

# Exploring Mental Health and Well-Being Among University Faculty Members

## A Qualitative Study

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### ABSTRACT

The current exploratory qualitative study describes how environmental factors, social interactions, personal experiences, and stigma affect mental health and help-seeking. In-depth, semi-structured interviews were conducted with nine university faculty members who self-identified as having mental illness-related concerns. Using Bronfenbrenner's ecological systems framework and thematic analysis, four domains were determined: (1) macrosystem (i.e., influences of academic culture); (2) mesosystem (i.e., influences of faculty leadership and interpersonal dynamics); (3) microsystem (i.e., influences of individual mental health experiences); and (4) exosystem (i.e., influences of stigma across structural, interpersonal, and intrapersonal levels). These domains included barriers to and facilitators of mental health and help-seeking. Findings suggest that competitiveness and individualism may perpetuate stereotypes that mental illnesses are inherent weaknesses, and that seeking help is a barrier to academic success. Recommendations for future research are provided. [*Journal of Psychosocial Nursing and Mental Health Services*, 60(11), 17-25.]

According to the Mental Health Commission of Canada (MHCC; 2013), in any given year, one in five Canadians will experience difficulties related to mental health or addiction and 50% will experience a mental illness prior to their 40th year (Smetanin et al., 2011). The World Health Organization (2020) defines *mental health* as a state of comprehensive physical, mental, and social well-being and *mental illness* as changes in emotion, thinking, and/or behavior that are associated with distress and/or functional impairments.

Nested within the global coronavirus disease 2019 (COVID-19) pandemic are social, psychological, economic, and health disparities that are giving rise to mental illness (Cardona, 2021; Roberts, 2020). Beyond the ubiquitous stress and

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demanding orthodoxy of academia, the global COVID-19 pandemic has cast a pall over an already strained workplace for many academics. Findings from a recent survey of U.S.-based academics regarding the effects of COVID-19 attest to this, with more than twice (32% in 2019 vs. 69% in 2020) the number of academics describing themselves as stressed (Fidelity Investments, 2021).

Evidence regarding the role that social determinants play in health outcomes suggests an association between mental illness, daily functioning, social and economic status, as well as personal and professional relationships (Alegria et al., 2018; Lund et al., 2018). In the Canadian workplace, mental illness accounts for approximately 30% of disability claims submitted by individuals and is one of the leading reasons for employee disability claims filed by employers (MHCC, 2013). This finding is compelling given that stress at work is positively correlated with increased mental distress and illness (Dewa et al., 2004). As a microcosm of society, post-secondary educational institutions offer particularly salient contexts for understanding the complex interplay between mental illness, resource access/help seeking, workplace culture, and societal forces (Paphitis & Kelland, 2016; Watt, 2013). As such, post-secondary institutions are considered key settings for promoting mental health and well-being for faculty, staff, and students, as well as the broader community (Best Practices in Canadian Higher Education, 2019; Collini, 2012).

Although promoting humanity and scholarly excellence, the ecology of post-secondary institutions is not free from adversity and can place academics at risk for stress, burnout, and mental health-related concerns (Lashuel, 2020; McGinn, 2012; Reevy & Deason, 2014). Academics are known to experience multiple competing demands and diverse roles in their workplace, including student mentorship, formal supervision, teaching, research, grant writing, committee membership, and service engagement, as well as professional de-

velopment (McGinn, 2012). Berg and Seeber (2016) described how corporatized universities have engendered individualistic and meritocratic values, including productivity, efficiency, and competitive achievement. Mounting workloads, longer working hours, and challenges with work-life balance are the roots of academic and psychological stress (Bothwell, 2018; Seldin, 1987). According to Seldin's (1987) research, the roots of academic stress have long been exposed, with too many tasks and too little time being indicated as the key predictors of academics' stress. Interested in understanding the nature and toll of workplace stress at a societal level, Kinman (2014) and Kinman and Wray (2019) examined large population-based samples derived from public sector employees in the United Kingdom and Australia. These efforts yielded similar conclusions to Seldin's (1987), with self-reported psychological distress among academics occurring at rates considerably higher than comparable public sector employees. Yet, despite relatively high numbers of academics experiencing workplace impairments due to psychological distress, many of these individuals remain ambivalent to seeking help. For some, self-stigmatization or the shame of decreased productivity related to stress and anxiety create barriers to talking about their experiences and seeking supports (Livingston, 2013, 2020).

