and ‘want’ indicates that Fred is very sure of the solution he wants. Whether or not his solution is appropriate for the teacher is not the issue here, but that Fred feels all the administration is not enough, that the holding of this teacher at his school is untenable at the moment and that he needs practical intervention and action from beyond the school.

Another resource that principals mentioned was outside agencies, although principals do not go directly to these. Both Gabi and Fred worked with people from agencies such as WorkCover. A common finding between both principals was their lack of understanding of school culture. Gabi explained that:

we needed to make sure that the person who was returning—who was her return to work officer, had a good understanding of that. Initially they didn’t. Initially there was,
for me, I felt the pressure to get her back to work on a fulltime basis as quickly as possible and we just had to sit down and say well no, under our duty of care, we need to be mindful the children are our first priority and there needs to be—I need to be 100 per cent happy that her doctor has said that she will be able to supervise those children.

Gabi needed to teach the service provider how schools operate and what is feasible and what is not. Gabi did add that she was fortunate that her teacher was returned above establishment, for otherwise the return-to-work program would not have worked. Fred’s experience was similar and he put it this way:

Don’t give me someone who gives me this black and white crap, because I’ve got these young dolly birds come in here from these support agencies, like SIS and whatever, and they have no idea of what it’s like to be in a classroom. It’s not an office. It’s not a construction site. We’re dealing with something different. We’re dealing with kids. I don’t know how to overcome this.

Sexism aside, Fred again reiterates that his experience was that the return-to-work service providers do not understand the complexities of operating within a school context. Whilst these providers might support the teacher coming back from illness, the nature of support requires negotiation between the principal and the service provider.

### 6.5 Suggestions for the Future Management of Staff Mental Health Issues

All four principals either directly stated or inferred that the management of teacher efficiency where it is affected by mental health issues is very much part of our workplace context today. Wilma ponders:

how much bigger does our responsibility get? But I think—it’s like what is it—the elephant in the room, or black dog or whatever. This is something that is part of our everyday landscape. It’s not that we don’t manage it. It’s the fact that we could probably make it easier to manage or—yeah, it’s like—it’s lifting the lid instead of saying it doesn’t happen.

The question is, how can it be made easier? The principals volunteered suggestions throughout the course of the interviews and were also specifically asked for their
recommendations. These suggestions fall under broad headings of human resource support (emotional and psychological), human resource support (physical) and policy and professional learning.

6.5.1 Human Resource Support (emotional and psychological)
Even though the principals talked about some of the support they had, there were recommendations for two types of support, one for themselves in managing the situation and the other for the teacher experiencing the mental health issues. This latter support would in turn help the principals manage the situation as well.

Nelly, although she thought that it would be advantageous to have departmental staff available that the teacher could talk to, recognised the inherent difficulty when she said:

I think the hard thing is that we really need to have somebody that can talk to the staff member, but the staff member’s not going to talk to somebody they don’t trust and know. So that’s the really hard part.

This echoes what some of the teachers said, when they foregrounded the importance of relationships built on knowing the person and on trust. Fred added another perspective as to why that type of support has to come from within the Department when he said teachers need to be helped and counselled:

and I’m saying helped and counselled, not disciplined or whatever—helped and counselled ... earlier, and done so with someone professional who’s aligned to the Department to understand what a teacher needs to be, because that’s the other thing …

The essence here is that if there were to be a support person for the teacher, it needs to be someone who understands the roles and responsibilities of a teacher and how schools, and indeed the Department, function. Nelly and Fred were talking about a person who is not a member of staff, but still ‘aligned’ to the Department. Gabi had a slightly different scenario, as her teacher was on a return-to-work program where she was above establishment, meaning the Department (and not the school) paid her salary. Gabi said that the advantage of this was that:
financially, I think the big plus for the success of her return—and it still is very early
days given the long history, was that she was supported with that time, not rushing. She
was supported with being able to come in and just have someone covering her so that if
something didn’t work out, there was someone to step in.

This teacher was placed in classes with another teacher, allowing her to re-establish her
confidence and teaching skills. However, Gabi also warns that this led to a dependency as the
support became ‘disempowering’ for the teacher as she let the substantive classroom teacher
do most of the work. Gabi’s course of action was to slowly withdraw the classroom teacher
and let the return-to-work teacher take more and more of the load but with strict supervision
from an executive. This in turn put extra responsibility on that executive, but enabled a more
or less successful return for the teacher.

The other type of support principals require is direct support for themselves. Principals
mentioned School Education Directors, OH&S directorate and the Staff Welfare Officers as
people they contacted for advice. However, the Staff Welfare Officers no longer exist and
Nelly noted that the current reality for her is ‘then it’s probably us that need to find somebody
and staff services officers are about all that we had’. Later Nelly added that:

I know that the PPA (Primary Principal Association) also were (sic) funding people to
support principals as well. So maybe that’s something that if there was a principal that
goes what the heck do I do with this, they could go through somebody there but then
they’re probably not going to know as well.

The last clause encapsulates a poignant message. In saying ‘they’re probably not going to
know as well’, Nelly is in fact stating that there is such a limited number of human resources
that principals can turn to, to help with managing these situations.

When it is available, the nature of support by non-school staff is primarily through
conversation and advice, but principals also stated (very emphatically) that they needed
support in terms of action. This type of support will be addressed in the next section.
6.5.2 Human Resource Support (organisational)

All of the four principals concurred that they had responsibility for dealing with the staff members with a mental health issue. However, questions were raised as to the extent to which this responsibility goes and for how long. Gabi asked herself:

Okay, am I just jumping through some hoops here? I can see that if we can support that person and we can see that there is going to be some gains then that person has got—there is a likelihood that that person will be able to function as a fully functional teacher, we support them … If that’s not the case and there is documented history that we’ve done everything, I think we’re silly, as a department, to keep going back and doing that.

The issue here is the timeframe as to how long schools and principals support a person. There is a time limit under the Teacher Improvement Program, but that does not apply when there are mental health issues. Consequently, how long do principals operate from an ethics of care perspective (either because they choose to or because they are forced to) before an ethics of justice operates or is allowed to operate? Gabi was ready to draw on the latter when she said ‘eventually she will have to stand on her own two feet because eventually she’s a teacher, she’s paid as a teacher and she has to be a teacher’.

Fred also questioned why he should have to deal with a teacher experiencing mental health issues when the situation becomes complex. He laments that ‘if I was a CEO of a company, I would not be dealing with this. I would have an HR manager who would be dealing with this, but I’ve got to deal with this as a principal …’, meaning that he has to spend considerable time and energy dealing with this teacher on top of all his other responsibilities. Gabi had, as already referred to earlier, mentioned that in the private sector someone would have directly dealt with the absenteeism even if medical certificates were provided. I do not think the suggestion is necessarily that schools have HR managers, but rather it highlights what principals need to contend with.

