Exploring my identity as a 'Mad', BIPOC, Early Childhood Educator & Advocate

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Ironically, it wasn't until I began to pursue my diploma in Early Childhood at George Brown College that I really began to understand my past, especially my early years. It is a known phenomenon that the ages between 0-6 leave an impressionable impact on a child's life. When I analyzed and explored my own early childhood, I was introduced to the concept of 'ACEs' or *Adverse Childhood Experiences.* I was surprised to see how ACEs had the ability to influence me negatively and contribute to the manifestation of the symptoms of my disorder and eventual diagnosis. Possible ACEs that could have played an integral role in my ability to deal with toxic stress include the fact that one of my caregivers dealt with mental health issues. When my parents divorced when I was five years old, it was also a defining moment for me as a child, as I had to move to a boarding school. In the first boarding school at the age of five, I was a victim of neglect and physical violence in school inflicted by our teachers, and often, parents would bribe the hostel wardens to show extra affection to a select few children.

"An overarching message from an ACEs study is that it is the number of adverse life events one is exposed to that carries the greatest burden on development rather than any specific type of adversity." (Nelson, 2017).

In my early teens, I was diagnosed with a mental health diagnosis. I was an attendee of a simulation United Nations Conference in Banff, Alberta; however, on my return I did not receive stable sleep for a period of 2 weeks. At first, my parents suspected a possible exposure to drugs, however, when the doctors conducted blood tests it was confirmed that there was another factor contributing to my symptoms.

One of the biggest obstacles I faced was the real-life application of s*elf-regulation* when I was thrown constantly from one environment to another all my life. In the early years, I changed four schools over two continents and lived my previous married life in Eastern Germany. Relocating from an isolated hill station such as Dalhousie, situated in North India, to a metropolitan and fast-paced city such as Toronto continues to present me with new challenges daily. It helps me to grow as a person and achieve my actual potential.

Over the years, the sheer stigma, bias and discrimination that I have had to endure both in my professional and personal relationships prompted me to seek to break down the barriers that I had placed between myself and my surroundings due to s*elf-stigma.* I wanted to live by my values and beliefs by overcoming the fear of a label and not solely identifying myself by it. I knew this was only possible if I identified myself as a mental health advocate. My journey in advocacy took form while I was a diploma student. I engaged in student activities organized by the 'GBC Early Childhood Advocates,' then led by Professor Lisa Johnston. As students, we interact with the AECEO in 'meet and greet' events and participate in conversations with other pre-service educators and advocates.

In my career as an educator and my role as a dance teacher at Dalhousie Public School, I realized that my passion for children was immense. Not only did the children play an integral part in my healing process, but they nudged me slightly into diving deep into my curiosity and exploring my own 'inner child.' The idea that children are 'capable, competent, and curious,' the backbone of our early childhood Ontario curriculum, speaks to me in more ways than one. I often wonder, if, as children, if we are not forced into expressing ourselves in adult ways in our formative years, what impact would that have on our future generations and developmental trajectories?

I am extremely inspired by the research of Dr. Adam W.J Davies (2022, 2023) on the exploration and analysis of how pre-service early childhood educators deal with mental health challenges daily. I have lived experiences as an educator who identifies as '*mad*' and can advocate from a place of 'knowing.'

"Mad activists seek acceptance within society of who they are, rather than being seen as a problem to be fixed or seeking inclusion within a broken system." (Archibald, 2021)

'*Mental Health Advocacy*' can be applied within the early childhood sector to support educators and families with mental health challenges, improving educators' working conditions and relationships between children and their caregivers/educators. Finally, advocacy to me means forming thoughts and ideas about a specific topic that ignites or excites me and propels me into action in community settings.

Canada has the Personal Health Information Protection Act (PHIPA) 2004 to protect patients' rights. I want to share the importance of this Act and its relevance to me as a BIPOC woman who also identifies as '*mad*': It is the right of any patient, and as in my case, any person with a mental health diagnosis, to reserve the right of whether or not to disclose it to any employer or educational institute. If it is indeed shared with a doctor or an employer, they are bound by law not to share the information with anyone. This Act provides patients self-respect, care,

and agency concerning their condition. A patient must be respected, but it is even more critical that they not be disrespected, mistreated or taken advantage of due to their diagnosis. (Government of Ontario, 2018).