Stigma arises from lack of understanding or fear and can significantly impact knowledge and acceptance of mental illness within the workplace (Burns & Green, 2019; Price et al., 2017; Skogen, 2012). Although stress-related experiences in post-secondary institutions are well documented (Gillespie et al., 2001; Hernández-Torrano et al., 2020; Price et al., 2017), minimal research looks at how environmental forces interact with personal and social factors within the context of mental health. Bronfenbrenner (1979) postulated that rather than conceptualizing mental health as an endogenous trait localized to an individual, there may be value in considering the

post-secondary institution as an ecological system. Due to the paucity of research examining the complexities of post-secondary institutions as they pertain to mental health, within an ecological lens, the current exploratory qualitative study aims to answer the following research questions: (1) How do academics describe the interplay of environmental factors (e.g., stigma, workplace culture), social interactions, and personal experience in relation to their mental health? (2) What do academics describe as the barriers to and facilitators of promoting mental health and well-being within their post-secondary institution, including help seeking and/or accessing mental health resources?

## THEORETICAL FRAMEWORK

Bronfenbrenner's (1979) ecological systems framework includes the nested concentric structures of the micro-, meso-, and macrosystems, and the interplay among these various levels, known as the exosystem. As a developmental framework, Bronfenbrenner's (2005) ecological model aids the examination of intersections of the environment with the self (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) and how factors within these ecological systems influence the barriers to and facilitators of the promotion of mental health and well-being among academics. Building on the Canadian Standards Association's (CSA; 2018) adoption of Bronfenbrenner's framework used to explore the social systems that influence mental health and well-being, the current study used an ecological orientation as a conceptual map to examine the nature of stigma as it operates as an exosystem across structural, interpersonal, and intrapersonal levels (Livingston, 2013, 2020).

## METHOD

An exploratory, qualitative design was used to explore the dynamic nature of mental health/illness-related experiences among academics located in a medical-doctoral university in Western Canada with a mental health campus-

wide strategy in place to address the well-being of students, staff, and faculty. Through an exploratory lens (Hunter et al., 2018), the goal of the current study was to provide further information and insights on a topic that is not clearly defined in the literature. The aim is to capture a richer understanding of human experience.

### Participants

Purposeful sampling procedures targeted academics who self-identified as having mental illness-related concerns, and who were willing to share their experiences. Recruitment efforts included a member of the study team placing recruitment posters in faculty members' high traffic areas. Study information was also emailed to Associate Deans/Directors of each department, requesting that promotional study materials be distributed to all academic staff.

Faculty members who self-identified as having lived experience of mental illness-related concerns and were English-speaking were invited to participate. Faculty member ranks (tenured and non-tenured) included associate, assistant, and full professors, instructors, and sessional instructors. *Lived mental illness experience* was defined as, but not limited to, a previous diagnosis with, receiving treatment for, or in recovery from a mental illness/disorder. No formal assessment measures or diagnostic tools were used to identify participants' mental illness.

Ethics approval was obtained from the University Institutional Review Board and written consent was provided by all participants. Interviews were audio-recorded, transcribed, carefully reviewed, and deidentified to protect anonymity. A \$50 gift card honorarium was provided.