Given that schools do not have HR managers, the recommendation is that principals get, as Fred said, support ‘at the elbow’, help through timely action. Fred stated several times that teachers experiencing mental health issues that affect their performance ‘need care faster
and at a greater depth’. There are two issues tied up in this statement. The first, gleaned from the context in which the statement was made, is that the implication is that the care should be offsite. That is, the teachers’ employment is suspended until, as Fred said, ‘there’s a clearance on him’. Whilst not having the teacher in the workplace is contentious, the point is that there is a need for ‘care’ to be given to the teacher. The second issue is that the ‘care’ must be given at a much faster rate, not just for the teacher’s sake, but also for the principal’s sake and the school. As Fred says:

faster response to help these people is what we need, and I guess, really—the thing I hate about my job, I get hammered for results, and that’s going to get worse for principals. So if you’re still doing something like this in the next 10 years, you’re going to see principals falling over.

Once again, support for the teacher means support for the principal.

### 6.5.3 Policy

Although the principals referred to a few policies, none felt these were particularly helpful in supporting the management of staff efficiency affected by mental health issues. Interestingly, the principals did not suggest that there should be such a policy. Rather, there was discussion about amending a policy, the Code of Conduct or adding mandatory training on mental health.

Wilma, in response to the question what could principals have access to, in terms of policy, suggested:

This is what I think we could do. We’ve got a code of conduct, and you’re saying we’ve got and there’s probably an extra—there’s an additional section, it could fit in there.

She went on to say ‘it could fit in work health and safety, because it is a safety thing’, but then transformed the idea of developing mandatory training on mental health.

Every year I do mandatory reporting. Every year I do CPR. I think there has—I think that culturally we are ready for every year to do something that’s about maintaining mental health in the workplace. It could be really simple.
As Wilma was the first person interviewed, this idea was suggested to the other principals interviewed. The idea elicited a range of responses. This would partially be due to the fact that there were no specifics as to what that mandatory training might look like. Nelly thought it was ‘a good idea’ if it was on either mental health or looking after yourself, and Fred thought ‘there’s merit about getting it out there’. Gabi was more cautious, asking ‘is that going to stigmatise it more or is that going to be helpful?’, and then went on to say:

I don’t know. I think you’d have to be very careful with it because we don’t do that for physical health, so why are we doing it for mental health? You’re right, it is stigmatised out there. I think if the aim is to identify it in other people rather than yourself, I think EPAC [Employee Performance and Conduct unit], to a certain extent, has that avenue.

When it was clarified that the intent would be to raise awareness and/or possibly give support to people working with colleagues who have a mental health issue, Gabi conceded cautiously ‘I would say it’s probably worth exploring. I’d hate to say yes it will work. I think people might see it as cure-all …’ It is not known why Gabi thinks the mandatory training might be a ‘cure all’, but her comments certainly highlight that if such a mandatory training unit on mental health or illness is developed, it must be very clear in its intended purpose.

6.5.4 Professional Learning

Leaving aside the notion of mandatory training, there were strong suggestions for the need to have professional learning in the area of mental health. Nelly mentioned that she thought this was important and had:

actually organised for our community of schools, through our previous counsellor, we did a joint staff development day session and we had the counsellor co-present with somebody from EAPS. They actually did a presentation on mental health issues and looking after yourself and how we can look after ourselves and protect ourselves and keep ourselves going in stressful jobs.

Fred also iterated ‘I’ve made it a mantra to get up and speak constantly about looking after ourselves’ and that ‘I’m hammering wellbeing. I’m hammering wellbeing of self. I’m
hammering looking after ourselves personally, looking after ourselves professionally. I’m selling that really hard’.

Whilst there is no doubt merit in professional learning and awareness raising about the need to look after ourselves, there needs to be recognition that looking after ourselves does not preclude mental health issues. Indeed there seems to be an equation in Fred’s thinking of mental health being caused by stress and not looking after yourself, when we know that whilst stress may be a trigger, many mental health issues are caused by a range of other factors.

6.6 Conclusion

Interviewing four principals gave insight into their diverse management experiences in NSW Department of Education schools when teacher performance is affected by their mental health. A number of common themes of what helped and what did not were identified, described and analysed using elements of critical discourse analysis and systemic functional linguistic theory and an ethics of care perspective.

The interviews demonstrate that mental health issues in a school, as the workplace, are complex, a struggle and frustrating, for both the teacher with the mental health issue and the principals as managers of teachers with mental health issues. The struggles begin with understandings and beliefs about mental health issues and the reluctance, the difficulties and complexities of using technical mental health language. Whilst the teachers used mental health language and concepts quite readily, principals found this more difficult, partially due to the desire to stay within the perceived boundaries of ‘political correctness’.

Mental health issues have a huge emotional impact. The teachers talked particularly about guilt and shame and the effect of stigmatisation. The principals talked about a huge sense of responsibility and about tensions that can be attributed to an internalised conflict between an ethics of care and an ethics of justice. The recommendations that both principals and teachers gave in terms of future management of staff mental health issues would contribute towards alleviating the emotional impact. The recommendations include education about mental health issues and greater system support to both teachers and principals.
When teachers talked about the impact of their mental health issues on the workplace, their primary concern was the impact of their absenteeism on the students. For principals, the impact went beyond the students and included other staff and the school budget. Fred, who managed a teacher with ‘huge mental issues’ summed up many of the issues when he said:

I understand my full level of responsibility is to look at the situation, look at the landscape of my school, look at the human landscape, and identify and address, chip [away] at a low level. I’ve learnt, very quickly, be careful about the battles I take on, and win the battles that I’m going to win …

The principals understood that the management of staff members with mental health issues was their responsibility and that management of the ensuing situations had to occur within the parameters of what their school and a Department could offer, that is, within the existing landscape. Fred’s reference of chipping away at the low level can be seen to reflect that the principals do what they can to manage the situation. However, the principals wanted and indeed needed more system support, not so much as in advice, but in action. The fact that Fred called the management a battle and a ‘chalice’, and Wilma ‘a can of worms’, reflects the complexities, the struggles and the frustrations of managing situations where staff performance is affected by mental health issues.

Advocating for system support in terms of action is one recommendation. However, both the principals’ stories and the document analysis of DEC policies in Scholarly Paper 1 suggested a need for other support, namely stronger management guidelines to deal with mental health issues. These guidelines need to be both in terms of helping principals make ethical decisions from more than just an ethics of justice and in terms of a risk management process that ensures the safety and dignity of all concerned.

Finally, teachers recommended that principals and managers need support from what was interpreted as an ethics of care perspective. Principals called for support and guidance to do the ‘right thing’ by all stakeholders involved. The desire to do ‘the right thing’ is a wish to operate ethically. Consequently both the teacher and principal recommendations suggest the need for the practice of ethical leadership in schools, which will be explored in Scholarly Paper 3.
7. Scholarly Paper 3: Ethical Leadership

7.1 Ethical Leadership

The analysis of the interview transcripts conducted with four teachers (see PPI 2) and four principals (see PPI 3) revealed a number of common recommendations. Many of these recommendations point to a need for ethical leadership. Ethical leadership cannot occur in a vacuum but needs to be practised in an organisation conducive to ethical leadership. Even if the organisation is conducive to ethical leadership, other leadership methods need to be in place to allow ethical leadership to be practised. Consequently, this scholarly paper will focus on four areas—ethical leadership, organisational culture, ethical leadership in an organisational culture and transformational leadership—to enable ethical leadership in a positive workplace culture.

