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The evolving role of educators in university: navigating workloads and student mental health challenges

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Abstract

Purpose: This study examined the mental health and well-being of university teaching staff at a large Canadian university and how they are impacted by increasing student mental health (SMH) challenges.
Design: Using mixed methods, we collected data from 48 university teaching staff of all ranks and across all disciplines. Quantitative scales evaluated teaching staffs' mental health, well-being, stress, and their perceptions and experiences about SMH. Qualitative data captured additional perceptions and the personal impacts of SMH challenges.
Findings: Results revealed elevated stress and high psychological distress among the university teaching staff who participated in the study. Levels were well above the recommended levels for positive well-being. Thematic analysis highlighted student factors, personal factors, academic responsibilities, administrative systems, and institutional resources as key challenges.
Originality: The findings of this novel study point to the importance of resources and the need for systemic institutional supports for teaching staff who encounter SMH challenges and experience work-life challenges.

Introduction

Research focusing on Canadian university students continues to reveal increasing challenges with mental health and well-being, especially in the years following the pandemic of 2020 (Moghimi et al., 2023). For example, data from the most recent Canadian reference group of the American College Health Association's (2022) National College Health Assessment indicated that 43.3% and 30.4% of surveyed students reported that their academic performance was impacted by anxiety and depression respectively. At the same time, the demand for campus support services – such as counselling – has increased substantially, with many service providers indicating difficulties keeping up with requests (Chatoor et al., 2023). The inadequacies of the current support model have resulted in many students turning to their professors and instructors for support (Parizeau, 2022).

While there is recognition that students' mental health (SMH) plays an important role in the ability to maintain health and achieve academic success (Constantinou et al., 2022), the role that university teaching staff should have in addressing SMH is debated. Some argue that university teaching staff should be positioned as first-line mental health responders and be responsible for supporting students' well-being through their pedagogy (DiPlacito-DeRango, 2018; Guzzardo et al., 2020). However, in Parizeau's (2022) study, many university teachers perceived student mental health challenges negatively. Several rejected any responsibility for SMH, referencing a lack of training, concerns about the legitimacy of students' challenges, and impacts to their own mental health (Parizeau, 2022).

The current mental health of university teaching staff

Although university jobs often offer flexibility, the teaching staff (which includes professors at all ranks, instructors, and lecturers) still experience conflict and stress, especially if they perceive low social support and precarious employment (Loveday, 2018). There is pressure for the teaching staff in Canadian universities to continuously produce work that can be measured through performance metric systems, otherwise their status or future employment may be jeopardized, especially for those who do not have tenure (Tülübaş & Göktürk, 2023). This contributes to continuous stress and anxiety.

Furthermore, teaching staff often experience multiple competing demands such as student mentorship and supervision, teaching, research, grant writing, and service engagement (McGinn, 2012). When combined with the massification of undergraduate education, which treats students as customers who pay for services and credentials, burnout becomes more likely (Hammoudi Halat et al., 2023; McGinn, 2012).

Burnout is conceptualized as involving the simultaneous experience of three psychological phenomena within the context of work: emotional exhaustion, dissatisfaction of personal work accomplishment, and depersonalization (Maslach & Jackson 1981, 1993). Watts and Robertson (2011) in their literature review, reported that university teaching staff experience burnout to a similar degree as medical professionals. More recently, Edgerton and colleagues' (2024) found that, on average, university teaching staff at a Canadian university rated their disengagement and exhaustion as approaching moderate levels of burnout. Experiencing burnout can severely impact a person's cognitive functioning, such as decreased memory, executive functioning, and attention, which are needed to meet the demands of being an academic (Correia & Navarrete, 2017; Gavelin et al., 2021).

Job demands-resources model

According to the Job Demands-Resources (JD-R) model, burnout, poor mental health, and poor well-being occurs when employees experience an imbalance between the demands of their jobs and the resources available to handle these demands (Demerouti et al., 2001). When the job demands exceed what resources the employee has, burnout and poor mental health become likely (Bakker & Demerouti, 2007).