### Data Collection and Analysis

Nine in-depth, semi-structured interviews lasting approximately 60 minutes each were conducted by one of three members (J.M.S., L.K.B.) of the research team, who had clinical and research

Phase	Description
1	<ul style="list-style-type: none"> <li>• Immersion in and familiarization with data</li> <li>• Repetitive review of transcribed interview text files, while simultaneously creating notes regarding potential codes</li> <li>• Documentation of reflective thoughts and potential codes/themes</li> </ul>
2	<ul style="list-style-type: none"> <li>• Team discussion of preliminary impressions and observations</li> <li>• Taking notes regarding data items of interest, questions, and connections between data items</li> <li>• Generation of potential codes</li> <li>• Collation of interview data into relevant codes</li> </ul>
3	<ul style="list-style-type: none"> <li>• Collation of codes into patterns of potential themes</li> <li>• Team discussion of variations in the data</li> <li>• Use of thematic maps to visually create and organize cross-connections between concepts and among themes</li> </ul>
4	<ul style="list-style-type: none"> <li>• Ongoing thematic review, resolving discrepancies and revising the thematic map</li> <li>• Ongoing detailed note taking regarding processes and decisions relating to development, modification, and/or removal of themes</li> </ul>
5	<ul style="list-style-type: none"> <li>• Finalization of themes (defined and named)</li> <li>• Selection of vivid and compelling quotes from interviews for contextualization</li> </ul>
6	<ul style="list-style-type: none"> <li>• Production of report aiming for clear, concise, and logical account of data interpretations, including:               <ul style="list-style-type: none"> <li>• Chosen themes</li> <li>• Justifications for theoretical, methodological, and analytical choices</li> <li>• Narrative accounts, figures, and tables</li> </ul> </li> </ul>

interviewing experience. Interviews were conducted either in-person, or via phone/video conferencing and followed a semi-structured interview guide developed by members of the research team with content expertise (J.M.S., L.K.B., P.C.) (Table A, available in the online version of this article).

Semi-structured interviews were used for collection of in-depth accounts of subjective experience. Thematic analysis entailed the identification, description, and interpretation of meaning and importance of patterns (Braun & Clarke, 2006; Clarke & Braun, 2018). Specifically, our analysis followed Braun and Clarke's (2006) six-phase analysis process, embedded with established practices for trustworthiness (Nowell et al.,

2017) (Table 1). Due to small participant numbers, the team chose manual coding (Kiger & Varpio, 2020).

### RESULTS

Findings are derived from nine in-depth interviews with academics who self-identified as having mental illness-related concerns, representing six university departments/faculties, with a range of experience and seniority levels (Table 2).

Bronfenbrenner's (1979) ecological systems framework was used as a theoretical tool to present the results of our analysis. Themes have been organized and presented within the following four systems: (1) macrosystem (i.e., influences of academic culture); (2) mesosystem

**TABLE 2****PARTICIPANT DEMOGRAPHICS (N = 9)**

Variable	n (%)
Years of experience	
0 to 5	2 (22.2)
5 to 10	3 (33.3)
≥10	4 (44.4)
Interview timing	
Before COVID-19 pandemic	3 (33.3)
During COVID-19 pandemic	6 (66.7)
Sex	
Male	6 (66.7)
Female	3 (33.3)

Note. COVID-19 = coronavirus disease 2019.

(i.e., influences of faculty leadership and interpersonal dynamics); (3) microsystem (i.e., influences of individual mental health experiences); and (4) exosystem (i.e., influences of stigma across structural, interpersonal, and intrapersonal levels) (Figure 1).

### Macrosystem: Influences of Academic Culture on Mental Health

At the macrosystem level, participants characterized mental health-related stressors in academia as cultural and systemic issues that promoted individualism and competitiveness with an associated culture of isolation and silence. One participant poignantly described the cultural and systemic issues embedded within academia:

The university is good at designing processes [for] this group of people that have mental health issues...when, in fact, the mental health issues, in my case...are emerging in relation to the environment. So, it's not just a question of how do we help those people make their way through the system better, it's a question of how do we make an environment that doesn't drive people mad in the first place. (P1)

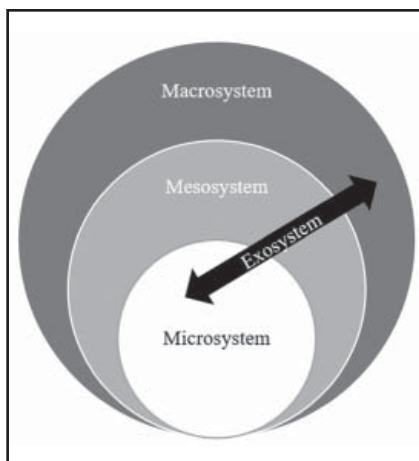


Figure 1. Theme organization based on Bronfenbrenner's (1979) ecological framework.