7.1.1 Introduction

Ethical leadership requires ethical leaders. A literature review across disciplines on ethical leadership suggests that there is a common agreement that ethical leadership includes what Ciulla and Forsyth (2011 p. 230) summarise as a ‘morally commendable, normative component as well as a pragmatic, performance-oriented component’. In other words, is what the leader is doing simultaneously effective and ethical? Inherent in that question is a series of other questions, including what is effective and what is ethical. However, given that the purpose of this paper is to illustrate the place, value and necessity of ethical leadership in the management of situations where staff performance is impacted on by mental illness, the following discussion will focus on the factors that enable the practice of ethical leadership.

There are many ways of being ethical, as discussed in Scholarly Paper 1 and PPI 1, depending on what perspective drives a leader’s thinking and actions at a given time. For example, the perspective can be altruistic (where the primary concern is for others) or deontological (where the moral intention and moral justification matters). It could be teleological (where the action results in something morally good) or utilitarian (where decisions are made after considering which act will have the greatest positive impact on most people). These perspectives are not mutually exclusive. However, they will influence the
degree to which an educational leader chooses to operate from one or more of the four paradigms coined by Shapiro and Gross (2008) and Shapiro and Stefkovich (2005, 2011). These paradigms are an ethics of care, professionalism, critique or justice.

Ethical leaders operate from an ethical stance, although they may not always be able to articulate what that stance may be, neither through describing it, nor categorising their ethical stance. However, Stefkovich and Shapiro (2003) and Campbell (2003) argue, as pointed out in Scholarly Paper 1, that teachers and school leaders are more effective practitioners if they have ethical knowledge and understanding. Indeed, Campbell (2003, p. 116) states that teachers and principals ‘need to take hold of themselves in the name of professional self-determination and embrace ethical knowledge as the … building block of renewed school cultures’. The implications of this statement for this research are twofold. Firstly, ethical leaders need ethical knowledge for their own professionalism. Secondly, in order to renew or positively change school or organisational culture, ethical leaders need to act from known ethical perspectives. This is significant if we want to act on the recommendations outlined in PPI 2 and PPI 3, and improve organisational practice in managing staff performance affected by mental health issues.

Ethical knowledge is but one aspect of ethical leadership. Another is moral intentions, what a leader does and how the leader does it. Other scholars expand on this by also including being a moral person (by setting example and treating people fairly) and a moral manager, by ‘managing morality’ (Mayer, Aquino, Greenbaum and Kuenzi, 2012). Branson (2014, p.3) adds to this belief by stating that acting ethically ‘emanates from the very being of the leader and not from legislation or from a role statement or from policy guidelines.’ Other factors to consider in examining ethical leadership include the reputation of the leader and others’ perceptions of the leader (Brown and Mitchell, 2010, and Trevino, Hartman and Brown, 2000), and the capacity to reflect on values, to engage in disciplined thinking and to augment management and instructional decisions with ethical ones (Rebore, 2014). Ciulla (2004) suggests that these aspects are interdependent, and whilst an analysis of these aspects illuminates what ethical leaders do, the picture is not complete until they are examined in a larger context. In other words, the ethics of school leadership would need to be examined
Principals as organisational leaders are expected to be ethical leaders, as alluded to in Department of Education documents and in the academic leadership literature, and demanded by the community. To exercise ethical leadership, principals consider what is best for and right by themselves and others, and are cognisant of the beliefs, values and understanding that underpin their decisions. However, as principals are not automatically ethical leaders, it is worthwhile to look at what the DEC expectations and support for ethical leadership currently are.

7.1.2 Ethical leadership in the NSW Department of Education context

Schools are complex organisations that need effective leadership (Strike et al., 2005; Rebore 2014). The Department of Education has many strategies to develop and support leadership. One of these was the Professional Learning and Leadership directorate, which in the 2014 departmental restructure was disbanded and reshaped under a number of different management units. However, the Professional Learning and Leadership website still existed at the time of this writing. It was consequently critically analysed for guidance as to what type of leadership principals might need to manage a situation where staff performance is negatively affected by a prolonged period of identified or unidentified mental health issues.

This analysis took place with the knowledge that there is little direction for principals as to what to do in such situations (as pointed out in PPI 1). Consequently, this website was reviewed, not for specific directions as to what to do, but for suggestions as to what type of leadership principals might need to engage in and practise, in order to work out how to manage these complex situations. Under the Leadership Learning section, there is a reference to three documents, in this instance referred to as frameworks by the writers of that section: the NSW Institute of Teachers Professional Teaching Standards (2010), the Leading and Managing the School (2000) policy, and the School Leadership Capability Framework (n.d.). Without engaging in an in-depth document analysis of the first two frameworks and just relying on a word search for references through classifying adjectives to specific leadership
styles (such as authentic, transformative, transactional, ethical and so on), there are some, albeit very limited, references to particular types of leadership.

In the NSW Institute of Teachers *Professional Teaching Standards* (2010, p. 3), it is stated that the professional commitment domain is ‘concerned with ensuring teachers adopt professional ethics with regard to their own conduct and that of others. This includes the capacity to act professionally at all times in their dealings with students, peers, colleagues and the community’. This is further elaborated on in the professional leadership aspect, where leaders need to ‘articulate and model ethical behaviour in all professional communication particularly in relation to confidentiality of student information’ (p. 14). However, there is no unpacking of what this ethical behaviour might exactly look like. In 2014, the Board of Studies, Teaching and Educational Standards (2012) *Australian Professional Standards for Teachers* replaced the NSW Institute of Teachers (2010) *National Professional Standards for Teachers* (2010). The relevant direction given in the professional engagement domain, standard 7, under the ‘lead’ focus, is that leaders ‘meet professional ethics and responsibilities’ by ‘modelling exemplary ethical behaviour and exercising informed judgements in all professional dealings with students, colleagues and the community’ (p. 19). Once again, there is no elaboration on exactly what the ‘exemplary ethical behaviour’ might be.

Although not mentioned on the website, DEC principals have begun working with the AITSL (Australian Institute for Teaching and School Leadership)’s *The Australian Professional Standards for Principals* (2011). In this document, designed to ‘promote excellence in the profession of teaching and school leadership’ (p. 1), the only classifying adjectives used in terms of types of leadership are ‘distributive’, ‘collaborative’, and ‘strategic’. However, there is acknowledgement that leaders need to draw on a range of ‘effective’ leadership styles and practices. If we again look within the parameters of type of leadership needed to manage the effects of mental illness on staff behaviour, references to ethical leadership are also found in this document. The statements that a principal’s requirements include to ‘model values and ethical perspectives in relation to their own and the school’s practice and organisation’ (p. 6) and to ‘manage themselves well and use ethical
practices and social skills to deal with conflict effectively’ (p. 7) are references to ethical leadership. In neither instance is an explanation given as to what is meant by ethical.