I began to appreciate the concept of agency and individual rights when I started working at an early childhood centre in Mumbai when my stepmother pointed out, without my father's presence or consultation, that it was my responsibility to disclose to any employer that I had bipolar disorder; or else I would be committing '*fraud*,' she said. My younger sister replied, "Yes, if you have committed a crime, for example, it is important to disclose this to the universities when applying." At her tender age, she probably did not realize the implications of her words on me. Comparing a criminal offence to a mental health diagnosis was not only discriminating but uncalled for. This affected me a lot, and finally, I quit the job. I do not blame her since she did not have enough information about mental health advocacy, much like most people in India. In the West, I used to believe that it was different until the recent addition to the questionnaire required by the College of Early Childhood Educators for educators who face mental or physical disabilities brings up plenty of questions that I would like to explore and critically analyze, not only as an early childhood educator but also one who has a mental health diagnosis and aims to be a mental health advocate. Unfortunately, the individuals (including families) who are diagnosed are almost forced to feel guilty for their diagnosis and often bear that burden so heavily that they unknowingly admit or reveal information that need not be disclosed.

The Accessible Learning and Counseling Services of my College had an extremely positive impact on my growth as an educator. They helped me overcome barriers I continued to face in times of adversity. As a pre-service educator who often faces mental health barriers to education, I highly encourage students to access these services, contrary to the notion that one should not discuss their mental health diagnosis in professional settings.

The following is a monologue where I pretended to share with my Counselor at the college where I studied ECE:

'There are times when I question my upbringing. I think I do this because I tried to be an early childhood educator. After all, whenever most people learn anything, they connect it to their lived experiences for which the main foundation is laid in our early childhood years between ages 0-6; and I think the best way to learn about ECE (early childhood education) was indeed to use myself as a subject in my inquiries. How was I as an infant, a toddler and a school-goer?'

Respect for ECEs with Mental Health Challenges: Empathy vs. Sympathy

The College of ECE's (CECE) question #6 places educators in an uncomfortable position to reveal their mental or physical disabilities or diagnoses. Quoting a statement co-authored by Brooke Richardson, Adam Davies, and Michelle Jones, and supported by the Association of Early Childhood Educators Ontario (AECEO): "… 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, they stigmatize physical and mental health and harm ECEs while doing little to minimize safety issues in the field." (Richardson et al., 2022, p.1). In addition to this, there is a significant concern for the impact that mental barriers have on low-income women of colour and the negative repercussions it has on the "… stigmatization of mental health conditions has on the highly gendered and racialized workforce of ECEC in Ontario." (Richardson et al., 2022, p.2). This quote resonates with me as I identify myself as an educator who is '*Mad*' and a BIPOC woman who has faced several instances where not only do I feel isolated in the workspace but have also witnessed some newcomers and racialized educators who are denied the opportunity to address parents directly or take an active part in curriculum planning.

"Sanism, or the systemic discrimination and othering of individuals who either have mental health diagnoses or are thought to be 'mentally ill,' is embedded within normative images of ECEs propagated throughout the field (Davies et al., 2022)… ECEs are expected to regulate their feelings, responses, and behaviours during their work while simultaneously being on the receiving end of mental health surveillance from governing bodies." (Davies, 2023, p. 16).

There are hints of '*Sanism*' evident in the infamous question #6 that is required to be filled out by educators to be registered with the College of Early Childhood Educators (CECE), which pressurizes educators with mental or physical disabilities to reveal their diagnosis with a hidden implication of having repercussions if not done. To this effect, the AECEO Board of Directors and staff have supported a statement prepared by Brooke Richardson, Adam Davies, and Michelle Jones to outline the urgency of the issues of ethics, safety, mental health, and well-being. The concept of 'agency' and 'privacy' related to the Ontario human rights code is also openly ignored. Due to the systemic and systematic issues such as stigma that are deeply rooted within the minds of pre-service educators, both to others and themselves (self-stigma), the struggle that educators are forced to face is profound. The services offered to pre-service educators are *"…often entrenched in medical model approaches and risk labelling*

the help-seeker as incompetent, thus impacting future career prospects." (Davies, 2023, p.15). Davies further argues that "*there is also evidence that similar processes in higher education institutions push out disabled and mad students," as cited by Shanouda, 2019.* (Davies, 2023, p.15).

