TEACHERS: IT'S OKAY NOT TO BE OKAY

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ABSTRACT

There is a thick stigma around the world surrounding teachers, and it is their resilience to stress, anxiety, and depression. Whether in society, industry or among them, teachers should be mentally stable in any condition or situation they find themselves in, including unexpected ones. Being resilient is a part of their job scope, and they need to be strong hearted to handle their obligations. Although teaching is said to be stressful compared with other jobs such as nursing, managing, and community service occupations, most teachers think they can handle their mental health issues without seeking help. But what if their mental health is affected due to job-related stress? How would they know to what level they needed to raise their hand to seek help? What should they do for a start, and where should they go? These were the case with 20 urban secondary school teachers from 13 schools in Selangor during a qualitative interview. Due to the rising number of teachers suffering from stress, anxiety, and depression in Malaysia, the state of Selangor was chosen since it has the highest number of urban secondary schools. The informants were passionate about their responsibilities and spoke highly of their profession. However, as this study would like to understand their willingness to seek treatment should their mental health status have gone worse, the answer for most of them when asked is, "no!". What is causing the hesitancy in the first place? For further understanding, this study digs deeper.

Keywords: Mental Health Stigma; Stress; Anxiety; Depression; Secondary School Teacher.

INTRODUCTION

Many studies worldwide reported teachers suffering from stress, anxiety, and depression before the pandemic. The National Foundation for Educational Research stated in its report that the teacher workforce in England shows that job-related stress is higher among teachers than among other professionals (Worth, 2019). As teachers come with many job responsibilities, multitasking and resilience to mental health issues should be in their job scope. In a cross-national study between Australia and India, human resilience theories identify signs of an adjustment to life, which inevitably includes employment. Since resilience is essential for coping with the demands of complex organizations, therefore; conceptions of resilience have expanded and include teachers. Based on the theory that teachers who remain in the profession may demonstrate resilience as a personal trait or attribute in schools (Athota et al., 2019). But are they resilient to change and new norms? Since March 2020, teachers have faced new working conditions wrought by the pandemic, and teaching has become even more challenging and stressful (Cardoza, 2021; Kraft, Simon & Lyon, 2020). Technology inclusion in education seems to be the focus of tension and anxiety among teachers, especially in higher education with a lack of technical resources, equipment, and training. Consequently, the challenges that teachers face influence their daily lives and impact them physically, socially, and psychologically (Fernandez-Batanero et al., 2021).

What does this have to do with teachers and their mental health stigma? Everything! Resilience or not, it is a fact that being one, a teacher has to keep up with this stressful job. While battling mental health issues and getting policies and regulations upgraded for their well-being, COVID-19 took over the world by storm. Due to the new norm, teacher stress statistics saw an increase. Moreover, according to a study, several pandemic-era difficulties are connected to teachers' sentiments of burnout (Pressley, 2021). With all this going on, this study digs out to understand if teachers are willing to seek help if their mental health has worsened.

TEACHER'S ROLE AROUND THE WORLD

Every country in the world has its version of the National Education Policy and teachers' responsibilities in educating the future leaders of their country. The policies are dynamic and will be updated as and when required to ensure that the guidelines are being met to deliver the best education to the younger generation. U.S. Secretary of Education Miguel Cardona in a press release stated that it is not only the Ministry's responsibility, but it is also their commitment at the Department of Education to encourage, invest in, and lift teachers across America. The country's future and their children's future depend on it, he said as he laid out the Ministry's latest vision to support and elevate the teaching profession in the U.S. (U.S. Department of Education, 2022). Currently, teachers in U.S. high schools aid students in getting ready for life following graduation. They impart academic knowledge and a variety of skills that students will need to enrol in college or find employment. Typical high school teachers according to statistics are expected to (1) plan lessons and instruct their students in the subject they teach; (2) assess students' abilities, strengths, and weaknesses (3) adapt lessons to accommodate changes in class size (4) grade students' assignments and exams (5) communicate with parents about students' progress (6) work with individual students to challenge them and to improve their abilities (7) prepare students for standardized tests required by the state (8) develop and enforce classroom rules and administrative policies and (9) supervise students outside of the classroom—for example, during lunchtime or detention (Bureau of Labor Statistics, 2022).