To reduce burnout and poor mental health for university teaching staff, research supports providing increased social support, opportunities to balance work-life commitments, and organizational resources to permit increased self-direction and autonomy (Cao et al., 2025; Edgerton et al., 2024). Unfortunately, there has been minimal research regarding the mental health of university teaching staff in contrast to the amount of research published on SMH (Smith et al., 2022). Importantly, the mental health of university teaching staff is associated to that of their students (Kiltz et al., 2020), so the more knowledge that is available about the mental health and well-being of the teaching staff, the more it can be used to improve circumstances for both the staff and students alike.

The present study explored the perceptions that university teaching staff have about their own mental health and well-being, their workloads, and the mental health of their students. This is an important topic, given the rise in mental health challenges on university campuses around the world since the onset of the pandemic in 2020 (Moghimi et al., 2023; Wood et al., 2024; Worsley et al., 2025). As mentioned previously, the vast number of studies focus on SMH and not on the mental health of teaching staff and more specifically, how SMH impacts the well-being of teaching staff. Therefore, more research on the mental health and well-being of teaching staff, such as this study, is warranted given the impact it can potentially have on the academy.

Research questions

Using a mixed-methods design, the following research questions were addressed:

1. What perceptions do university teaching staff have about their own mental health and well-being?
2. What perceptions do university teaching staff have about their workload?
3. What perceptions do university teaching staff have about SMH and learning challenges?
4. How do university teaching staff perceive the relationship between their own workload and well-being and SMH challenges?
5. What resources would help university teaching staff's mental health and well-being?

Methods

Participants

A total of 48 university teaching staff were recruited from all faculties at a large university in Canada. No exclusion criteria were used. The participants ranged from 28 to 66 years old (mean = 46.31) and represented instructors, contract lecturers, and all professorial ranks. Demographic information is presented in Table 1. Other demographic data such as the number of years spent teaching university, number of courses taught, and courses taught per term are reported in Table 3 in the results.

Table 1 Categorical demographics of participants

Demographics	n	%
Gender		
Man	23	47.92
Woman	25	52.08
Dependents		
Yes	25	52.08
No	23	47.92
Relationship status		
Single or divorced	12	25.00
Married or living common law	33	68.75
No answer	3	6.25

Source: Authors' work

Instruments

In addition to collecting information on demographics, the online survey included quantitative and qualitative components. Measures included:

A. Positive Mental Health Scale (PMH-9: Lukat et al., 2016, 9 items), is scored using a 5-point Likert (1 = strongly disagree; 5 = strongly agree). The individual item scores are summed together, with higher scores indicating better positive mental health. The PMH-9 has high internal consistency values (α = .84 to .93) and retest-reliability values (α = .82 to .91).
B. Perceived Stress Scale (PSS-10: Cohen & Williamson, 1988; 10 items), measures the degree to which situations in one's life are stressful. Participants rate their perception of stress by answering questions related to their feelings and thoughts within the last month. Items are rated on a 5-point Likert scale (0 = never; 4 = very often). Scores are obtained by reversing responses to the four positively stated items (items 4, 5, 7, and 8) and then summing across all items. Higher summed scores correspond to higher levels of stress. The PSS-10 has high internal consistency (α = .89) and good convergent and discriminant validity (Roberti et al., 2006). While no cut-off scores are available for the PSS-10, normative data of individuals employed full-time showed a mean of 14.65 (Cohen & Janicki-Deverts, 2012).
C. General Health Questionnaire (GHQ-12; Goldberg, 1992, 12 items), assesses psychological distress. Items are scored using a 4-point Likert scale (0 = less than usual; 3 = much more than usual). Higher summed scores indicate higher levels of psychological distress, and thus a lower level of mental health functioning. Lundin and colleagues (2016), reported a cut-off score of

12 to distinguish between individuals with and without depressive disorder. The GHQ-12 has high internal consistency (α = .86; Durand-Bush et al., 2015).

Since there were no validated instruments available to quantify participants' perceptions about student mental health (PSMH) and the perceptions about the impacts of student mental health challenges (PISMHC) at a university level at the time of this study, the research team reviewed the available literature and developed a set of 17 items (Table 2) measured using a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree), with three items reverse-coded. These items were piloted in this study.

