MEDICAL PRACTICE

*Contemporary Themes***Mental illness in school teachers**

H MACANESPIE

British Medical Journal, 1978, **2**, 257-258

At a time when the medical profession is at last taking a serious view of mentally ill doctors, the problem of the mentally ill school teacher should be given more attention than it has received. Some teachers have continued to teach, perhaps for years, while suffering from manifest psychotic or psycho-neurotic illness. Thus pupils may be exposed to the prolonged influence of a teacher with one or more serious psychiatric disturbances, such as thought disorder, paranoia, hallucinations, disorientation, aggressiveness, failure to relate to colleagues, and extreme unreliability; who may be unable to control the class, use vicious physical punishment, talk incessantly and inconsequentially; have poor standards of dress and personal habits, or be frequently late and absent.

As senior school medical officer in a large local authority, for seven years I had to advise the director of education on the mental or physical fitness of teachers to teach whenever this was brought into question—assessing the nature of the problem for the teacher's as well as the pupils' good. Except in one case, I had no difficulty in persuading these teachers to discuss their problems, having explained that interviews and record keeping would be confidential and that the usual doctor-patient relationship would apply (I never approached the general practitioner, for instance, or another medical adviser without the teacher's written consent).

I have not attempted to provide evidence on the prevalence of mental illness in teachers, or to prove that children are suffering by being exposed to these teachers (though this may well sometimes happen). My aim rather in this paper is to show the need for some system for providing both assessment and help in such cases.

Department of Community Medicine, Ruchill Hospital, Glasgow G20 9NB

H MACANESPIE, MB, MFCM, community medicine specialist

Patients

Teachers who were referred to me fell into three broad categories: (a) applicants for a post who gave a history of mental illness at their first interview at the education department or who gave some suspicion of having such an illness; (b) teachers in post who because of abnormal behaviour, absence, or inability to cope were referred for opinion by the director of education; and (c) teachers for whom help was sought by their psychiatrists for reinstatement into teaching posts.

From 1967 to 1973 36 such teachers were referred to me—17 because of relapses of a chronic condition and 19 because they were applicants for a post and either were suspected of suffering from a mental illness (10 cases) or had a history of breakdown (9 cases). I saw some of them regularly and for long periods in an effort to help with rehabilitation or alternative postings, or to assess whether they were fit to be reinstated.

The syndromes found in these 36 teachers were typical of those seen in any psychiatric outpatient department (table); some were chronic illnesses with periodic exacerbations and remissions, and a few were acute conditions of limited duration. Twenty-one of the teachers seemed to have no insight into their condition.

CASE HISTORIES

Case 1—A teacher had been known for several years by local inhabitants and the school staff to be eccentric, deluded, and hallucinated, and she had written schizophrenic letters to a local official. Her head teacher, however, had supported and shielded her, but the true situation was uncovered after his retirement by a new head

Psychiatric conditions found in 36 teachers

	No of cases		No of cases
Schizophrenia	11	Affective disorder	1
Alcoholism and drug addiction	5	Cerebral tumour	1
Personality disorder ..	4	Acute psychosis after encephalitis	1
Anxiety neurosis	4	Manic depression	1
Depression	4	Hypochondriasis	1
Hysteria	2	Sequelae of head injury ..	1

teacher. She refused appointments with her GP and the senior school medical officer, and only when she began to inflict excessive and unusual corporal punishment on her pupils was she suspended and later dismissed.

Case 2—At the age of 57 a woman, an infant teacher all her life, developed a psychiatric illness with delusions and auditory hallucinations. She heard voices telling her which children should pass their examinations and which should not. She had a particular delusion that two teenage children who lived next door were persecuting her—she thought that they were in radio contact with her and heard their voices telling her what to do. She was an extremely gentle woman, who at interview could keep up a semblance of normality for about 30 minutes before beginning to express her delusions; and her letters were coherent and well written. She was eventually persuaded to accept an early retirement and breakdown pension.

Case 3—A teacher was absent without explanation for five weeks, and on his return told his director of education that he had been abroad for treatment of venereal disease. Though on examination he was not found to have venereal disease, he had continued to obtain oral penicillin, which he took daily, saying that this was the only thing that kept him well. He was seen by a consultant physician and the reports confirmed that he was in good health. Numerous interviews showed a paranoid personality, delusions of persecution, and eccentric behaviour. He was suspended from duty and asked to remain on sick leave, which his GP agreed to. He then took to "demonstrations" and "sit-ins" at his school and at the education department, and occasionally paraded with placards bearing derogatory remarks about the medical profession and one of the political parties. He was eventually arrested for demonstrating outside a government office but refused a psychiatric examination and was fined and discharged. He was not allowed back to his teaching post and was later dismissed.