Likewise, the U.K. Department of Education (2021) emphasised that the education of their students is their top priority, and teachers are responsible for upholding the highest standards of performance and behaviour. The department has divided its standards into 2 parts, which are (1) teaching and (2) personal and professional conduct. According to its updated standards guidance for teaching, a teacher in the U.K. must (1) set high expectations that inspire, motivate, and challenge students; (2) promote good progress and outcomes by students; (3) demonstrate good subject and curriculum knowledge; (4) plan and teach well-structured lessons; (5) adapt teaching to respond to the strengths and needs of all students; (6) make accurate and productive use of assessment; and (7) manage behaviour effectively to ensure a good and safe learning environment. In short, teachers in the UK should always act with honesty and integrity, have a thorough understanding of their subject areas, be self-critical, keep up with their professional development, cultivate positive working relationships with parents, and act in the best interests of their students.

The U.S and U.K. are not the only countries constantly updating their teacher's roles for the betterment of their younger generation. Malaysia among many has meticulously tabled its preliminary document on job descriptions, as well as roles of their education officers ranging from academic teachers to facilitators for LINUS ranked from DG41 to Special Grade C. The document dated 2016 and is still in use today explored the roles of educators and school leaders as the frontliners of the Malaysian education system. Academic teachers in the document have their roles for teaching and learning stapled under (1) Facilitator of Learning and Assessment, where the teachers are to implement and assess the curriculum and manage the class and student development. Other key areas include (2) engagement with learning professionals, (3) developing networking and collaboration with parents, internal and external school communities, and the Ministry of Education's management (Ministry of Education Malaysia, 2016). Earlier in 2013, the Ministry had its Education Development Plan 2013–2025 focusing on preschool to post-secondary education and as the Ministry's development plan is in its third phase starting in 2021, it intends to achieve its eleven plans for the system transformation by 2025. Among the plans was aiming to transform the teaching profession into a profession of choice (Ministry of Education Malaysia, 2013).

It is expected of a teacher to be mentally stable while carrying their standard roles to be resourceful, supportive, mentor, give a helping hand, and be knowledgeable. Nevertheless, with the COVID-19 outbreak, teachers' roles worldwide have expanded plenty. According to a study by UNESCO, UNICEF, and the World Bank (2020), nearly 90% of the nations that participated in the survey of education ministers on national responses to COVID-19 offered guidelines to teachers that emphasised the significance of giving students feedback, staying in constant contact with caregivers, and reporting to local educational institutions to keep track of learning. Teachers around the world were juggling between work and their careers as the implementation of working from home unlocked a new level of poor work-life balance for them. Many felt that the multiple roles and added responsibilities have taken over their lives and had come to a point where it became too overwhelming. In the UK, 60% of teachers and education staff think that they are not valued and name this as one of the reasons for leaving the profession (TWIX, 2021). Studies show that it is clear that teachers perform care work outside of the classroom as well, and this has an impact on their mental health. Teachers work every day while hiding their feelings, which is suffocating for a loving profession (Ferguson et al., 2022).

TEACHERS WORLDWIDE & MENTAL HEALTH ISSUES

Teachers often put others' needs above their own while concentrating on caring for and helping others. Teachers must maintain mental stability since student achievement and school stability are both correlated with teacher well-being (Cox et al., 2018). Nevertheless, a Teacher Survey report from the U.S. explains that teachers are more frequently stressed out at work than people from other industries nationwide. Compared to 78% of teachers, just 40% of working individuals reported frequently experiencing stress at work. Teachers also expressed depression symptoms at higher rates than the general population did (Steiner et al., 2021).

As mental health was still a battle to win over, the COVID-19 outbreak hit worldwide and caused a spike in mental health problems for many. Recent studies have shown that the pandemic has an impact on teachers' mental health despite concentrating on a variety of aspects of mental health. In a global poll released in April 2020, teachers reported high levels of stress, with workload and family health as the major causes (MacIntyre et al., 2020). The transition to online learning debates over reopening, and individual safety concerns are making American teachers' mental health worse (Mader, 2020). Truzoli et al. (2021) stated that Italian teachers had comparable levels of anxiety and somewhat higher rates of depression than the overall population. Another study in Hong Kong discovered that there is a moderately favourable link between music teachers' worries about the outbreak and signs of worry

(Cheng & Lam, 2021). A nationwide poll of K-12 employees in the U.S. finds this segment of the state and local workforce has heightened concerns stemming from the COVID-19 pandemic. Of those surveyed, the vast majority reported feeling stressed (63%), having high levels of burnout/fatigue (54%), and having substantial anxiety (47%) at work due to the pandemic. These worries come as K-12 employees (60% vs. 38%) were significantly more likely than other government employees to perceive themselves to be at risk of exposure to a pandemic at work (SLGE, 2021).