Corporatization emerged from the data as a structural systemic barrier to receiving help for mental health concerns. Participants described a working environment that relied on competitive processes, including a merit evaluation system and uncertain precarious employment:

It's partly what's valued in the assessment system, which is research productivity measured in dollars...and everything else is of secondary importance.... We all know what drives the system is this individualized, zero-sum, competitive assessment system. (P1)

Amid a pre-existing culture of isolation, the emergence of COVID-19 was identified as a barrier to help-seeking. Participants felt siloed with minimal interactions with colleagues. For some, isolation was described in relation to competing demands and attempts to meet the competitive annual evaluation pillars of service, teaching, and scholarly activities. Others identified how the uncaring attitudes and behaviors of leadership and colleagues further served to silence and segregate. One participant equated COVID-19 with a trending toward academic isolation:

Since the moment I started...[the University] has been very, very isolating and COVID brings out the worst in it. There is this undercurrent...toward being isolating. (P8)

Collegiality and community were identified as facilitators to mental health and/or accessing mental health supports. One participant spoke about informal check-ins with staff in the faculty, which were enhanced amid COVID-19, allowing for the asking and offering of support:

So, with COVID...we've increased the frequency of those staff meetings because we're all isolated...so, my bosses have been really explicit about "Hey, let's make sure that we connect more regularly." (P4)

Although participants acknowledged an awareness that mental health challenges are embedded within academic culture, they also noted a general lack of emphasis on academics' self-care in contrast to the University's significant focus on student mental health. Participants described this disparity:

It seemed...contradictory to say mental health is important and we need to support our students, but then squeeze faculty tighter and do things that will increase stress, without doing anything to support mental health. (P2)

Participants reported a need for an orientation process that incorporated discourse regarding opportunities for mental health, to normalize the experience of mental illness, and to facilitate seamless navigation of mental health resources. One participant described how an orientation could facilitate normalization and mitigate stress:

If you have an orientation...[including] resources and people you check in with...then you're saying [mental health issues are] normal. It would have felt less stressful...to have somebody walk you through it. (P9)

### Mesosystem: Influences of Faculty Leadership and Interpersonal Dynamics

At the mesosystem level, participants described how interactions with faculty leadership acted as barriers to and facilitators of mental health and well-being. Some interpersonal relationships among academics were problematic and included a general lack of leadership

compassion and support for mental illnesses, as well as unclear expectations and uncertainty regarding the navigation of academia. On the contrary, other interpersonal dynamics were supportive in nature and helped mitigate stress-related mental health issues, encouraged future help-seeking, as well as facilitated enhanced navigation of mental health resources.

Leaders who lacked awareness of, and compassion for, mental illness were indicated as key interpersonal barriers to help-seeking. Lack of support and understanding from faculty leadership was described as contributing to the culture of isolation discussed earlier, and to academics' reticence in disclosing mental illness. Within their interviews, participants referred to the lack of compassion:

Even when I did get help, I would get it one time, and it felt like when I had cashed in that chip that I wasn't really worth the attention after that. (P7)

Lack of clarity regarding expectations was identified by participants as contributing to mental health challenges. One participant stated:

There should have been...a clearer outline of expectations...I find that to be the most stressful because it's like what you're measured against, and you feel like if you don't measure up the world is going to end. (P9)

Participants who had strong interpersonal support, in the form of mentorship, reported more positive experiences in achieving mental health and wellness and navigating available mental health resources. Having vocational coaching and psychosocial support was identified as an important facilitator for promoting mental health. For example, one participant stated:

It was definitely positive. I felt really fortunate, the supervisor was someone that had a lot of experience...and had years behind him. I felt a certain sort of similarity, so it was reassuring seeing how he handled things. (P4)