Lastly, open-ended qualitative questions were included that asked participants to comment on what aspects of SMH they found most challenging as well as how it impacted their workload. Participants were also invited to share what resources would help them manage SMH challenges and their workload.

Procedure

Recruiting was completed using purposive sampling. After obtaining ethical clearance (REB #44211), an email outlining the study was sent to a total of 31 department chairs and program directors requesting they distribute an information letter about the study to all the teaching staff in their unit. If all department chairs had sent out the email to all teaching staff, it would have reached approximately 1400 teaching staff members; however, only six of 31 confirmed their distribution of the recruitment email. Based on their departmental and program affiliations, the emails would have been sent to approximately 255 teaching staff. This represents a response rate of 18.82%. The information letter contained a link to the online survey. Upon completion, participants could enter a draw for one of two $250.00 gift cards.

Data analysis

To evaluate the 17 items developed to measure participants' perceptions about student mental health (PSMH) and the perceptions about the impacts of student mental health challenges (PISMHC), descriptive statistics were run, followed by initial principal axis factoring with an oblique rotation (direct oblimin). Cronbach's alphas were also run to examine the reliability of the factors and determine which items should be removed to maximize reliability.

Descriptive statistics from the PMH-9, PSS-10, and GHQ-12 were used to summarize the mental health and well-being of the university teaching staff. To detect differences in the variables of interest as a function of demographics, independent t-tests were performed. The relationships between all continuous variables were examined with Pearson correlations.

To ensure inter-rater reliability, the qualitative responses were independently analysed by three coders using thematic analysis with emergent coding (Braun & Clarke, 2006; Glaser & Strauss, 1967). All coders received the same training in conducting thematic analysis, including reading the data to develop familiarity, creating initial codes to capture content, and generating themes and categories to represent connections between codes. All coders then met to discuss their findings, agree upon a final coding framework, and define all themes and categories used in the final framework.

Results

Analysing frequencies and factorability

The Kaiser–Meyer–Olkin (KMO) test of sampling adequacy was 0.79 and Bartlett's test of sphericity was significant, $\chi^2(136) = 469.38$; $p < .001$, indicating that the data were suitable for factor analysis. Parallel analysis of the PSMH and PISMHC items initially suggested four factors; however, examining the scree plot and factors that explained 10% or more of the variance suggested a model with two factors (Hatcher, 1994). After analysing solutions with extractions of four and two factors, communalities were similar, though the mean factor loadings for the two-factor solution contained a stronger loading (0.63, 0.30) than the four-factor solution (0.47, 0.38, -0.05, 0.32). Based on this, the two-factor solution was determined as being most appropriate and meaningful, given the development of the items based on two different kinds of perceptions (Table 2).

Table 2 Factor loadings of the pattern matrix

Item	Mean (SD)	Min, Max (Skewness)	Factor 1 (PISMHC)	Factor 2 (PSMH)
1. Requests for extensions and accommodations have been stressful for me.	3.47 (1.44)	1, 5 (-.52)	0.826	
2. Requests for extensions and accommodations have impacted my ability to grade objectively.	2.87 (1.38)	1, 5 (.19)	0.821	-0.134
3. I find it difficult to balance empathy while dealing with student requests for extensions and accommodations	3.13 (1.38)	1, 5 (-.35)	0.800	
4. Requests for extensions and accommodations have had a negative impact on my ability to teach my classes effectively.	3.32 (1.32)	1, 5 (-.33)	0.783	0.110
5. Student mental health challenges impact my mental health.	3.45 (1.23)	1, 5 (-.57)	0.773	0.182
6. Student mental health challenges stress me out.	3.55 (1.30)	1, 5 (-.71)	0.770	0.218
7. I know what to do when students share their mental health problems with me. (Reverse-coded)	2.53 (1.06)	1, 5 (1.17)	0.766	-0.199
8. I am comfortable when students share their mental health problems with me. (Reverse-coded)	2.47 (1.16)	1, 5 (.65)	0.706	
9. Requests for extensions and accommodations have impacted my ability to submit grades on time.	2.81 (1.28)	1, 5 (.11)	0.661	
10. I am confident that [name of student service] is well equipped to handle student mental health problems. (Reverse-coded)	3.47 (1.08)	1, 5 (-.08)	0.629	
11. Students appear to be using mental health challenges to get extensions and other accommodations.	3.41 (1.09)	1, 5 (-.58)	0.539	
12. I feel that I must accommodate all requests for extensions.	3.57 (1.20)	1, 5 (-.46)	0.468	-0.125