The Teacher Well-Being Index-2021 survey, which was conducted among over 3,000 education staff in the United Kingdom, discovered that 77% experienced symptoms of poor mental health as a result of their work; 72% described themselves as stressed; 46% always go to work when ill, and 42% believe their organization's culture has a negative impact on their wellbeing. 74% of teachers consider their initial teacher training courses did not prepare them well to manage their wellbeing and 65% of them consider their initial teacher training courses did not prepare them well to manage their pupils' or students' wellbeing. 44% thought they could be signs of and, of this group, only 44% were diagnosed by their General Practitioner (GP). From this survey, it was found that 57% are not confident in disclosing unmanageable stress or mental health issues to their employer (TWIX, 2021).

TEACHERS IN MALAYSIA & MENTAL HEALTH ISSUES

As stated by Musa (2018), stress can also be brought on by management, workload, feeling unappreciated, and a lack of stress management skills, as mentioned by the Ministry of Education Malaysia in The Star Online on July 23rd, 2018. On the same note, The Star Online dated October 12th, 2018, the National Union of the Teaching Profession (NTUP) added that in some cases, a teacher needs to handle 60 students per class and be burdened with administrative workloads. These cases are not to be taken lightly, especially when studies have shown that 44% of teachers in Malaysia are suffering from stress and depression. The Ministry also recommends hiring additional counsellors to assist instructors and raise awareness of stress management techniques. This is crucial as the union reported that they receive between 30 and 50 cases of stressed teachers monthly. The union has listed registering students' attendance online and in their physical logbook, reporting the school's level of cleanliness and safety as among the untreated reasons for stress. They have also cited the Ministry of Education on the issue of teachers having to do redundant work.

Among the other downsides, poor mental health among teachers can adversely impact their physical health and even cause lower back pain, and in a vicious cycle, weakened physical health can intensify their anxiety and depression (Zamri et al., 2017). Teachers in Malaysia nowadays are responsible for a wide range of tasks in addition to their classroom obligations, such as co-curricular activities, interacting with parents, and administrative tasks (Othman & Sivasubramanian, 2019). And like any other teachers in the world, before the pandemic or post-pandemic, Malaysian teachers had to adapt to the new norm, and it added up to the pile of work. According to Amri et al. (2020), the COVID-19 pandemic outbreak has raised teacher stress as a result of workload, social isolation, lack of digital technology skills, and family strife. Teachers' stress was caused by having too many tasks to do in a short period and from work-related sources, followed by time management (Pau et al., 2022). Even though the self-reported symptoms were not clinically confirmed, their answers show that a large number of secondary school teachers in Malaysia feel they are at risk of having poor mental health and well-being (Pau et al., 2022).

It seems like the teachers have too much on their plates right now. And since many studies reported on teachers' mental health status, this study contributes to society by finding out if the teachers are willing to seek help should their mental health levels worsen.

METHOD & DATA ANALYSIS

Research Design
The UiTM Research Ethics Committee has given their approval for this qualitative study (REC/08/2020 (MR/203)), which uses interviews to explore and understand the study's objectives in depth for the sample. Qualitative research can provide a detailed and comprehensive explanation of a person's experience and knowledge (Merriam & Tisdell, 2015). The approach in qualitative research is to use sentences and informational concepts rather than numbers (Miles, Huberman & Saldana, 2014). Inductive in nature, qualitative research typically involves the researcher exploring meanings and insights in a particular context. (Strauss & Corbin, 2008; Levitt et al., 2017).

Informants and Data Collection
According to the Ministry of Education Malaysia's statistics, Selangor has the highest number of urban secondary schools in Malaysia. There were 156 urban secondary schools in Selangor with 222,353 students and 16,152 teachers in 2018. Due to population growth in 2020 and society's demand, Selangor has 220 urban secondary schools with 226,112 and 22,365 teachers. Table 1 shows the details.