The key message from the three standards is that leaders, including principals, must act ethically at all times and in relation to all stakeholders. Even though the DEC Code of Conduct is indirectly referred to under the guise of ‘professional ethics’, as a policy that guides ethical behaviour, there is an underlying assumption that principals draw on other sources to inform their ‘exemplary ethical behaviour’ (National Professional Standards for Teachers 2012, p. 19) It is possible that these sources might include the principal’s own beliefs and experiences and also a knowledge, acceptance and embodiment of their own school and departments’ value system as well as their own individual values. In order to be useful in guiding principals in how to make difficult decisions where mental health issues are involved, the notion of leading ethically warrants investigation beyond these standards documents.

The second framework referred to on the Professional Learning and Leadership website is the Leading and Managing the School (2000) policy. This document was analysed and critiqued from an ethics of care perspective in PPI 1. In this paper, I argued that the document was not particularly helpful in giving principals directions on what to do in managing situations where staff performance is affected by mental health issues. Further, any directions given were either driven by an ethics of justice or the directions were ambiguous in terms of exactly what was expected from principals. The document analysis also suggested that this policy exists because of a perceived need that principals and those working with principals needed guidelines as to what it is exactly that principals need to do to lead and manage a school effectively. Therefore, in revisiting the document to examine what kind of leadership principals should exhibit in the management of staff affected by mental health in the school context, it is salient that the following statement is in the introduction:

NSW government schools operate in a culturally diverse and changing society which has high expectations of its schools and the learning outcomes of students. Each school is part of a system committed to the principles of inclusiveness, equity, social justice, ethical practice and excellence.
The statement is then elaborated on through the declaration that ‘the principal occupies the pivotal position in the school and is accountable for leadership and management consistent with relevant State legislation and the policies and priorities of the NSW Government’ (p. 1). The document was scanned for suggestions for the type of leadership principals might need to support them to develop a leadership style that enables them to be inclusive, equitable, ethical and socially just within the parameters of DEC ‘rules’. However, no direct, clear directions were found. This finding echoes the findings from the Standards.

The third framework referred to on the Professional Learning and Leadership website is the School Leadership Capability Framework (https://portalsrvs.det.nsw.edu.au/f5-w-68747470733a2f2f7777772e6465742e6e73772e6564752e6175$/proflearn/areas/sld/frameworks/slcf.htm). This framework describes the capabilities that school leaders should use to operate in highly effective ways as being ‘a combination of knowledge, understanding, attitudes, skills and personal qualities’ (p. 1). There is no reference to a particular style of leadership at all, but in the introduction to the framework on the website, the following quote from Daniel Goleman’s (2001) *Emotional Intelligence* was used:

> The most effective leaders switch flexibly among the leadership styles as needed—(they) don’t mechanically match their style to fit a checklist of situations—they are far more fluid. They are exquisitely sensitive to the impact they are having on others and seamlessly adjust their styles to get the best results.

Whilst the recommendation here is not to focus on any one leadership style, the call for leaders to be ‘exquisitely sensitive to the impact they are having on others’ seems to further strengthen the call to look at ethical leadership more closely. In particular, Goleman’s statement suggests that the leadership be based on an ethics of care. In order to be aware of one’s own emotions and those of others, to self-regulate, to have empathy, to resolve conflicts and to handle relationships effectively, a leader needs to exercise leadership based on an ethics of care.

A close look at the three documents above as examples revealed the need to delve deeper into ethical leadership. This is especially so when ethical and effective decisions for when staff performance is affected by mental health issues need to be made. Interestingly
enough, ethical leadership figures not just in educational leadership literature, but also prominently in the business and organisational literature. There are many parallels between the discussions in all three bodies of literature. Consequently, ethical leadership beyond schools will briefly be explored.

7.1.3 Ethical leadership beyond the NSW Department of Education context

One of the most salient points is that the interest in and importance of understanding ethical leadership has increased phenomenally in recent times due to a range of many ‘ethical failures’. These include the 2001 Enron Corporation collapse in the United States (Oppel and Sorkin, 2001), the Italian Parmalat corporate scandal of 2003 (Tagliabue, 2003) and the failure of HIH insurance company in Australia (Kehl, 2001).

‘Ethical failures’ occur in education too—across all sectors and levels. As an example, Cervini (2013) wrote that Transparency International, an organisation committed to exposing unethical behaviour, published a report titled *The Global Corruption Report Education*. In this report ‘experts have written on issues such as financial fraud, academic misconduct, bribery in recruitment and admissions and online degree mills where students buy fake qualifications’. Her reference to this report is in response to the Crime and Misconduct Commission having investigated and verified that the Queensland University vice-chancellor Paul Greenfield had secured a medical place for his daughter ahead of 343 better-qualified students. Another example of unethical conduct is when Hiatt (2013) reported in the *West Australian* newspaper that the WA Education Department had removed a principal ‘under Section 240 of the Schools Education Act (which) says an employee should be barred from school premises if they present a risk to the safety or welfare of students’. In this instance, the breach of ethical behaviour occurred in the realm of duty of care.

However, whilst instances of leaders engaging in, for example, bribery, blatant favouritism, and inappropriate sexual or physical behaviour are instances of unethical leadership practices, these acts are obvious. Yet unethical leadership practices can occur anywhere on a continuum from being more overt to being very subtle and silently pervasive. Of course the flip side of unethical leadership is ethical leadership, and that too can be seen to
operate on a continuum. The degree and whether indeed there is a degree of ethical leadership is debatable, but what is far less debatable is that ethical leadership is needed (Strike et al. (2005), Shapiro and Gross (2008), Shapiro and Stefkovich (2005, 2011), Ciulla and Forsyth (2011), and Rebore (2014).

In order for a discussion on ethical leadership to be useful for the purpose of this research, the focus is not on ethical failures. Rather, the focus is on illuminating the aspects of ethical leadership that are relevant to staff management where poor or ineffective staff performance is a result of mental health issues and not due to lack of skills or knowledge or illegal behaviour. In particular, the focus will be on enabling school leaders (principals) to make what Shapiro and Gross (2008, p. 3) acknowledge as being the most difficult decisions to make, ‘the ethical ones that require dealing with paradoxes and complexities’ in our complex world. As schools do not operate in isolation, the broader context needs to be considered (Ciulla, 2004; Eisenbeiss and Giessner, 2012). Particularly useful is the latter’s consideration of the factors that impact on the establishment, maintenance and embeddedness of ethical leadership in an organisation. In order to understand Eisenbeiss and Giessner’s (2012) framework, it is useful to explore the concept of organisational culture.

7.2 Organisational Culture

Schools are simultaneously both organisations and workplaces for both teachers and principals. Decisions in relation to the management of staff when performance is negatively affected by a prolonged period of mental health issues are made within the context of a school. Given that schools are organisations, it makes sense to look at the organisational factors at play that impact on these decisions. In keeping with my theoretical orientation towards social constructivism with a focus on social positioning and social practice, workplaces as organisations will be examined using aspects of organisational culture theory.