13. Students are experiencing more mental health problems since the pandemic began.	4.30 (.92)	1, 5 (-1.75)		0.843
14. Students are more anxious since the pandemic began.	4.33 (.79)	2, 5 (-1.23)	0.101	0.833
15. Students need more guidance since the pandemic began.	4.22 (.87)	1, 5 (-1.52)	0.330	0.727
16. Students need more 'hand holding' since the pandemic began.	4.11 (1.06)	1, 5 (-1.40)	0.473	0.524
17. Student mental health challenges are legitimate obstacles to coursework deadlines.	4.40 (.61)	3, 5 (-.50)		0.319

Source: Authors' work

Cronbach's alpha of the 12 items loading on factor 1 was .907, with the deletion of two items (11 and 12) resulting in slightly improved reliability scores (.909 and .912 respectively). For the five items in factor 2, Cronbach's alpha was .777, with the deletion of item 17 increasing Cronbach's alpha to .833. The three items that limited the reliability of the two factors were removed to simplify the measure and maximize parsimony, resulting in a total of 14 items being retained, with 10 items for factor 1 (PISMHC) and 4 items for factor 2 (PSMH).

Analysis of confounders: gender, dependents, and marital status

Descriptive analyses for all measures were run (Table 3). Independent t-tests revealed that men (M = 27.61, SD = 9.33) had significantly lower scores in PISMHC than women (M = 32.37, SD = 8.68); t(45) = -2.572, p = 0.007. Additionally, Cohen's d was calculated at -0.752, 95% CI [-1.340 -.155], indicating a moderate effect size for PISMHC skewing negatively. No other significant differences were found.

Analysis of intercorrelations

Pearson correlational analyses revealed multiple significant relationships between the variables (Table 3).

Table 3 Descriptive statistics and intercorrelations

	M (SD)	1	2	3	4	5	6	7	8
1. Years teaching	14.92 (9.84)	-							
2. Courses in pandemic	7.81 (5.01)	.174	-						
3. Courses per term	2.19 (.98)	.151	.599**	-					
4. PMH-9	25.46 (4.24)	.074	-.007	.020	(.848)				
5. PSS-10	31.53 (5.63)	-.354*	-.073	.067	-.608**	(.853)			
6. GHQ-12	29.62 (5.58)	-.145	.009	.112	-.730**	.757**	(.867)		
7. PSMH	16.59 (3.32)	-.001	.384**	.295*	-.156	.295**	.363*	(.833)	
8. PISMHC	31.06 (9.54)	-.124	.115	.208	-.270	.448*	.476**	.513**	(.915)

Source: Authors' work

Note: Diagonals indicated Cronbach's Alpha for each measure, where available.
* p ≤ 0.05, ** p ≤ 0.01

Thematic analysis of qualitative data

Thematic analysis of participants' comments revealed five themes that captured different contexts within the University as well as the personal factors of the academic teaching staff that impact their

mental health, well-being, and workload. As depicted in Figure 1, each theme presented closer to the bottom of the pyramid impacted the themes higher up. The exception to this was the theme Personal Factors, which exclusively impacted University Teaching Staff Roles. All themes and categories are described in Table 4.