Case 4—An elderly teacher was the subject of a written complaint by her head teacher some months after she took up her appointment. She had not admitted to ill health in her application, but it became abundantly clear that she suffered from florid chronic schizophrenia. She could not control her class, and kept leaving the classroom for no apparent reason. She told everyone, including her pupils, how she had been thrown from the *Lusitania* in a basin, found on the shore, and brought up by a lady, and had been in the press and looked at by royalty. She also had delusions of persecution about her bank, her salary, and her chastity, which she recounted at length: they related to fellow teachers, the police, striking workers in the General Strike, circus lions, German parachutists, and so on. She had lived in the district for only a year, but when eventually the medical records were received by her general practitioner they showed that she had a history of mental illness dating back at least 30 years. She was made to go on sick leave and encouraged to consult her doctor, which she failed to do. Shortly afterwards she resigned her post.

Discussion

Health examinations for entry into the teaching profession are managed quite differently from those for most other salaried professions. They are carried out at teacher training colleges; and no medical examination, apart from a chest x-ray film, is carried out by the employing authority before a teacher takes up his or her post. Yet some teachers who break down give a history of psychiatric episodes during student days. Some teachers, moreover, are basically unsuitable for the job, with possibly inadequate or vulnerable personalities, who have drifted into teaching without proper motivation; and these may also be at risk of breakdown.

A teacher with a chronic disorder applying for a post can negotiate an interview successfully and take up the job before his personal difficulties come to light, and in this way can move round the country from one post to another. This danger could be obviated if the interviews were more searching, if references were always asked for and taken up, or if each authority provided screening medical examinations or an advisory service. A surprising amount of disruption may occur in a school before action is taken over a mentally ill teacher. Even though the timetable is upset or the pupils' work suffers, or the teacher is clearly isolated from the rest of the staff, the head teacher may be reluctant to do anything—perhaps because he is short of

staff and hopes for improvement or else out of mistaken sense of loyalty to a colleague.

Unlike the GP or psychiatrist, the medical officer has to consider not only the patient but also the pupils and the other members of staff. It is essential for him to make contact with the patient's GP and (if he has one) psychiatrist at the earliest stage; in particular, he should enlist the co-operation of the GP, if the teacher is off work, not to sign him off before he is demonstrably fit to return to *teaching*. This point should be emphasised on his record card as some patients try to get signing-off certificates from a different partner in the practice. The medical officer should also discuss this problem with the psychiatrist. The patient may appear relaxed and stable in the outpatient department; but the medical officer may be more aware of the circumstances of his job—which may be stressful and exposed. A premature return to an occupation such as teaching may all too easily precipitate an exacerbation or relapse.

Early retirement with a "breakdown pension" is often the best course for a teacher who is nearing 60; but this may well be unacceptable to one who is much younger and does not want to give up his career or has no insight into his illness. Some cope much better as peripatetic teachers serving several schools as this can lessen strain and minimise involvement with pupils and staff—an advantage for those who have difficulty with relationships. Sometimes, however, a teacher should be encouraged to find a job outside teaching, even if this means retraining; but teachers who do not wish to leave the profession can now be protected by the Employment Protection Act 1975, whether they are in permanent or temporary posts.

From my experience working in one education authority I believe that some formal scheme of ascertainment, assessment, rehabilitation, and possibly retraining is needed for staff suffering from these distressing breakdowns—possibly some form of occupational health service for teachers. Senior child health medical officers in some ways are well qualified for such work, knowing the nature of the teaching duties intimately—though some would not agree.¹ On the other hand, they are primarily occupied with children's health and may not be able to provide more than a medical referee service for teachers. These breakdowns can be tragedies for the teachers concerned and create difficult problems for others in the school, and above all they call for time, patience, and sympathetic handling.

Reference

- ¹ Subcommittee of the Consultative Committee of Medical Officers of Health, *Reorganisation and the School Health Service*. Edinburgh, Scottish Home and Health Department, 1974.

(Accepted 17 May 1978)

WORDS CLINIC has undergone a reversal of meaning. In its modern sense it denotes an outpatients' department, a place in or attached to a hospital where a doctor sees patients who are not resident at the hospital and who are definitely not in bed. But *G klinē* is a bed, a place where one re-clines. "Clinic" was first used in relation to a sick-bed in the seventeenth century. A clinical lecture (1720) was one given at the bedside. In the nineteenth century a clinic was a private hospital. Then in 1892 the term was first used to describe an institution attached to a hospital at which free treatment was given, whence the present-day meaning was derived. Etymologically it would be more appropriate if the word clinic were applied to the ward round, because there one will find the patient (with any luck) in bed.

"Clinical" has been adopted by the laity to describe an unemotional, scientific, technically efficient approach to a task—one uncontaminated by consideration for the feelings of those concerned. This use is probably of journalistic provenance. For an entertaining and witty account of the variations on this theme one cannot do better than read the Personal View by Professor D H Smyth (*BMJ*, 25 January 1975, p 203).