Literature on organisational theory, organisational culture, organisational behaviour and workplace culture reveals a simultaneous overlap or differentiation between these terms, depending on the scholar or groups of scholars (Alvesson, 2011). For the purpose of this
research, references will be restricted to the synonymously used terms of organisational or workplace culture.

7.2.1 Definition of Organisational Culture

Organisations do not exist in a vacuum but within systems. For example, a school is an organisational entity within the larger organisational entity of the NSW Department of Education, which in turn is one of many entities that exist within the macro-organisation of the NSW government. Organisations are complex systems where a whole range of influences are at play. Some of these influences can be described when considering the organisational culture.

The term ‘culture’ is difficult to define, and its definition seems to depend on the context and purpose for which it is used. Broadly speaking, culture ‘is a quality inherent within an organisation that creates an atmosphere, thus setting it apart from other organisations with similar purposes’ (Rebore, 2014, p. 57). Alvesson (2011, p. 14) describes culture as referring ‘to shared orientation to social reality created through the negotiation of meaning and the use of symbolism in social interactions’. This shared orientation is not the sum total of what defines the group or the social unit, but an integral part of what glues the group together.

When the two terms are put together, organisational culture becomes ‘a pattern of basic assumptions—invented, discovered or developed by a given group as it learns to cope with its problems of external adaptation and internal integration’ (Schein, 1985, p. 9). Martin (1992) develops the notion that these assumptions become manifestations of organisational culture as they become given ways of being, doing things and saying things. She adds that the interpretation of the given ways of being, doing and saying things will differ between group members and states that it is the patterns of these interpretations that create culture.

It is important to reiterate that these patterns are not universal because not every group member subscribes to the beliefs and practices with the same intensity and to the same degree, but they are general, overarching, agreed-upon elements. Another useful observation is that in order for organisational culture to exist, the social unit, group or organisation must
have a shared history (Schein, 1985). Whilst these definitions of culture, organisation and organisational culture are debatable in organisational theory literature, they are applicable and workable for the purpose of this educational research.

7.2.2 Features of Organisational Culture

An understanding of organisational culture is necessary for the recommendations from the teacher and principal interviews to be acted upon. Luthans (2011) identifies six elements of organisational culture:

1. **Observed behavioural regularities.** In education they might include the way playground duty is done or the way ‘RFF’ (release-from-face-to-face) is practised in public primary schools.
2. **Norms.** These are the standards of behaviour, for example, writing teaching and learning programs at home.
3. **Dominant values.** The major expectations would include practices such as being available for parent meetings and putting student needs first.
4. **Philosophy.** These are the policies and include the Code of Conduct, which was analysed in PPI 1.
5. **Rules.** These are both spoken and unspoken and would include covering for a colleague if they are running late for class or returning classroom furniture to the way it was found if using someone else’s room.
6. **Organisational Climate.** This, according to Luthans (2011, p. 72) ‘is an “overall” feeling that is conveyed by the physical layout, the way participants interact, and the way members of the organisation conduct themselves with customers or other outsiders’.

Luthan’s six characteristics are useful in thinking about which elements can be influenced if a change in organisational (school) culture is required. Our thinking can be further enhanced by considering a further three elements from Rebore’s (2014) work. Rebore’s organisational culture research was conducted within schools, is therefore more context-specific, and consequently enhances Luthan’s generic characteristics of organisational culture.
Rebore’s characteristics of ‘people focus’, ‘conflict tolerance’ and ‘open-system focus’ are of particular use to this research. ‘People focus’ is the characteristic capturing the extent to which leaders and other staff consider the effects of their decisions on people (Rebore, 2014, p. 57). The more decision-makers think and are concerned about the effect their decision would have on any stakeholder, the higher the degree of concern, the more it is a ‘hallmark of the humanity of the decision-makers’ (p. 57). ‘People focus’ is pivotal to making decisions in relation to staff members when their performance is affected by mental illness. As discussed in PPI 3, principals grappled with their management decisions in trying to consider the needs of the teacher in question, the students he or she taught, the teacher’s colleagues and the parents. Similarly, the teachers affected by mental illness grappled with decisions in terms of how they themselves would affect their principals, colleagues, students and parents.

‘Conflict tolerance’ is the characteristic focused on the extent to which all stakeholders ‘are encouraged to express their criticisms openly’ (p. 58). The more all stakeholders’ voices can be heard and are encouraged to be heard without fear of negative consequences, the more positive the organisational culture. From the interviews, the teachers often felt unable to speak because of the fear of stigma and because of the possible consequences for them. Similarly, principals reported that often they were afraid to speak out because of the stigma and the possibility of breaching anti-discrimination regulations.

The final characteristic of the culture of schools discussed here is that of ‘open system focus’. This characteristic focuses on the degree to which a school or department responds to changes in the external environment. This characteristic is particularly relevant as both the Department of Education and individual schools need to consider how to deal with the current prevalence of mental health issues in our society. The most recent Australian Bureau of Statistics (2013) study found that there was a significant increase in Australians reporting as having a mental or behavioural condition. This increase went from 9.6% of Australians in 2001 to 13.6% or 3.0 million Australians in 2011–12. This statistic quite possibly translates into the education workforce (a statistic search yielded nothing specific) and the question is whether the Department and schools have enough flexibility to respond to this increase.
Crucial to Rebore’s (2014) characteristics is the extent to which there is evidence of each of these characteristics at a particular point in time and it is this extent that defines the nature of the school or department culture. It is also the extent to which these characteristics are entrenched that will allow for better and more ethical management of staff when their performance is affected by mental health issues.

Together, Luthan’s (2011) and Rebore’s (2014) elements of organisational culture provide useful signposts for any discussion on change to organisational strategies, organisational structure or leadership. Any shift at any of those three levels will have a domino effect on the other elements of organisational culture. Although the teachers and principals recommend changes to all three aspects, organisational strategies, organisational structure and/or leadership, the leadership within organisational culture, and in particular educational ethical leadership within schools, organisational culture will be the focus.

7.3 Enabling Ethical Leadership in an Organisation

Whilst there is substantial research illustrating what happens when ethical leadership is absent or ineffective, there are considerable gaps in the literature as to what contextual factors enable the development and sustainability of ethical leadership in an organisation (Eisenbeiss and Giessner, 2012). In response to this gap, Eisenbeiss and Giessner (2012) developed a conceptual framework that suggests ethical leadership can be promoted more effectively and consciously if the multilayered network of factors is considered. Their framework proposes that there are both tangible and intangible contextual antecedents to ethical leadership at three levels: societal, industry-specific and intra-organisational.

A simplistic overlaying of their framework onto the current state of play within the context of NSW public school system gives rise to a series of questions that are useful in thinking about ethical leadership. These questions relate to how staff management in relation to mental illness is or can be established, maintained and promoted within the DEC organisation at a macro-level and an individual school on a micro-level.
7.3.1 An organisational framework enabling ethical leadership

Eisenbeiss and Giessner have developed a three-tiered level of analysis conceptual framework, which incorporates both visible and covert factors that enable the development and maintenance of ethical leadership. The three levels move from the macro space of society, to industry and then the smaller level of organisation. Each level has a series of factors, but as the point of using the framework is to illustrate that there are different factors to consider in an organisation, just one factor for each level of analysis will be examined in a little more detail.