Figure 1 Themes from the thematic analysis

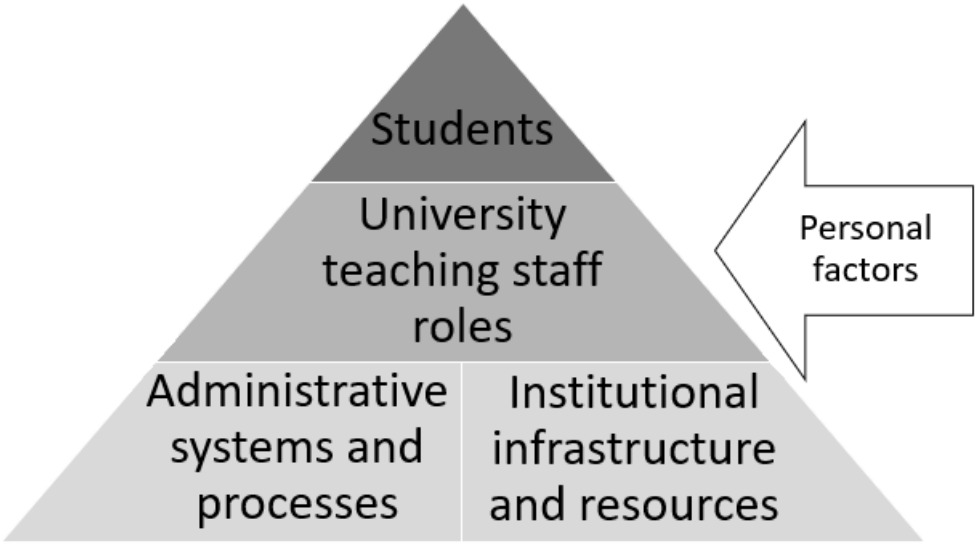


Table 4 Participant quotes representing the themes and categories

Theme	Category	Example Quotes
Administrative systems and processes • Refers to the organizational structures, policies, and procedures that govern academic operations.	Lack of communication and guidance • Participants expressed frustration about the lack of consistent communication from the administration.	"A lack of clear guidance… [a] lack of decision-making... different messages to students and to faculty, creating a situation where students were unaware of policies and expectations."
	Lack of standards • Some participants expressed a need for the administration to establish clear expectations for student behaviour and to enforce higher academic standards.	"Clarity and management directives to students about acceptable and unacceptable behaviour and expectations of faculty." "I think having a standard of expectations is important, we are not doing students any favours by giving them degrees that lack expectations or quality standards."
	Student insurance coverage • Participants shared the belief that students' insurance did not provide enough coverage for them to	"The current level of financial benefits available to… students only cover a few sessions with a psychiatrist/psychologist/councillor [sic]. This is insufficient. I do not know what I am supposed to tell students when they tell me they have maxed

	access mental health care.	out their benefits and can't afford to access additional mental health care support."
Institutional infrastructure and resources • Refers to the systems, services, and resources needed to support teaching and learning activities.	Overwhelm of student services • Multiple participants noted that student services were overwhelmed with the increased volume of students requiring support. • Some participants believed that student services were approving accommodations that were difficult to implement. • Participants expressed a desire for the university to provide additional resources for academic teaching staff to assist with the implementation and management of providing student accommodations	"[Student services] are also great, but have insufficient resources to meet the demands of students." "I feel that students' requests for accommodations at least doubled. It is particularly stressful to find solutions at the end of the term. I have students asking for retroactive accommodations, sometimes after the course is finished. …I wish someone would be there to help us to deal with this…." "[Services have] seemingly lowered their standard for accommodations and ask for accommodations that I believe give some students a completely unfair advantage in my courses - it goes beyond being equitable as I run my courses with universal design built in."
	Insufficient mental health services • Participants stated that the lack of student mental health services on- and off-campus left students with nowhere to get immediate support.	"... abysmal counselling options for students, forcing them to reach out to faculty (who are not prepared) or not at all (worse). I've heard students mention MONTHS long wait to even see a councillor [sic] for the first time. They need help NOW, not next year. This is ridiculous and embarrassing."
	Lack of training for university teaching staff • Many participants reported that there was a lack of mental health training provided by the university.	"Not being adequately trained to respond appropriately (to sometimes very serious issues, like suicidal ideation)...." "...workshops related to making use of online materials to complement in-person courses, training in trauma-informed teaching."