Peer support was described as a safe space to disclose and process stress. Mentorship and peer support appeared

throughout interviews as a means of learning how to be well amid academia. One participant referred to a peer's helpful insight:

I would stay really late...persevering over these little details, and my senior colleagues were like, "That's unhelpful and you're just making yourself more tired to the point where you're not helping yourself." (P9)

Conversations and sharing mental illness experiences were strong facilitators for help-seeking and the normalization of mental health challenges in academia. One participant expressed insight into overcoming barriers through the normalization of help-seeking behaviors:

I spoke with my supervisor...him acting as a mentor when it came to taking care of myself and reaching out...I was made aware of resources...and the normalization of...seeking support. (P4)

#### **Microsystem: Influences of the Individual Experience**

At the microsystem level, intrapersonal experiences of mental illnesses were described as coalescing with ineffective coping skills and vulnerability in disclosure and help-seeking alongside the influence of self-awareness. Lack of coping skills and self-care behaviors were described as creating personal barriers to help-seeking and addressing overall mental health. One participant stated:

So, there are things that I know I'm not so good at, and maybe seeking support is one of the things I'm not so good at. When I'm feeling stressed, I retreat, even though that's counterproductive. (P1)

Mistrust punctuated participants' narrations regarding their intrapersonal experiences of disclosure:

I wish that I could have trust...I haven't disclosed my mental health issues. It's not so much that if I disclosed, I would make myself less competitive...it's trust. (P5)

For some, self-awareness and personal motivation were facilitative. Participants identified how being prepared for how the tenure process was going

to unfold and having self-awareness regarding their stress responses facilitated a pathway:

A lot of stress...the first couple of years, but after that it felt like things improved as I learned about my own responses and what was working for me, my own triggers, worries, stresses. (P4)

#### **Exosystem: Interplay of Stigma Across All System Levels**

In the current study, stigma was described by academics as a multi-layered, insidious phenomena experienced at all levels. Using an ecological approach to examine stigma as an exosystem revealed its influence on social structures, interpersonal dynamics, and intrapersonal experiences. Participants described how taking time off for mental health reasons was perceived as being discouraged and stigmatized due to the perceived impact on productivity. One participant explained:

Everyone has been socialized to believe they have to be busy all the time...I don't think anyone seriously thinks that mental health days are really about mental illness, but just about taking some downtime. (P3)

The non-obvious nature of mental illness was identified as contributing to individuals wrestling with disclosing their mental health circumstances to bely their feared outcome of being socially discredited. General lack of mental illness understanding by others was expressed by one participant:

Derogatory comments about...not being able to get work done or being away a lot...it's made me more wary of talking...about [mental health]. (P6)

Some participants described the experience of self-stigmatization or the shame, fear, and/or expectation of experiencing discrimination as factors preventing sharing about their mental illness and/or seeking help. Others described being worried about judgment by peers:

I had never disclosed to anybody at the university the extent of my distress on a daily basis, because I thought that

might jeopardize...my reputation...that I would be perceived as weak. (P1)

## DISCUSSION

The current study sought to describe experiences of mental health/illness among academics, an issue not clearly examined in the literature. A diversity of experience related to accessing resources and help-seeking in the workplace was a clear finding that is consistent with the MHCC (2013), who explained how diversity of mental health/illness experiences can affect the way individuals access services. Based on this diversity of experience, the MHCC recommends supportive services that use a combination of interventions at individual and organizational levels to help support and sustain mental health and well-being.

### Macrosystem: Addressing the Impact of Academic Corporatization

One of the main tenants of academic culture is the need to be productive within the context of high workload. As Berg and Seeber (2016) suggested, “Academic work is by its nature never done; while flexibility of hours is one of the privileges of our work, it can easily translate into working all the time or feeling that one should” (p. 17). With multiple tasks related to teaching, research, and service all taking priority, one’s mental health often takes a back seat. Similarly, the competitiveness and individualism supported by corporatized academic culture seems to perpetuate the stereotypes that mental illnesses are inherent weaknesses, and that seeking help is a barrier to academic success.