The spirit of human rights is one of two societal characteristics which affect the emergence and maintenance of ethical leadership in an organisation (Eisenbeiss and Giessner, 2012). The DEC policies and the legislation that underpins these policies would have been built on the spirit of the United Nations Declaration of Human Rights. A quick glance at the Code of Conduct shows that the principles of dignity, equality and liberty are indeed embedded. For example, it is stated explicitly that we promote ‘dignity and respect’ and are ‘committed to social justice by opposing prejudice, injustice and dishonesty’ (2010, p. 3).

The ethical content of the organisational mandate is one of three characteristics at the industry level. Eisenbeiss and Giessner (2012, p. 14) suggest that the higher the ethical mandate of an organisation, or the more the core business of the organisation has to do with human issues as opposed to financial profit, the more likely organisational members are aware of ethical issues. Consequently the more likely ethical leadership can take place.

In the Statement of Ethics in the DEC Code of Conduct (2010), ‘the NSW Department of Education and Training is committed to improving the social and economic wellbeing of the people of NSW through the provision of high quality education and training’ is a clear expression of what the DEC sees as its core business. Furthermore, the elaboration that its employees ‘have significant influence in developing an informed, dynamic and democratic society’ highlights that we have a duty that is humanitarian rather than profit-driven.

The formal and informal ethical infrastructure of an organisation is one of the two intra-organisational characteristics. It includes ‘manifest and impersonal organisational structures,
systems, and procedures which organisations have purposely built up to direct their employees’ ethical conduct and leadership style’ (Eisenbeiss and Giessner, 2012, p. 15). As illustrated in Scholarly Paper 1, the DEC Code of Conduct and the Leading and Managing document are two very accessible policies that direct both ethical conduct and leadership style. However, a close analysis of the two documents showed that they gave unclear ethical direction when decisions had to do with the management of staff performance affected by mental illness. The unclearness was two-fold, as directions were either contradictory or driven by a particular ethical paradigm that did not consider the needs of all stakeholders.

Compliance to as high a degree as possible with the ethical standards outlined in the DEC Code of Conduct and the Leading and Managing document is a starting point. However, there is the notion that ethics in the organisation is more than just about compliance to both stated and unstated ethical standards in that it really is the degree to which ethics is institutionalised in the organisation (Eisenbeiss and Giessner, 2012; Foote and Ruona, 2008). In other words, what really enables ethical leadership is an organisational culture that is ethical and values driven.

The use of Eisenbeiss and Giessner’s (2012) contextual antecedents provided a framework against which the effective practice of ethical leadership in relation to the management of staff performance when affected by mental health issues, within the DEC, could be considered. The overall judgement would be that at all three levels—societal, industry and organisational, the development and maintenance of effective ethical leadership—are facilitated by many of enabling factors already in place. However, factors that are or could become barriers include the complexity of schools with at times divergent needs of stakeholders, biased ethical content of organisational mandates, and organisational culture where the relationship between employees is not conducive to enabling effective ethical leadership.

In order for the recommendations of the interviewed principals and teachers to be made, three strategies need to be in place. Principals need to consider the elements and characteristics that constitute school organisational culture. Principals need to reflect on whether they have or could develop transformational leadership skills, and they need to
analyse what contextual factors exist that enable the development and sustainability of ethical leadership. None of these strategies are simple, nor are they possible to implement by a single person. As DuFour and Fullan (2013, p. 71) state, improvements are a collective responsibility and ‘implementing significant change requires shared leadership and a collective effort’.

### 7.4 Enabling Ethical Leadership in a (School) Organisational Culture

Earlier, I discussed Schein’s (1985, p. 9) approach to organisational culture as being ‘a pattern of basic assumptions—invented, discovered or developed’. Schools as organisations have their own cultures. Barth (2006, p. 160) summarises that ‘school culture is the complex pattern of norms, attitudes, beliefs, behaviours, values, ceremonies, traditions, and myths that are deeply ingrained in the very core of the organization’. This specific definition of school culture overlaps with the elements of organisational culture identified by Luthans (2011) and Rebore (2014).

Having already established that positive change can occur at any of these organisational elements through organisational leadership, it is worthwhile to acknowledge that all schools are resistant to change (Barth, 2006; Deal and Peterson, 2006; Hattie and Reeves, 2011; Hargreaves and Fullan, 2013). The resistance to change requires a particular kind of school organisational leadership to bring about effective change that allows for better management of staff performance when it is affected by mental illness.

Parry (2011) cautions that much of the literature on leadership and organisational change is practitioner- or conceptually rather than theoretically or empirically based. However, no matter whether the literature is practitioner/concept- or theory/research-based, there is a predominant advocacy of and reflection on transformational leadership (Bass and Avolio 1994, Shields, 2012). This predominance is understandable, given that transformational leadership, if we take Bass’ (2006, p. 4) definition,

> involves inspiring followers to commit a shared vision and goals for an organisation or unit, challenging them to be innovative problem solvers, and developing followers’
leadership capacity via coaching, mentoring, and provision of both challenge and support.

In other words, if we want to make changes to school culture that would facilitate the management of staff performance when it is affected by mental health issues, we need principals and school leaders that not only are transformational leaders, but are cognisant of what that means.

Bernard Bass shaped transformational leadership theory from the original work by Burns (1978) and continues to research and write in this field. Bass (1985) and Bass and Riggio (2006) argue that transformational leaders are characterised by four leadership factors: idealised influence, inspirational motivation, intellectual stimulation and individualised consideration. I would like to consider each of these factors in more detail and link them to the elements of school organisational cultures as extracted from Luthans (2011) and Rebore’s (2014) writings. This may provide some suggestions of how principals can bring about school organisation cultural change.

The first of the factors is idealised influence, where leaders are strong role models for followers or ‘walk the talk’ (Bass and Riggio, 2006). The two aspects integral to having ‘idealised influence’ are that the followers copy leaders by understanding their purpose, and that the followers attribute qualities such as consistency, perseverance and determination to the leader. Principals who have an idealised influence can have an impact on what Rebore (2015, p. 276) calls the ‘outcome focus’ by leading engagement in ‘developing, implementing, evaluating, and modifying strategies and processes’. In relation to dealing with mental health issues in an organisation, idealised influence would at the least require principals to model through words and actions a non-discriminatory and proactive attitude towards mental health issues.

Inspirational motivation is the second factor necessary for transformational leadership (Bass, 1985; Bass and Riggio, 2006). It involves being committed to a shared vision and goals, having the ability to clearly communicate organisational expectations, and encouraging followers to be future-focused. Principals who have inspirational motivation could possibly reflect Luthans’s organisational elements of norms, dominant values and rules. For staff to be
more likely to endorse and deliver the school’s vision, in terms of its purpose, values and envisaged future, principals need to constantly articulate the collectively constructed and revised school vision. Furthermore, principals also need to model interactions and actions to enact the vision.