	• Participants also discussed concerns about a lack of training about how to teach online.	
University teaching staff roles • Represents the challenges and needs related to the roles and professional responsibilities of university teaching staff.	Research • Some participants expressed challenges with time management as the increased demands of course facilitation derailed research efforts.	"Any faculty members who started… during the [COVID-19] pandemic were simply expected to do their first ever teaching in a chaotic, ever-changing learning environment, with little/no recognition of how stressful this was by university administration. …the research trajectories of this generation of new assistant professors is [sic] going to suffer in the long term as a result." "…basically ignored my own research for close to 2 years…."
	Teaching and course development • Participants reported frustration with trying to teach students who did not want to engage in the required course materials. • Participants shared stress and dissatisfaction about developing and facilitating online courses.	"Finding ways to promote students to use the many resources provided to to [sic] help them in the learning process. Students do not want to read!!!!" "Enormous time demands in developing online courses and then less satisfaction in teaching them..." "The change in teaching mode and delivery method means a lot of work and learning to be done in a short time. ...It also forced instructors like myself to learn recording entertaining videos, edit videos, audio, lighting needed…. Once it got started, it was a constant 'meat-grinder' to produce high quality videos."
	Managing teaching assistants (TAs) • Participants noted how the escalation of student demands impacted the TAs' mental health and well-being. • Participants expressed the desire for additional TA support.	"There's a tendency for the student to ask for hand holding to a point where it begun [sic] to impact the TA's mental health (as the student would expect the TAs [sic] response nearly 24/7 and these questions are frequent)… it impacted everyone's mental health but it felt like the onus is on me, as an instructor, to fix these issues."

		"More TA support to have capacity to better manage student challenges."
	Job status and recognition • Participants expressed the desire for recognition regarding their increasing workload. • Some participants noted that their job status (e.g., tenure) protected them from experiencing high stress.	"Just the amount of time needed to dedicate to teaching (it's overwhelming). It would be nice if there was some acknowledgement of this burden, perhaps in the form of help/relief for all instructors." "... [the lack of] confirmation from the admin that our mental health and well-being matter as much as the well-being and mental health of students. The mentality …is unfair." "I was lucky. Reduced teaching load because of admin position, then sabbatical, also taught mostly grad courses which are far easier (for me) to switch to [teaching] online."
	Communicating with students • Participants felt that communicating with students in a timely and meaningful manner had become more difficult, especially if they were required to teach online.	"I also found it difficult to connect with students when they're learning remotely, which negatively impacted both the enjoyment I got out of teaching online and the impact I had on the students." "Teaching large classes, it would take me at least two hours a day to just answer students' emails."
Personal factors • Refers to individual differences that impacted participants' professional duties and their mental health and well-being.	Personal obligations • Participants noted that changes to their personal obligations exacerbated their work-related stress.	"... I felt very exhausted dealing with my professional role, family obligations, and care for myself. Trying to support struggling students felt almost impossible at some points, and as an instructor that made me feel very inadequate. Some days, even 'my best' was not enough…."
	Prior skills/knowledge • Participants expressed varying comfort about providing mental health support to students due to their knowledge and expertise.	"I am not equipped mentally or professionally to be exposed to the intimate challenges of students and to deal with their MH concerns (which I am sure are valid, but beyond my level of expertise)." "I have dealt with student mental health challenges a lot over the years,

