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ORIGINAL ARTICLE

Mad Studies, (Critical) Disability Studies, Inclusive Education and Higher Education Participation – Critiquing Fitness to Teach

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Abstract

This article focuses on a critique of the UK's policy directive related to Fitness to Teach, particularly in relation to the experiences of disabled people attending teacher education. It raises a different set of questions in relation to teacher education and higher education participation. It recognises that there are tensions in using various terminological descriptors that shape and reshape discourses of power/knowledge. Given the increasing number of students being and becoming identified as having mental health difficulties (an official term in the higher education lexicon of name-calling) the university is coming under increasing scrutiny. Policy directives such as 'Fit to Study', and 'Fitness to Teach' pose specific barriers and challenges. Alternatively, the disciplinary fields of Mad Studies, (Critical) Disability Studies, and Inclusive Education, offer different insights and questions about how institutions can disrupt traditional ableist/disablist structures of normalcy and systems of discrimination. Rather than typical 'curative' policy directives related to 'self-help', 'self-improvement', 'self-confidence', 'self-efficacy' and notions of 'well-being', this article argues that such discovery/recovery policies are inherently discriminatory and deficient. This article draws upon the findings from a previous postgraduate research study which explored the experiences of Post Graduate Certificate of Education trainee students in terms of their interactions with different staff whilst on school placements. Sarah, the author of this earlier small-scale postgraduate research study, specifically utilised the use of questionnaires and interviews with university tutors, school teachers and students situated within the Southwest of England. Given this, and alongside drawing upon this alternative disciplinary field, we add further theoretical understandings and further details of Sarah's personal narrative and of her own previous teacher training experience which are situated alongside emerging concerns with ableist/disablist policy directives. Within this context, we examine these interactions in context of the so-called 'Fitness to Teach' policy, a current disciplinary requirement under legislative duties.

Keywords

Fitness to Teach, Discovery, Recovery, Teacher training, Disclosure, Teaching Placements, Widening participation, Mad studies, (Critical) Disability studies, Inclusive education.

History

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Aspiring to Teach

I (Sarah) am a late twenty something year-old female who experiences anxiety and depression. I would describe my experience with anxiety as continuous, however my experience with depression, if that is what we are expected to call it, is experienced intermittently; and is not visible or invisible as some would have it but is in a state of flux. As far as I can recall, my experiences of anxiety and depression date back to my childhood. It should be no surprise, but like many other young people, I had developed an aspiration to pursue a teaching career. I completed my undergraduate degree in Early Years Education, and I followed this by enrolling onto a one-year full-time Post Graduate Certificate of Education (PGCE) programme. It was a life goal achieved, and I started the PGCE programme in the late 2010s. Although I have become aware of the debates related to mental health and its association with disability, I recall at that time of applying for teacher education, I disclosed my mental health experiences at the outset.

Although I had, in 2010, secured a place on the teacher education programme, after a short while in the university, I started my school placement and met my mentor, Janet (pseudonym – class teacher). My mentor happened to be the Assistant Head Teacher and, as I found out later, was also a close relation to the Head Teacher. I loved being in the classroom, observing and working with the children, and they seemed to respond well to my approach to them. Janet seemed friendly and welcoming at first, and it was only within the space of one week, that I started to experience difficulties. Disturbingly, I observed Janet routinely shout at pupils, gossip about and name-call both pupils and parents with other staff members in front of myself and other trainee students. On one occasion I recalled Janet using a fatphobic slur, referring to one pupil as a "fat pig". It was a complete shock to witness children being upset, by Janet's offensive tirade. This quickly made for an uncomfortable atmosphere which triggered feelings of anxiety. I also felt completely lost with not knowing what to do. I certainly did not feel I could go to the Head Teacher. As to the name-calling of children, should we be so surprised? After all, Riddick (2017, p.26) revealed that teachers often informally label children; although, in this context, this was certainly not 'helpful or categories that enable them (teachers) to target their teaching more effectively'. Far from this, these were certainly inappropriate. One of course wonders cynically whether such abusive behaviours are pressures of being a 'good teacher' (Gray *et al*., 2017, p.206) or in Brodbelt's (1973) terms whether my mentor exhibited 'maladjusted' characteristics, or whether these were 'undesirable' characteristics (Desjean-Perrota, 2006)?

It is usual that students during their placements build-up their teaching incrementally, before teaching the whole class on their own. However, by the end of the first week, I found myself teaching the whole class for a sizeable proportion of the time. I recall that I was not given enough time to settle-in or observe my mentor – although I had probably seen enough! I recall that I was given little guidance about planning and the delivery of lessons.

Within three weeks of being in the school I was feeling exhausted and burnt-out. I had already disclosed *my* 'disability' to the university, and I was waiting in anticipation to be able to have a detailed discussion with my placement mentor about support requirements and adjustments. Of course, it may be the case that people experiencing mental distress may benefit from disability legislation (Trew, 2015), but this could equally be, as in this case, an extension of the continued stigma and negative attitudes, a fear that was also expressed in Ware *et al*. (2021). However, this certainly was not an opportunity to reclaim meaning, as Trew (2015, p.80) suggests through 'personal struggle and social opportunity'.