It would be unrealistic to think that even if principals do articulate expectations and model appropriate behaviour, this automatically translates to better management of staff performance when it is affected by mental health issues. This is because a school’s vision is primarily about student learning outcomes and not necessarily about staff welfare. However, principals can facilitate schools to be in a better position to cater for staff with mental health issues. This can occur if the principal has developed with the staff a ‘dominant value’ along the lines that a healthy and happy staff that supports each other personally and professionally results in better student learning outcomes.

Intellectual stimulation is the third factor necessary for transformational leadership (Bass, 1985; Bass and Riggio, 2006). This factor suggests that leaders stimulate their followers’ efforts to be innovative and creative. Principals who facilitate intellectual stimulation can not only have an impact on what Luthans called the dominant values, particularly in terms on how staff relate to each other, but also on Rebore’s (2014) conflict tolerance characteristic. Advocating for teachers to voice their ideas in terms of managing a staff member’s performance will not only potentially empower the teacher living with the mental health issue but also potentially empower and give ownership to solutions to the staff working with and around that teacher. This is by no means a simple fix but a possibility if principals foster not only intellectual stimulation, but also have idealised influence and inspirational motivation.

The fourth and final factor essential for transformative leadership is individualised consideration. Bass (1985) and Bass and Riggio (2006) suggest that this factor is about leaders knowing their followers both personally and professionally and being able to differentiate the way that employees are managed and led. Principals need to know staff individually, and provide individualised mentoring and coaching for each staff member to enable them to achieve their personal best. Again, this sounds simpler than it is. But when
principals give individualised consideration, they are having an impact on organisational culture by affecting the organisational climate and by maintaining what Rebore (2014) called the people focus. A principal who is aware of staff members’ needs when they are affected by mental health issues has the opportunity to still maximise their potential by working around their needs. However, this would also theoretically require a change to a certain degree in Rebore’s (2014) ‘open system focus’, as not all individualising comes without a financial and/or human resource cost.

The assumption in the discussion to this point is that principals can impact on school organisational culture. Sergiovanni (2001) raises an interesting viewpoint when considering whether it is a school’s organisational culture that influences school leadership, or whether school leadership influences a school’s organisational culture. In other words is leadership and organisational culture a two-way relationship? Similarly, when Deal and Peterson (2006, p. 197) suggest that ‘culture arises in response to persisting conditions, novel changes, challenging losses, and enduring ambiguous or paradoxical puzzles. People create culture; thereafter it shapes them’, the message is that organisational culture defines or shapes leaders. Consciously thinking about organisational culture influencing leadership and leadership impacting on organisational culture may indeed be useful for principals when contemplating how best to change school culture to enable staff with mental health issues to participate effectively in the workforce.

7.5 Future Considerations about Organisational Culture and Ethical Leadership

In the introduction of the Overarching Narrative, I stated that this research would result in two practical products: the Pathways-Transformation-Perspectives (PTP) Ethical Decision-Making Framework and the theoretical discussion about how to embed ethical leadership in positive workplace culture. The PTP Framework is intended for making decisions on a personal level, at the precise moment when a decision is needed. The discussion about how to embed ethical leadership in positive workplace culture could be used both as a reflective tool and as a future-focused thinking tool. Whilst the PTP framework is for individual use, engagement with transformational, ethical leadership and positive workplace culture requires
the collaboration of teams of people. The reflection comes into play when a school leader reflects on where he is in terms of transformational leadership, his view on ethical leadership and on the nature of his workplace culture. The future-focused thinking comes into play when he then gauges where he currently is, focuses on what he himself or his organisation should develop towards and then considers the necessary steps to get to that position.

However, the likely reality is that most principals will not engage in the depth and detail of the theories of the discussion on their own. Therefore, a recommendation of this research is that, at the very least, professional learning modules be developed around transformational and ethical leadership in a positive workplace culture. These modules could easily be developed on the work of Bass and Riggio (2006) and Eisenbeiss and Giessner (2012). There would be benefit of setting up the modules similar to the PTP Framework, with a series of questions that require reflection by the principal or school leader. This would enable a positive workplace led by ethical leaders to promote ethical decision-making where staff performance is affected by staff mental health issues, to be brought to a level of consciousness and ideally purposeful action.

A final recommendation is that, whilst this study has pointed the way forward in enabling better decision-making when mental health issues impact on the workplace, these recommendations could be strengthened and/or broadened if a wider sample of teachers and principals was interviewed. Not only could the sample size be bigger than the scope of this research allowed, but also focus on whether factors such as gender, years of experience and metropolitan/non-metropolitan location of the workplace result in differences in experience and differences in recommendations.

7.6 Conclusion

‘Our mission is to help all Australians affected by mental illness lead a better life’ (www.sane.org). This is SANE Australia’s mission statement. SANE is an Australian National charity, which aims to realise its mission through three key areas: support, training, and education. Amongst its many strategies to achieve its mission is the Mindful Employer initiative (as mentioned in PPI 2). The Department of Education, and principals as its
employees, could adopt SANE’s mission and the three key areas of support, training and education. Support, training and education within the Department of Education would enable principals to make ethical decisions when staff mental health issues affect performance, as well as contribute to making life better for all teachers affected by mental health issues.

When dealing with the effects of mental health issues in the workplace, support needs to be provided in a number of areas and in a number of ways. The document analysis of two relevant Department of Education policies showed that there was a lack of clear guidance for principals to ethically manage negative effects when they occur. Yet anecdotal evidence and the data from the interviews with principals and teachers showed that there is a need for policy support that is clear and useful. In the context of managing mental health issues, policies informed by an ethics of care would be particularly useful, as an ethics of care is underpinned by the concept of care as a practice focused on meeting the needs of ourselves and others.

In the absence of unambiguous policies predominantly built on an ethics of care (rather than the current pervasive use of an ethics of justice), The Pathways-Transformation-Perspectives Ethical Decision-Making Framework was developed to give principals a comprehensive tool that facilitates ethical decision-making processes in relation to mental health issues. This tool allows principals to better and consciously reconcile competing demands and needs, and to make considered and informed decisions that will best reflect and meet their own values and beliefs, as well as those of other stakeholders.

Policies and decision-making frameworks are one kind of support needed in the ethical management of the effects of mental health issues in the workplace. Both teachers and principals were very clear about the necessity of a range of other support. Teachers wanted their colleagues to understand them, and their principals to be understanding, empathetic and to give them the support they needed. This is no doubt difficult, when principals may not be informed by the teacher concerned of any mental health issues, and as they attempt to tread the fine line between maintaining confidentiality and privacy and organising the support that may or may not be negotiated with the teacher. However, teachers appreciated where the
support from the principal had been empathetically given and negotiated. Advocating for sensitive, negotiated principal support is one way to bring about change.