Table 1. Urban Secondary schools in Selangor

Year	Number of School	Number of Students	Number of Teachers
2018	156	222,353	16,152
2019	221	328,294	22,787
2020	220	326,112	22,365

Source: https://www.moe.gov.my

Teachers from urban schools are selected as the sample of the study due to the rising numbers of teachers suffering from stress and depression in Malaysia, especially in urban areas (Musa, 2018). Moreover, public school teachers frequently experience stress and burnout, which is exacerbated in urban schools, where there are frequently heavy demands on their time and few resources. Urban teachers' stress and burnout are largely influenced by many. Urban teachers' stress and burnout are largely influenced by the demands of the job and the resources available to them to meet those demands (Bottiani et al., 2019).

Table 2. Urban Secondary schools with above 1800 students in Selangor

Year	Number of School	Number of Students	Number of Teachers
2018	37	83,527	5,400
2019	62	143,822	9,079
2020	59	138,187	8,583

Source: https://www.moe.gov.my

As stated in Table 2, there were 220 urban schools in Selangor in 2020. Since this study is related to the mental health of the informants, 59 urban secondary schools in Selangor with more than 1800 students have been chosen. Upon receiving the approval from the Ministry of Education (KPM.600-3/2/3-eras (11622) and the State Education Department (JPNS.SPD.600-1/1/2 JLD.18 (57)), an email was sent to the schools for the principal's approval and questionnaire distribution. To combat the spread of the COVID-19 pandemic, the Education Ministry has mandated that all informants be interviewed online rather than in person. Thus, all invitations were done online. Out of 59 invitations sent, only 13 schools participated by distributing the Google form to their teachers. The informants that sent their responses were filtered through several criteria, one of which was that their DASS21 result had at least a mild status for either stress, anxiety, or depression; they had to be a secondary school teacher who was not under any external pressure to participate in this study and who was free of severe psychopathology and severe mental health problems (i.e., schizophrenia, bipolar disorder, severe hallucinations, active psychosis, suicidality, homicidal thoughts, and active substance abuse/dependence); and they had to be willing to take part of the interview. Twenty-five who met the criteria were later contacted. However, five of the informants were uncomfortable being interviewed, while 20 of the informants agreed. Different textbooks suggest different sized samples for phenomenological research, but in reality, a sample of between 6 and 20 individuals is sufficient. Hence, understanding the solution to a question does not require examining the entire population (Guest et al., 2020).

During the transcribing process, the data gathered was noticed to be saturated. Hence, since a similar pattern in the interviewees' responses was discovered, a further collection of new data won't necessarily contribute to thea discovery of the issue. Ritchie et al. (2003) stated that it is best to simply gather data until theoretical saturation is reached. There is a point of diminishing return to a qualitative sample as the study goes on; more data does not necessarily lead to more information. These individuals are the individuals involved in the online interviews, and their opinions were extracted and explained accordingly.

Demographic Data

There were 18 female and two male informants interviewed for this study. This is a mixed list between lower secondary and upper secondary. Only one is a Form 6 teacher while the other four handled the Special Education Program, better known as Program Pendidikan Khas Integrasi (PPKI). The breakdown by race was 17 Malay teachers, one Chinese teacher, and two Indian teachers. The breakdown by age was 20-29 (1), 30-39 (5), 40-49 (8), and 50-59 (6). Details of information for all informants are illustrated in Table 3.

Table 3. Demographic Profile of informants (N = 20)

Gender	Race	Class	Age	DASS	Stress	Anxiety	Depression
Female	Malay	4	59	No	Normal	Mild	Normal
Female	Malay	6	58	No	Normal	Moderate	Mild
Female	Malay	3, 4	57	No	Normal	Mild	Normal
Female	Chinese	4,5	55	No	Ext Severe	Ext Severe	Ext Severe
Female	Malay	1, 2	53	No	Normal	Mild	Normal
Male	Malay	1,2	50	No	Moderate	Ext Severe	Moderate
Female	Malay	4,5	49	No	Mild	Ext Severe	Moderate
Female	Malay	1,2	47	No	Normal	Moderate	Normal
Female	Malay	4,5	46	No	Mild	Severe	Mild
Female	Malay	3,4,5	46	No	Normal	Mild	Normal
Female	Indian	1,2	46	No	Ext Severe	Severe	Ext Severe
Female	Indian	PPKI	41	No	Normal	Mild	Normal
Male	Malay	3,4,5	41	No	Normal	Moderate	Normal
Female	Malay	PPKI	40	No	Severe	Ext Severe	Ext Severe
Female	Malay	PPKI	39	No	Normal	Mild	Normal