Often, educators who cope with mental health challenges experience the universe in a different way, which gives them high emotional intelligence and engagement with creative expression, such as creative writing, art, dance, and musical therapies. It is also important to note that by supporting educators who cope with mental health issues, we can drastically improve the quality of life in the EC workplaces, which can foster healthy bonds between educators and their colleagues, children, families, and the systems within which they interact. This positive impact can then be felt not only in professional workspaces but may also be translated into home environments as well. After all, the lived experiences of both educators and children in early childhood settings can positively or negatively impact their daily lives, including their physical and mental health and well-being.

For all educators who are coping with mental health barriers (including myself), it is essential to remind ourselves that it is the work that we do in the sector that defines us and not our 'diagnosis,' if any. If my doctor feels that I am stable and fit to work, then by no means do I require 'supervision' at work. This not only exposes educators who may not feel comfortable being forced into revealing their diagnosis but adds to the stigma associated with mental health and well-being, which educators face outside the sector as well. It is, therefore, a collective responsibility to care for the sector regardless of whether they cope with challenges. Prevention is always more than a 'cure,' and for more chronic conditions, relying on preventing serious episodes is the only hope. Also, it is not merely digesting medicines that aid patients but also the positive human connections we rely on for survival. What would then a workplace look like where the stress, exhaustion, and mental strain are not only reduced but tended to by the very system that controls its inner frameworks? How can educators and policymakers who directly impact the mental health of educators (especially in their work environments) be a catalyst for providing ECEs with a safe space to express themselves without the fear of being rejected by society?

The Value and Treatment of ECEs by Society

The lens through which we perceive ourselves as educators is highly impacted by how our society treats us; one of the obvious ways of measuring this would be our hourly salary. However, I have experienced a disregard for the worth of an educator, where it is often only the roles of educators in leadership positions that are given importance. At the same time, the frontline workers are not included in decision-making processes. They are not provided with sufficient support through employment and access to community organizations to support their physical wellness, mental health and well-being. It, therefore, comes as no surprise that so many educators, including myself, have considered exiting the early childhood sector due to poor pay, which can further contribute to mental health issues such as stress, anxiety, depression, ADHD, etc. Sadly, due to the systemic stigma that is so heavily ingrained in our society, most educators mask their struggles due to the fear of being rejected or judged by their peers. As social beings, we thrive on human connections, and the feelings of not being included and rejected by our community can instill social anxiety and further erode self-esteem.

For educators to be respected in society for their work and be treated as professionals is essential. The crux of the phrase '*ECEs are worth more*' advocated by the AECEO is not merely a cry or complaint educators have of the current political climate regarding policies. It includes frontline workers' voices being heard and incorporated in collectively arriving at solutions for the EC sector. When we consider the mental health and well-being of ECEs, it is not only avoided but seldom discussed in the literature, with a focus primarily on children and families. *How Does Learning Happen?* (2014), Ontario's Pedagogy for the early years, clearly states that it is the interaction of all three entities within the various systems of early childhood: Children, Families and Educators, along with their environments and how they finally interact with each other; but more importantly, that they play an equally significant role in the workings of the inner frameworks in early childhood. Extrapolating from my personal experiences, how would educators interact with their colleagues and the children at childcare centres when they are emotionally drained and exhausted and cannot share about the job's adverse effects on them out of fear of being judged or fired? I can speak to these feelings as an educator, and hence, know that I am probably not the only one experiencing these emotions; a safe space for educators where they can discuss their issues should be a top priority in the sector, and of course, finding solutions collectively that speak to the pressing issues faced daily by educators.

I am not aware of the health legislation of my birth country of India, but I can say this much: It is always a good idea to research the law of the land, depending on where you reside. Always remaining one step ahead- and knowing all the laws concerning health and mental health, especially if you are a patient or a loved one of a patient, will always work in your favour. It is not only empowering but provides one with agency in their mental well-being, which is, according to my lived experiences, one of the fundamental coping mechanisms for mental health.

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