Principals also require support, especially system support. System support is needed to a lesser extent for advice and to a much larger extent in terms of action. The nature of this action would vary greatly, but could include optional support personnel for both the principal and the teacher. It could also involve financial support in terms of, for example, reduced workload for the teacher where appropriate. Action could also focus on finding an easier way to navigate through employee services to negotiate changes in employment where the teacher desires this. Whether such support can be provided is unknown as it would require far-reaching changes to legislation, operational funding and changes to personnel organisation. However, advocating for a range of system support is another way of starting to bring about change.

Support alone is not sufficient in enabling principals to make ethical decisions when staff mental health issues affect performance. Training is also required for principals to use the support. However, training can only be provided in the use of support that already exists. Therefore, the most important recommendation of this research is that principals are trained in the use of the Pathways-Transformation-Perspectives Ethical Decision-Making Framework. The use of the framework would be even more powerful if principals were concurrently working towards achieving a positive workplace culture. This is a culture which enables people with mental health issues to continue to work in a meaningful way. In order for principals to do this, they would benefit from education on what it is to be an ethical, transformational leader, and how these leadership skills can be used to transform or enhance positive workplace culture.

Education about mental health issues needs to happen on other levels too. Not only was this suggested by the principals and teachers, but the call for education is also reinforced by the activity of many government and private agencies involved in mental health. As an example, SANE’s purpose is stated as:
Our advocacy and campaigning work educates decision-makers about the needs of people affected by mental illness, and how they can be supported to lead a better life through improved services, supports, and community attitudes.

Certainly, education of principals about the needs of people affected by mental health issues is one aspect of education. However, the recommendation by both the interviewed principals and teachers is that all people, both within and beyond the school system, are more educated in understanding mental health and mental health issues. One of the main reasons for this is to reduce stigmatisation or the negativity and prejudice against people with mental health issues. This, as one of the teachers pointed out, includes education so that self-stigmatisation does not occur. Another aspect of mental health education suggested was to enable self-recognition of mental health issues, and knowledge of how to avert preventable mental health issues such as workplace stress-related issues.

In conclusion, the aim of my research was to enable principals to make better and more informed ethical decisions when staff mental health issues impact negatively on school organisation and management. This can be done through support, training and education. Not only will this enable better decision-making for the principal, but the effect of support, training and education also has the potential to make life better for teachers, whose performance is affected by their mental health issue.
8. Appendices
8.1 Appendix 1

BUILDING ETHICAL AND RESPECTFUL CULTURES IN SCHOOLS

Expanding on the ethics of justice to inform staff wellbeing related decision-making in a rule-driven, risk management organisation.

Participant information sheet - Interviews

You are invited to participate in a study conducted by Ms Alexandra Mandel as part of doctoral research at the University of Western Sydney under the supervision of Prof Moira Carmody and Dr Nida Denson. The aim of this study is to find out the experiences of staff in dealing with emotional wellbeing either personally or as a manager. I want to explore what worked well and what could be improved. I am interested in how a rule-driven organisation like the Department approaches these issues.

This research will collect data from staff who are interested in sharing stories about particular incidents that would be helpful to other people to understand what needs to be addressed to enhance decisions relating to staff wellbeing within DET, and to assess the impact existing wellbeing policies have had on personal experiences.

If you choose to become involved, it will involve an in-depth audio-taped interview on a one-on-one basis. During this interview, you will be asked open-ended questions regarding your knowledge and experiences of how staff wellbeing is managed by your school management team. Participants will be asked to recall specific incidences, as well as to reflect on the overall management of the situation. It is a requirement that participants are currently not involved in any treatment for psychological or emotional challenges. Should you experience any discomfort or distress as a result of the interview, support people or organisations you could contact include:
- Your own GP
- The Employee Assistance Program
- Davidson Trahaire Corpsych on 1300 360 364 or
  * IPS Worldwide on 1300 366 789
  * Mental Health Association NSW on 1300 794 991
- The Blackdog Institute 9382 4530
- Beyond Blue 1300 22 4636.

This discussion will be audio-taped to allow analysis in detail afterwards. The entire session will take approximately 40 to 90 minutes to complete. Interviews will be conducted in private rooms at a location and time that is convenient for you.

This study is voluntary, and you may withdraw at any point without giving a reason. All participant responses will remain confidential; however, individual programme titles and locations will be noted in the appendices of the final report. You will not be identified by name in any public files or in any future publication. Participant privacy will be guaranteed through the use of participant pseudonyms rather than personal identifiers.

If you would like to know more about this study, or would be interested in taking part, please contact Alexandra Mandel on 9796 7998 or at alexandra.mandel@det.nsw.edu.au.

This information sheet is for you to keep. Thank you for considering this invitation.

NOTE: This study has been approved by the University of Western Sydney Research Ethics Committee (H8974). If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on telephone (02) 4736 0083, fax (02) 4736 0013, or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
8.2 Appendix 2

BUILDING ETHICAL AND RESPECTFUL CULTURES IN SCHOOLS

Expanding on the ethics of justice to inform staff wellbeing related decision-making in a rule-driven, risk management organisation.

Interview Participant Consent Form

I, _______________________________________________ [Name] have read and understood the Participant Information Sheet on the above-named research study. I am aware that this study may involve discussing experiences how emotional wellbeing was managed by the management team in my school. I am aware that the conversation will be audio-taped and transcribed, but that I will not be identified in any way on the transcript. I am also aware that all information collected will be held in a secure location at the researcher’s workplace within the NSW Department of Education. Any transcripts will be given a separate code not linked in the same location with your name and other details.

I freely chose to participate in this study and understand that I can withdraw at any time.

I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

NAME: _______________________________________

SIGNATURE: __________________________________

DATE: _______________________________________

NOTE: This study has been approved by the University of Western Sydney Research Ethics Committee (H8974). If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on telephone (02) 4736 0083, fax (02) 4736 0013, or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
8.3 Appendix 3

BUILDING ETHICAL AND RESPECTFUL CULTURES IN SCHOOLS

Expanding on the ethics of justice to inform staff wellbeing related decision-making in a rule-driven, risk management organisation.

Indicative Interview Questions – The Storytellers (Teachers)

Interviews conducted for this research will follow the narrative method. Participants will be asked to share their experiences in relation to their wellbeing to discuss what worked well and what could have been handled better or differently by their managers. It is intended that the interview begin with an opening question, and that the interviewer uses, where appropriate, prompts from a prepared list. The opening question and the prompts are used to gain information regarding broad areas of enquiry:

1. Can you tell me something about your knowledge and experience of staff wellbeing in your school?

2. To your knowledge were there any policies or documents referred to by school executive to help staff manage these situations?
   - If yes, what were they?
   - Were they helpful to you or others? How or why not?
   - Were they helpful to the executive? How or why not?
   - What accommodations, if any, were made for staff time off class?
   - Adjustments to roles and responsibilities

3. Who was involved in offering support?
   - school level
   - regional level
   - outside DET resources

4. When decisions about a way forward were made, did you get a sense of whether these decisions were looking for a best possible outcome or were they made to follow rules? Can you give an example?
5. Were there any factors that made that time more difficult?

6. Were there any factors that made that time easier?

7. If you could give any executive a message about managing the effects of a staff member’s wellbeing, what would it be?
9. References