Background: Teacher Training – Fitness to Teach

Currently, all training students are expected to undergo a 'Fitness to Teach' (D*f*EE, 2000) assessment. This is a statutory requirement in the UK, excluding Scotland, under the Education Act (2002) and the Education (Health Standards) Regulations (2003). Primarily, given this statutory framework teachers are duty bound to take responsibility for the care and protection of children, that is, '*in loco parentis*'. Interestingly, some five decades earlier Samuel Brodbelt, in the USA, focusing on 'maladjusted teachers' made the point that:

> If we are really serious about teaching as a crucial factor in good pupil mental health, then the classroom must become the place where *only* mentally healthy teachers are allowed to serve as the parent surrogate. (Brodbelt, 1973, p.269).

At that time, Brodbelt (1973) suggested a general checklist consisting of 12 characteristics and advocated a psychiatric examination. As such a 'maladjusted teacher' characteristics included being: 'unfair', 'overly rigid', 'overreacts', 'uses sarcasm', 'threatens pupils', 'rejects pupils', 'punishes excessively', 'unfriendly', 'unsympathetic', 'dictatorial', 'irritable', and 'creates guilt in students'. Brodbelt (1973, p.269) contended that 'there should be a programme to diagnose 'mentally maladjusted' teachers …' and used the example of a state university which utilised such tests; its purpose ultimately 'to diagnose and counsel maladjusted students out of teaching'. It ought to be remembered that Brodbelt's (1973) proposed 'programme to diagnose' is not the first-time disabled people have been systematically targeted in this way, and it has not gone unnoticed (Humphries and Gordon, 1992; Kikabhai, 2014). It is also thought provoking to question how a general 12 characteristics checklist would be implemented and enacted, particularly if it is interpreted and framed by an ableist understanding of terms such as 'unfair', 'rigid', 'overreacts', and so on.

Furthermore, Brodbelt's (1973, p.269) argument, in contrast to Villegas and Irvine (2010) acute shortage rationale with respect to teachers of colour, relies on the 'surplus of teachers' as a rationale to apply so-called 'stringent standards'. We wonder of course what this would mean for teachers of colour who also identify as 'Mad', irrespective of whether there was a shortage or surplus of teachers? For sure, the recognition of intersecting identities, intersectionality, is

important. It also seems, that in this case, the authors may be assuming a one-to-one mapping that is, as one person leaves teaching one person starts, rather than acknowledging how workforces are influenced by multiple factors that are shaped by social, economic, political, cultural and historical factors.

Aside from recent reported concerns about worsening teacher retention rates (Weale, 2022); currently, individuals are required to complete a health questionnaire, which involves a series of closed questions relating to 'illness', 'loss', 'treatment' and 'problems'. Typically, questions ask about absence from work due to ill-health, whether the individual has any heart condition, HIV, any dizzy spells, epilepsy, fits or blackouts, arthritis, difficulties with bending, lifting, or movement, anxiety, depression, nervous debility, nervous breakdown, schizophrenia or eating disorder, problems with alcohol or drug misuse, hearing loss, eyesight problem, allergies, hay fever, asthma, bronchitis, a cough lasting more than 3 weeks, unexplained weight loss, tuberculosis, hepatitis (B or C), jaundice, frequent diarrhoea, a bowel disorder, and whether the individual has lived outside the UK for more than 3 months in the last 5 years. If an individual answers 'yes' to any of the questions they are expected to provide details. The health questionnaire may be shared with university registry teams, well-being (not well-becoming) services, and the individual's General Practitioner. It requires a signature from a medical officer or when necessary, the occupational health service which decides on clearance, more information or a further assessment. One thing is for sure, individuals who identify as having mental health difficulties (differences), experience distress, identify as neurodivergent, and/or are survivors/users of mental health/psychiatric services aspiring to teach are subject to surveillance, control, regulation, discipline, punishment and exclusion (Kikabhai, 2018). It is understandable, that over a decade ago, the previous Disability Rights Commission (2007, p.5) concluded in their investigations that such 'standards' have a 'negative impact' and 'lead to discrimination' and recommended that they be 'revoked'.

Mad Studies, (Critical) Disability Studies and Inclusive Education: Who wants "diversity in teaching?"