Participants in the current study described a corporatized working environment that relied on competitive processes, including a merit evaluation system and uncertain precarious employment. Shaw and Ward (2014) described how academic corporatization has evolved into a culture where being busy is revered, and demands for increased productivity have escalated, contributing to a psychologically unsafe workplace (CSA, 2018). The CSA (2018) explained

how a review of psychosocial factors, including organizational culture, social support, and workload management, are needed to address psychological health and safety.

Although there is a plethora of research, resources, and supports related to the psychological health and well-being of students, research has identified a dearth of available resources for academic staff (Berg & Seeber, 2016). However, a recent environmental scan shows a shift where in a review of 29 Canadian post-secondary institutions’ mental health strategies, 18 were student-focused, whereas 11 incorporated whole campus approaches inclusive of students, faculty, and staff (Best Practices in Canadian Higher Education, 2019). The authors speculated that moving forward there will be increased holistic approaches given that fundamental documents, such as the *Okanagan Charter* (International Conference on Health Promoting Universities and Colleges, 2015) and the *National Standard of Canada: Mental Health and Well-Being for Post-Secondary Students* (CSA, 2020), advocate for such an approach to address campus-wide mental health and well-being.

### Mesosystem: Building Collegiality, Mentorship, and Mental Health Literacy

Although participants acknowledged that mental health challenges are embedded in the academic culture, they struggled with how to navigate some of the complexities related to unclear expectations. One participant suggested that it would be “inspiring” to hear successful academics talk openly about how they navigated mental health challenges in academia. Burns et al. (2021) described how vulnerable academic leadership is needed, including the sharing of mental health experiences as a way of confronting stigma and providing relational support (Knight & Saker, 2016). Similarly, Biehle et al. (2021) described the benefits of peer mentoring circles, where group members serve as mentors and mentees providing resources and benefits, foster-

ing a collaborative culture, and supporting the social and emotional needs of faculty members.

In addition to the strengths gained from collegiality and mentorship, participants reported how sharing mental illness experiences facilitated the normalization of mental health challenges, helping mitigate some of the barriers to help-seeking. An investment in mental health literacy (Knaak et al., 2019), including emotional intelligence training, is also being recognized as a powerful component of mentorship and effective leadership in academia (Greenockle, 2010), enhancing social support and emotional well-being (Zeidner & Matthews, 2016).

Although post-secondary institutions are grappling with the fallout of the COVID-19 pandemic and escalating experiences of stress (Leal Filho et al., 2021), positive outcomes are also emerging, including worldwide conversations about mental health. One participant experienced this shift as an increase in informal check-ins by faculty leaders amid COVID-19, which allowed for the asking and offering of support. Perhaps, as we shift back from virtual to in-person classrooms, we can capture and maintain this trend toward collegiality amid COVID-19 and the promotion of supportive environments and community building.

### Microsystem: Mental Health Resources and Effective Self-Care Practices

For some participants, intrapersonal self-awareness became a motivator for help-seeking. One participant who struggled with anxiety described how daily mindfulness practices became an effective coping strategy and a necessary life skill to manage stressors in academia. This finding aligns with Sabo and Vachon’s (2011) and Keng et al.’s (2011) research regarding the benefits of incorporating daily self-awareness practices to support enhanced clarity of self in relation to others with evidence showing theoretical associations with psychological well-being.

### Exosystem: The Interaction of Stigma Across All Levels

For all participants, mental illness stigma was identified as an occurrence across intrapersonal, interpersonal, and structural levels. Bira et al. (2019) suggested that “misunderstanding and judgment not only come from those viewing the individual, but also from the individual experiencing the symptoms themselves, especially in academic populations” (para. 9). Similarly, Chaudoir et al. (2013) explained how the non-obvious nature of mental illness can lead individuals to wrestle with remaining silent to delay being socially discredited.

Stigma experiences of participants in the current study echoed what the literature reports, in that mental illness was difficult to talk about in academia, leaving them with feelings of a decreased sense of self, associated with others’ assumptions that mental illness somehow makes one less of a person. These findings suggest that the reduction of stigma in the post-secondary context can be supported by various types of interventions, including mental health literacy, contact-based education, and general mental health education (Kutcher et al., 2016; MHCC, 2021).

