At the intersection of safety, ethics, mental health, and well-being: Disrupting the status quo, regulatory approach in Ontario

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Who are we and how are we evolving as an organization?

One of the AECEO's goals is to build the collective voice of Early Childhood Educators, who we trust to work creatively, collaboratively, and responsively with children, families, and communities. In doing this work, we understand educators, children, families, and communities as inevitably dependent and inextricably interdependent whereby responsive care relations are the foundation of good practice and quality care environments. While our mandate has evolved over time, one focus of our organization today is to critically engage with sociopolitical forces that undermine the work, value, and experiences of ECEs (and allied professionals) and advocate for change at the program, system, and public policy-level. We embrace our work as political, recognizing our responsibility to identify and challenge the chronic undervaluing of ECEs. But we also know we have much to learn. In the past few years, we have prioritized efforts to think with an anti-racist/anti-oppressive lens through ongoing engagement with Black, Indigenous, racialized, and newcomer educators, communities, children, and families. We are also working to establish stronger relationships with LGBTQIA2S communities to ensure we support gender and sexual minority educators, children, and families.

Why this statement?

This statement addresses two concerns. The first is the need to disclose certain mental or physical conditions or disorders on the College of Early Childhood Educator's renewal form, and the second is the recent partnership between the CECE and *People Connect*, an online mental health self-assessment tool aimed at ECE's mental health. We will deal with the first and then move onto the second.

Issue 1: Question 6 on the renewal form

We feel the inclusion of Question 6 on the CECE renewal form has the potential to jeopardize the health of RECEs and perpetuate systemic discrimination against those who are either diagnosed with a physical or mental health condition or perceived to be mentally unwell. Under *Issues Potentially Affecting Practice*, the required question asks:

> "Do you have a physical or mental condition or disorder that affects your ability to practice the profession safely? Please only answer "yes" if you have never disclosed this information to the College, or if you have already disclosed it and this information has substantially changed since you did so."

We believe that this question is unclear, specifically, the College's ambiguous use of the word 'safely', which without further clarification inherently associates mental or physical health with danger, risk, and incompetency, thereby perpetuating ableism and sanism. We take issue with this question because we believe that the diversity of ECEs should match that of the children and families in their care and the mental and physical needs of ECEs should be understood in their relational work as a strength.

Why does the CECE's *Membership Renewal Form* include this question?
As a professional body regulating and governing the profession in the public interest, the College has no responsibility to provide further accommodations to those with disabilities and/or mental illness. Instead, asking individual ECEs if they think they can "practice the professional safely" is a way for the College to mitigate the Ontario government's legal responsibility when incidences occur. If an ECE answers 'yes' to this question and provides the required documentation, they may no longer be in good standing with the College and unable to practice as an ECE in Ontario. However, if they answer 'no' and are found to have a condition or disorder later that the College believes applies, there could also be repercussions or personal liability. While neither answer provides ECEs with accommodation or support, the College is considered to have done their due diligence.

What are our concerns?
We are concerned about how the College's framing of this question individualizes and pathologizes mental and physical health, as well as perpetuates a culture of silencing in ECE. First, while physical and mental conditions or disorders are experienced individually, the systems and structures that ECEs interact with daily also play a role in mental and physical well-being. Along with being emotionally and physically laborious work, RECEs experience persistently low wages and inadequate health benefits, paid sick leave, and accommodations that contribute to both physical and mental conditions and disorders. For example, while an ECE may be feeling anxious individually, it could be because they are unsupported in their program or unable to pay their monthly bills, which is a collective issue caused by the current structure of childcare in Ontario. Through the question, the anxiety caused by a broken childcare system is refocussed as an individual problem and regarded as psychologically abnormal. This question from the College pathologizes the systemic issues in the field and further burdens RECEs with the individual responsibility for physical and mental wellness. Considering how barriers, particularly mental barriers, impact low income and/or women of colour, we worry about the impact this stigmatization of mental health conditions has on the highly gendered and racialized workforce of ECEC in Ontario.

Liability concerns on the part of the College also has the potential to jeopardize the health and well-being of ECEs because it may deter some ECEs from seeking a diagnosis that is needed to access services, assistive devices, or medications. While purchasing private healthcare services can offer more flexibility and alternative options without a formal diagnosis, the systemic issues in the field mean many ECEs cannot afford private services or do not have adequate employer-funded health benefits. Instead, ECEs may rely on access to publicly funded healthcare services that require a diagnosis from a medical professional. If educators are worried about disclosing a diagnosis and the repercussions that it may have on their registration with the College, they may avoid reaching out for support.

Finally, by not providing an explanation of what they mean by "safely", the College invites speculation about who can "practice the profession safely". This question implies that if someone is not safe around young children, they are dangerous. This further contributes to a culture of silencing around mental health and perpetuates a widely accepted form of systematic discrimination referred to as *sanism*. *Sanism* "targets individuals who have been diagnosed with or who are believed to have a diagnosis related to madness" (Davies et al, 2022, p.21; LeBlanc &

Kinsella, 2016; Perlin, 1992). When mental illness (real or perceived) is associated with "danger" or "risk" of harm, sanism is perpetuated. The consequence for individual ECEs is that they are less likely to share any mental health struggles for legitimate fear of repercussions, stigma, or losing their registration with the College. In this way, while Question 6 may protect the CECE from liability concerns, it increases the potential harm to the ECE who may understandably avoid seeking formal medical/social support services. This may also have repercussions for the children/families who rely on that ECE's unwavering, responsive, reflective care. It is unethical to expect ECEs to continue to care *about* and *for* others when public bodies/policies refuse to care *about* and *for* them.