Female	Malay	PPKI	38	No	Mild	Mild	Normal
Female	Malay	3,5	37	Yes	Severe	Ext Severe	Moderate
Female	Malay	4,5	37	Yes	Mild	Severe	Moderate
Female	Malay	3,4,5	36	No	Normal	Mild	Mild
Female	Malay	3,4,5	26	Yes	Normal	Mild	Moderate

Result

Further interviews were conducted to determine their willingness to seek treatment if their mental health condition deteriorated. Most of them answered "No". A theme and subthemes were produced to understand the reason behind this, as documented in Table 4.

Table 4. Theme and sub-themes emerged from qualitative interviews with informants

Theme	Subtheme
No, I don't think I should seek for treatment	Chose not to
	Ashamed
	Society

When being asked whether they would seek treatment should their mental health status have gone worse, the three most popular answers were given. They chose not to; they were ashamed, and they feared society would judge them.

"*I guess that seeking treatment is the last thing that I would do.* I would feel weird telling a stranger about my mental health. I think I can still control it. I will find ways to settle it. I will go back to basics. You know why? We have our beliefs; we have our own faith. I will pray and don't think about it too much. I am sure I can overcome it. Problems will come and go." (Ani, 58, Female)

"*I chose not to tell anyone. The reason why is because not everybody understands. You might say that we are now an open society, but I believe we are still far behind.* I would prefer to seek help from the above (Allah)." (Fiza, 53, female)

"I know I am in a position whereby I am somehow feeling sad. I know that if I want to cry, I will just cry. It is easy for me to cry. *But not to the point where I need to seek medical attention.* Still control it, I guess. I try to go for spiritual first." (Zana, 49, female)

"I think self-stigma relates to workplace stigma. *Teachers will say they are okay, although they are not.* We need to show that we are strong." (Haya, 47 female)

"I think going for these treatments will take time. *Most of us feel that it would be a hassle and time-consuming.* Classes will be missed, and pending jobs will stack up." (Nur, 46, female)

"*I don't think it is necessary to see a doctor. I'm fine, I can still control myself*; it's all in your head, really. If you think that you are stressed, then you will get stressed just by thinking about it" (Wati, 46 Female)

"O gosh, I did not realize that my DASS21 results were this bad until you showed me. I mean, I know I have fatigue, and I know I could not sleep at night, but it can't be this bad. Sigh... *but I have too many things to do. But I don't tell just anybody about myself.* My past experience taught me well. Because of that, I have trust issues. Then again, if I go for an appointment, it will take up a day. It is so time-consuming. This means I am unable to come to my class." (Rani, 46, female)

I know I have the symptoms. I just go for exercise with friends and talk to them about it. *No need to go through the hassle of fixing appointments and dates for checkups.*" (Hakim, 41, male)

"I think the biggest stigma here is self-stigma. *This is because, we don't feel that we need help. We think we can control it.* This is dangerous because sometimes we tend to lash it at our children and family. I feel so bad for my children" (Nisa, 37 Female)

"*I would not want people to know*. They don't know me. I know myself. I will stick close to spirituality. Praying makes me calm." (Pushpa, 41, female)

"*I don't want anyone to know about my mental health condition. People will judge. Our society is so judgmental*. It is better if I keep silent about my condition. (Aida, 40, female)

Most of the informants stated that they could not relate themselves to having mental health problems as, in their eyes, they are healthy. According to the informants, although they had obvious symptoms such as sweaty palms, palpitations, difficulty controlling feelings of worry, and difficulty sleeping, they thought it was due to exhaustion. And although enlightening information was in the media about mental health awareness, they were still in denial that they could have stress, anxiety, or depression symptoms. For the majority of the informants, they chose not to seek early treatment and it was out of the question since they

believed they could manage it and keep it under control. Surprisingly, when asked if they would go for a check-up should they have high blood pressure or diabetes, their answers were a straight yes!