Similarly, Livingston (2020) and Szeto and Lindsay (2021) explained that reducing stigma at post-secondary institutions takes a holistic approach by addressing it at multiple levels. Although the need to address stigma at the individual, interpersonal, and organizational levels is clear, what is less clear are the ways to directly target structural stigma or the culture of academia that often reinforces and perpetuates mental illness stigma. Targeting policies may be one way to address this gap, as *structural stigma* is defined as “rules, policies, and procedures of social institutions that arbitrarily restrict the rights and opportunities of people living with mental health and substance use issues” (Livingston, 2020, p. 4). Szeto and Lindsay (2021) suggested that post-secondary institutions review policies, processes, and procedures through a mental health lens (Olding

& Yip, 2014). Szeto and Lindsay (2021) further suggested that embedding mental health and well-being specifically into curriculum and course design, and generally into pedagogy, may create learning environments that are supportive of mental health and well-being for students and instructors. Burns and Green (2019) prognosticated that if the bar for work-related expectations continues to rise unabated with every subsequent generation of academics, our intuitions of higher learning are in jeopardy of extending the experience of psychological distress from studentship through to professorial ranks. Overall, given the research addressing public, self, and institutional stigma, post-secondary institutions would benefit from a continued systematic focus on stigma reduction and mental health promotion.

### LIMITATIONS

As an exploratory study, the current study has some limitations. This study had a limited sample size, which we believe may have been related to stigma in relation to the vulnerability associated with mental illness disclosure. Due to the exploratory nature of the study, small sample size, and participant self-selection into the study, this study was not representative of all faculty members’ experiences, and as such, cannot be generalizable outside the context of this university. In addition, this study took place prior to and during the COVID-19 pandemic, which resulted in additional work-related stressors that may have impacted how mental illness was experienced.

### CONCLUSION AND FUTURE DIRECTIONS

The current study is timely and well-positioned within a period when existing stress in academia is being exacerbated by the COVID-19 pandemic. With an understanding that mental illness is tied to vulnerability, it was not an easy task to recruit academics who were willing to share their mental health/illness experiences associated with the academic

workplace. This study fills a gap in relation to personal narratives of mental health-related issues in academia (Shaw & Ward, 2014) from an ecological perspective (Bronfenbrenner, 1979), offers a glimpse into how academics are navigating mental health experiences in their workplace, and may serve as a guide and a call to action for further research in this area. Additional research could consider the following: (a) What if post-secondary institutions acknowledged mental health-related concerns as inherent in academia, taking responsibility for supporting mental health?; (b) Further explore the disentanglement of mental health and mental illness constructs in relation to policies and programs that influence mental health; and (c) Explore ways that post-secondary institutions can normalize mental health conversations, support mental health literacy, and provide mental health resources that are timely, appropriate, and relevant in promoting work-life balance and overall well-being among academics.

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## Table A

### Interview Outline

We are exploring the experiences of how you are navigating the lived experience of mental health issues as faculty members at the university.

1. Could you explain your connection to the university? How long have you been here?
2. Could you begin by describing your experiences around having a mental health issue(s) here at the university?
3. Have you ever discussed your mental health related experiences with someone at the university? If so, what was that experience like?
4. What was the nature of the relationship with the person(s) you spoke with?
5. How did it work out speaking with someone about these issues?
  - a. If you did not, could you explain what kept you from talking about your mental health issues? Were there any specific barriers that kept you from discussing it with someone?
6. Did you choose to obtain formal assistance for your mental health issues?
  - a. If yes – can you describe which sources of help you used?
7. Have you used any of the formal supports here at the university?
  - a. If yes – could you talk about why you chose to use those programs and what your experience was like?
  - b. If no – could you explain why you chose not to use those services?
8. Did the university do things or offer supports that assisted you?
  - a. If yes – can you tell me more about that?
9. Looking back on your experiences, was there anything the university might have done to support you that maybe was not done?
10. I wonder if there is anything that you would like to add?