		and I've got a pretty good handle on what to do…."
	Resources • Participants discussed having different levels of knowledge about resources on- and off-campus.	"Overall I think a lot of resources are already available, it is just a matter of finding them." "I don't feel I need additional resources. Sometimes I feel overwhelmed with resources..."
	Mental health and well-being • Participants with lived experiences of mental health problems reported feeling pressure to support students. • Participants expressed exhaustion due to hearing students' stories and balancing empathy with their need to fairly evaluate student performance.	"I have lived experiences of mental health crises and sometimes mistrust the ability of health services to handle such issues due to those experiences. …Sometimes I feel like it adds to my responsibilities that are not in my job description, but the thought that no one cares or not knowing where to ask for help is a barrier I experienced and do not want to perpetuate." "I have found it difficult to find a balance between maintaining quality and rigour in my expectations of students, and accommodating/empathising with their particular circumstances and challenges -- this has caused me to feel incredibly drained, exhausted and like I can never do enough to be 'good' at my job."
Students • Represents phenomenon that participants perceived as originating from students.	Engagement and interactions • Participants noted difficulty identifying students experiencing mental health concerns when teaching online due to different patterns of engagement. • Participants also struggled with evaluating students' authenticity.	"…online, my ability to assess their mental wellbeing was very limited." "Some seemed genuine about what they were experiencing, others seemed to be trying to play the system. As such this made it hard for me to be fair but sympathetic." "Judging whether a student's inability to complete an activity is due to mental health or a fabricated excuse."
	Attitudes and expectations • Participants described mistreatment from students due to their	"Some students were very rude, in their emails… I believe they were seeing me as a marker, not a professor."

	negative attitudes and expectations about university teaching staff and university standards	"I feel the boundaries of office hours have been blurred and the expectation is a one-on-one meeting." "Being a target of anger and resentment have also been extraordinarily challenging." "I feel like students now expect extensions. Students more and more connect after the due date and still expect an extension…."
	Needs • Participants discussed being conflicted about accommodating students when they believed the accommodation did not address what students needed.	"I found the number of students unable to cope with the demands of the course stressful. How can I assess a student's ability if they cannot perform at their best. Should I accommodate or should they just take time off. I had a hard time balancing those thoughts." "A substantial proportion of my [student service]-supported students… are dealing with mental health issues, in addition to… issues with executive function, time management. Throwing them extra time on tests or extensions on deadlines are not addressing their true issues. These students need actual COACHING, which does not happen…"

Source: Authors' work

Discussion

Concerning university teaching staffs' perceptions about their own mental health and well-being, descriptives revealed high levels of psychological distress, with mean scores exceeding the cut-off used to identify individuals with depressive disorder (Lundin et al., 2016). Furthermore, mean scores of perceived stress were greater than any of the normative data collected by Cohen and Janicki-Deverts (2012). Correlational analyses also found that psychological distress and perceived stress shared a positive relationship. Although, we had a small sample and those who participated may have felt more in need of expressing their feelings, the finding is still somewhat alarming. The comments provided in response to the open-ended questions shed light on what may have contributed to the high levels of psychological distress.

With respect to workloads, the qualitative results comments suggested increased stress and feelings of exhaustion, powerlessness, as well as discontentment about their ability to perform their multiple roles – including those required by the academy (e.g., research, service, student advising, and teaching). While not directly identified by participants, these feelings correspond to Maslach and Jackson's (1981, 1993) definition of burnout, which could indicate that academic many university teaching staff may be at risk of or currently experiencing burnout. This is consistent with Ozamiz-

Etxebarria and others' (2023) meta-analysis finding a high prevalence of burnout during the pandemic among teaching staff across different educational sectors, especially during and immediately after the pandemic. While it is not possible to infer causal relationships from this study, the timing of the data collection was post-pandemic. It is possible that our results could reflect lingering distress from the teaching demands during the pandemic. Findings also highlighted the difficulties with balancing personal obligations with the competing demands of academia. Exploring work-life balance among university teaching staff is recommended to see if it is contributing to burnout and if accommodating SMH challenges is a factor.

Regarding perceptions of SMH and learning challenges, analyses of the newly developed PSMH and PISMHC showed a significant group difference. Specifically, men had fewer negative perceptions about the impact of SMH challenges than women, possibly indicating a gendered burden, which aligns with earlier research stating that women are often expected to be more attentive to students' needs (Docka-Filipek et al., 2023). This finding corresponds with Parizeau's (2022) study, where women specifically are disproportionally expected to support students' mental health concerns, despite experiencing barriers within the academy. Although these findings using the PSMH and PISMH were significant, they represent preliminary data given the small sample size used for the factor analysis.