DISCUSSION AND RECOMMENDATIONS

It is revealed from this study that most of the informants declined when asked if they would seek treatment should their mental health level have worsened. This is worrying as most of them have obvious symptoms and it is simply either because they chose not to, are ashamed or it is because of society. This finding left the researcher thinking, is it because it is still taboo to discuss it openly? Is the stigma still thick among these teachers? Looking back to the initiatives done by the World Health Organization, the organization has been addressing mental health problems for ages and it is nothing new. WHO has highlighted that this is heavily influenced by how planners and professionals are trained, what they believe their social responsibility is, and ultimately, what society expects of them. This also applies to mental health because society is reluctant to publicly discuss mental health difficulties (WHO, 2004). The National Comorbidity Survey-Replication stated, 44.8% of those with a disorder cite perceived need as a common barrier to seeking treatment, while 15.3% cite financial barriers and 12.8% cite availability (Mojtabai et al., 2011). WHO highlighted that people experiencing mental health conditions are also often stigmatized, shunned, discriminated against, and denied basic rights, including access to essential care (WHO, 2013). Unfortunately, disclosing one's mental health status to others may put one at a disadvantage. According to the organization's study in 2021, stigma is still a barrier for people with mental health problems. As a result of stigma and discrimination, people with mental health problems frequently have their human rights violated, and many are denied economic, social, and cultural rights, with restrictions on the rights to work and education, as well as reproductive rights and the right to the highest attainable standard of health (WHO, 2021). Is this the reason why the informants declined to seek help? Are teachers worried about being shunned by society if they reveal their mental health status?

For many reasons behind it, self-stigma is substantial in the informant's decision to not raise their hand should they have mental health problems. As the researcher dug deeper, the informants would either choose not to tell anyone or prefer to solve it spiritually, as they think it is a waste of time. Some highlighted that seeking help would be a hassle and time-consuming. What could cause this perception among these informants? In its Mental Health Promotion and Prevention Strategy, WHO has highlighted that in order to ensure that people with mental health issues and psychosocial disabilities have full access to educational opportunities, work participation, and return-to-work programmes, they must address prejudice in educational settings and the workplace (WHO, 2021). This is rather interesting because, in the organization, a recent study stated that different cultural perspectives on mental health are reflected in language usage, idiomatic phrases, and whether or not individuals seek treatment. They also affect whether or not people see their problems, or the problems of others as related to mental health (WHO, 2022). The organization stated that one of the most neglected facets of global public health for years has been mental health. It obtains a small fraction of the attention and resources it requires and deserves because it is underappreciated and misunderstood. As a result, obtaining and maintaining excellent mental health is difficult for far too many people (WHO, 2022).

As most of the informants stated that they do not know where to begin and believe it is pointless to open up about their mental health issues, this study has come to the conclusion that the mental health campaigns done earlier were not enough to break the stigma. The findings suggest that thorough mental health awareness campaigns for teachers are needed. The effects of taking this issue lightly could lead to an increase in poor mental health, low job satisfaction, demoralization, and early retirement submissions, which could cause a teacher shortage in Malaysia. Therefore, hiring new hires will not be effective as history will repeat itself as long as the root cause is not taken care of. And since teachers play a significant role in creating great future leaders, this is a cohort that needs to be taken care of crucially. Besides many studies supporting that teachers' mental health is not to be taken lightly, there are also suggestions that happy teachers could lead to outstanding environments for their students. The key findings from a survey done in the U.S. gave an example that teachers who reported higher levels of well-being also reported more extensive use of social-emotional learning practices (Hamilton & Doss, 2020), which can have a positive impact on student's well-being and academic achievement (Kanopka et al., 2020). Hence, a happier teacher would create a healthier environment for students.

CONCLUSION

Our findings point out that urban secondary school teachers in Selangor need guidance on how to understand their mental health status. By having self-stigma and ignoring the symptoms, they are encouraging poor mental health and well-being. They should know that studies have found many health problems related to stress and that stress seems to worsen or increase the risk of conditions like obesity, heart disease, Alzheimer's disease, diabetes, depression, gastrointestinal problems, and asthma (WHO, 2020). While enlightening society on mental health awareness is being done massively, the study shows that there is a need to enlighten our teachers be it from preschool, primary or secondary schools. They should be encouraged to seek early treatments and not hide behind their many reasons. And since teaching does not only apply to school but higher education as well, this study suggests future research be conducted by involving educators as a whole—an issue for the Ministry of Education Malaysia to ponder upon. With this being said, why do we disregard the mental health of these earth angels when teachers are so important in developing great future leaders? Isn't it time for society to show teachers empathy and say, "Teacher, it's okay not to be okay!"

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