When the College asks ECEs to disclose any diagnosis for safety reasons and goes as far as to provide a self-assessment tool that relies on medicalized, diagnostic categories for mental health (discussed below), they stigmatize physical and mental health and harm ECEs, while doing little to minimize safety issues in the field. Ongoing discussions about the inclusion of this question in the annual renewal form and support for ECEs unsure how to answer this ambiguous but harmful question is needed.

Issue 2: People Connect

The CECE has recently partnered with an online mental health self-assessment tool called People Connect. While we welcome much-needed attention to the well-being/mental health of ECEs, we have some significant concerns about both the rationale and approach of this program (particularly as it pertains to the required disclosure of mental health issues discussed above). The first sentence on the College's new mental health web page reads: "To nurture and care for others, Registered Early Childhood Educators (RECEs) need the opportunity to nurture and care for themselves." While we do theoretically agree with this idea, we find it deeply problematic that this way of thinking, on its own, once again lets programs, systems, and societies off the care hook. ECE's are positioned as needing to care *more* and/or *better* (this time for themselves) rather than demanding that they are cared *about*, *for,* and *with* others. As has always been and continues to be the case, the inevitable human needs of ECEs, that are understandably overwhelmed by meeting the complex needs of children and families in chronically under-resourced environments, are conveniently ignored. *More* is added to their plate rather than redistributing the load. For example, in all outcomes to the self-assessment tool it is advised that: "In general, increasing physical activity, improving sleep, and spending more time with family/friends is beneficial". While we do not refute the truth of this statement, we wish to point out that the structural and material conditions are such that ECEs often do not have more time to sleep, hang out with friends/family, or engage in regular exercise. They are often working several jobs while trying to also care for their own children, parents, or families.

The second concern we have about People Connect is the self-assessment tool itself. Thankfully, People Connect is very clear in indicating that the tool is not a replacement for a formal medical diagnosis by a professional. Instead, it is described as "an online mental health self-assessment tool designed to help you understand symptoms of mental health conditions." Yet, it does clearly rely on diagnostic categories (e.g., depression, anxiety, eating disorder, bi-polar disorder) and scales that reflect the medicalization of symptoms (mild, moderate, severe). It is entirely possible for the tool to indicate that one has **severe** symptoms of **depression** and **moderate** symptoms of

Post-Traumatic Stress Disorder. This brings us back to our concerns about Question 6, sanism, and mental health stated above: even if we accept at face value that the information inputted to the tool is confidential and will not be shared with the CECE (despite having to input one's college registration number to registered with the tool), ECEs will likely feel unethical about answering "no" on Question 6 after receiving indications from the tool that they are experiencing mental health.

This tension will likely be compounded by the fact that to proceed with counselling requires resources: a $75/hour fee that may or may not be covered by health benefits (if the ECE has benefits). Beyond an initial no cost session finding the right "fit" with a counsellor, too many ECEs will once again be on their own in finding support, making time, and paying the fee ($75/hour is significant for a workforce that averages less than $25/hour). When finished the self-assessment, ECEs are taken to another online tool, offered by a third-party company, to "match" them with a counsellor. In this way, it is impossible not to wonder if this self-assessment tool is little more than a marketing mechanism for Inkblot, the company recently bought by private insurance company Green Shield Canada, to administrate the service.

Of course, we are in full support of ECEs having access to mental health professionals. What we are not comfortable with is the hyper-individualization of meeting the inevitable human needs of ECEs through the launching and promotion of People Connect.

What could be done to better support ECEs with mental/physical health needs?

The bottom line is that unsustainable material realities of the ECEs caring about, for, and with others must be addressed at the micro (individual), meso (childcare programs), and macro level (public policy). More supports (economic, political, social, relational) are needed in the sector – but not more support *from* ECEs. Support *about*, *for*, and *with* ECEs.

How do we get closer to this goal?

1. RECEs deserve to have access to the resources/supports necessary, including better health coverage, to engage in their work with children and families "safely" and ethically. For example, if a back injury is a safety concern, adequate access to health benefits that cover physiotherapy or massage, is necessary. If chronic fatigue/exhaustion or perhaps depression is/are a problem, structural issues in the field requiring RECEs to work more than one job or longer hours must be addressed for them to have the time/resources to care for their bodies. Structural issues preventing ECEs from sleeping more or engaging in regular physical activity must be named and addressed. This is on all of us, not the just the individual ECE.

2. ECEs, alongside others, deserve the opportunity to question and/or shift the culture of silence, fear, and shame in ECE. Through safe opportunities to think about sanism and ableism, in relation to physical or mental health, ECEs can acknowledge and celebrate (rather than hide) the spectrum of physical and mental needs represented in the workforce.

3. Programs, tools, and services that are offered in the name of support to ECEs must both grapple with the material realities of ECEs and ensure that ECEs are central to the creation/formation of anything developed to meet their needs. The knowledge and experiences of ECEs matter. ECEs know the issues and ECEs know what will help. ECEs are incredibly resourceful, creative, intelligent, and caring humans who deserve the opportunity to be seen, heard, and materially acknowledged at that micro, meso, and macro level.

References

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