The qualitative comments received indicated that SMH was perceived as being an additional work stressor that many did not feel equipped to manage. This reflects the JD-R model (Demerouti et al., 2001), as the participants shared that managing students' mental health had become part of their job, along with the need to provide individualized accommodations to all students. Notably, teaching staff who did express comfort with supporting SMH, highlighted prior experience and/or training about mental health, reflecting the impact that personal resources had on their ability to meet their work demands. In comparison, participants who drew attention to their lack of training and knowledge, reported uncertainty about how to address the impacts that students' mental health challenges had on their ability to learn and complete course work. The lack of guidance from administrative systems regarding student standards was emphasized as being a particular point of frustration. Overall, participants who reported lacking necessary resources to help students expressed feeling helpless and exhausted, which again suggests that many were likely experiencing burnout.

Correlational analyses also found that negative perceptions of SMH were positively correlated with stress and psychological distress. Furthermore, a relationship was demonstrated between negative perceptions of SMH, the number of courses taught per term, and the number of courses taught during the COVID-19 pandemic. It is likely that teaching more courses increased their exposure to SMH challenges, which resulted in more negative perceptions.

The relationships between workload, personal well-being, and SMH revealed that negative perceptions about the impact of student mental health (PSMH) were significantly associated with stress, psychological distress, as well as negative perceptions about student mental health (PISMHC). Qualitative comments emphasized how the limited resources to support students negatively impacted participants' mental health and their ability to perform their roles. Concerningly, some reported pressure to address SMH themselves. It is possible that this additional burden, in combination with the lack of meaningful acknowledgement from the University administration, contributed to further depersonalization and burnout (Maslach & Jackson, 1981, 1993).

Finally, the results point to resources that would help university teaching staff's mental health and well-being. Comments underscored the desire for acknowledgement from the University about the increased workload and stress that was experienced, especially during and after the pandemic, and a desire for additional resources in the form of more teaching assistants, administrative assistance for coordinating and implementing student accommodations, and increased instructional support, much of which is related to satisfaction among academic teaching staff (Chen, 2023). Additionally, results indicate that having more accessible resources for students to get mental health support is paramount, including additional student services that reduce the need for university teaching staff to simultaneously embody the conflicting roles of confidant - who is privy to the circumstances that impact their students' performances - and judge - who must assess their students' performances. The discomfort associated with these dual roles was similarly noted in Parizeau's (2022) study, suggesting that it remains an ongoing struggle. One approach for supporting student well-being could be implementing structural interventions that streamline accommodation processes, which can indirectly

improve university teaching staff's well-being (Olsson et al., 2024).

Limitations and implications

In light of the important findings, this study is not without limitations. First, the small sample size is from a single Canadian university. While the sample size was adequate to reach saturation in the thematic analysis of qualitative comments, it may not be representative of diverse experiences across different institutions. As previously highlighted, those who participated in the study may have perceived benefits from sharing their feelings compared to those with more positive perspectives. Given the mean score on the PSS-10 compared to means reported in previous studies, this is possible. However, given the overlap between the results obtained from the current study and Parizeau's (2022) work, it is possible that there is some generalizability for other Canadian universities. Additional research in other countries would be needed to assess if similar patterns also emerge more globally.

The small sample size also has implications for the new measure we piloted. Work by de Winter and colleagues (2009) showed that factor analysis can produce highly reliable results with small sample sizes when the factor loadings are high and the number of factors being extracted is low. As our measure contained two factors with high factor loadings, this suggests that the sample size was robust against the effect of small distortions. The concurrent usage of validated instruments along with the collection of qualitative data that supports the findings of the new measure is a strength. Further research is warranted with a larger sample size to further validate the new measure.

Conclusions

Overall, this study provides evidence supporting the need to address the mental health and well-being of university teaching staff, as they play a vital role in shaping student experiences. They are one part of the university community and therefore must be supported with resources and compassion when burdened with student challenges. Research is needed to further explore policies and resources that support the mental health and well-being of all parties, clarify expectations, and raise awareness of available mental health supports.

Disclosure statement

The authors have no competing interests to declare.

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