There is widespread debate about whether mental health difficulties (differences) should be classed as a disability and whether it has a place in Disability Studies (Beresford, 2000; Spandler & Anderson, 2015; Timander & Möller, 2016). Beresford (2000, p.171) for example, encourages debate between psychiatric system survivors and disabled people and for individuals to recognise differences and similarities of their 'common oppression' and shared lived experiences of discrimination. Later, McWade *et al*. (2015) extended this to individual scholars who identify as neurodivergent within the university. These authors specifically seek to explore Mad Studies and Neurodiversity, exploring 'points of connections', suggesting that impairment should be reclaimed, wanting to engage in dialogue that 'might move us beyond the limitations of identity-based politics' (McWade et al., 2015, p.305, p.307), and hope to build connections across different groups about experiences of marginalisation and disablement. For such authors, their argument is a call

for recognition and a focus on lived experience, commonality and being a part of the processes of knowledge production. This also includes redefining and reclaiming impairment in positive and affirmative terms.

There is also debate concerning contextualising experiences of discrimination (Timander and Moller, 2016) and rethinking mental well-being (Beresford, 2022, p.1) in favour of Mad Studies, which offers different insights, understandings and can be an 'effective opposition' to challenging injustices of people experiencing madness and distress. It should be clear, that such debates and explorations are absent in discussions about higher education participation, and as Sedgwick (1982, p.10) much earlier noted, we will be entering into a 'treacherous terrain'. For Sedgwick (1982) this domain involves recognising competing philosophical debates in relation to mental illness and questioning what it means to be ill. Contextualising an emerging framework which crosses the boundaries of Mad Studies, (Critical) Disability Studies and Inclusive Education is important in understanding debates related to Fitness to Teach. For both of us, these debates are important, and it is evident that teacher education is currently devoid of engaging with such issues. Indeed, it is of note that the United Nations in a concluding observation of the UK with specific reference to Article 24 (Education) reported a number of concerns including the continued 'dual education system that segregates children with disabilities, in special schools' and that the '… training of teachers in inclusion competences does not reflect the requirements of inclusive education' (UNCRPD, 2017, n.p). As will be highlighted in this article, not only is the training of teachers in the UK questionable in terms of diversity and inclusion, but it is important to ask critical questions about why and how the recognition and representation of disabled people, including individuals who identify as having mental health difficulties (differences), experience distress, identify as neurodivergent, and/or are survivors/users of mental health/psychiatric services are intentionally excluded.

Debate about diversity in the teaching workforce persists, not only around diversity in neurology and ability, but also around 'race'. For example, Eubanks and Weaver (1999), in the context of US public schools, were calling for greater teacher diversity in terms of people of colour. More than a decade later, Villegas and Irvine (2010, p.176) explored an empirically based research rationale, with an awkwardly phrased question relating to 'what value (if any) [sic] do teachers of colour add to classrooms and schools?' The authors explored three key areas: a role-model rationale, a cultural-context rationale and an acute shortage rationale. Whilst there are some nuanced interpretations related to the validity of the role-model rationale, the authors concluded that teachers of colour do add value to schools and classrooms and that: '… efforts to increase the diversity of the teacher force must be a central component of any policy initiative intended to provide a high quality education to all students, not just some' (Villegas and Irvine, 2010, p.188).

Similarly, Pritchard (2010), within an Australian higher education context, identified several benefits to having a teacher workforce that is inclusive of disabled people. Disabled people

as teachers, Pritchard (2010) argues, can expand the boundaries of the class and open discussion about oppressive issues as Villegas and Irvine (2010) found in their study in relation to teachers of colour. This, we would argue, includes recognition of individuals who identify as having mental health difficulties (differences), experience distress, identify as neurodivergent, and/or are survivors/users of mental health/psychiatric services. In sum, students need diverse role models, and they may not encounter such diversity outside of school or university, therefore it is important that individuals learn about diversity in educational settings, including from teachers (Eubanks & Weaver, 1999; Pritchard, 2010).

Interestingly, in another context, Keane *et al*. (2018) focused on the Republic of Ireland in relation to disability, primary and post-primary Initial Teacher Education (ITE) programmes, self-confidence and self-efficacy, utilising questionnaire data from 2014. They found that there had been an increase in applicants from disabled people particularly at the post-primary postgraduate level, in part their reasoning related to the introduction of equality legislation and policy initiatives. In contrast, there was significantly less primary ITE applications which the authors reasoned '... institutional concerns about medical fitness remain greater for primary ITE …' (Keane, *et al*., 2018, p.832).

Pritchard (2010, p.46) recognised that there is a hesitancy by disabled people about disclosure, and for individuals experiencing mental health difficulties a fear which can '… silence and isolate the individual further'. The author recognises a particular hesitancy many disabled people feel about disclosing their disability status to their employing body. Despite there being such benefits to an inclusive teacher workforce, Pritchard (2010) asserted that disabled people as teachers are practically 'invisible' [although in Goffman's (1963) terms they may be 'passing'. Here, Goffman is referring to undisclosed information and individuals who attempt to 'pass' as non-disabled.] and concluded that the 'inclusion of disabled people into the teaching profession must begin with support for disabled students …' including individuals seeking to pursue a career in teaching, whether in schools, colleges or universities. For clarity, Pritchard (2010) utilises a dualistic distinction between 'visible' and 'invisible' impairments. This, in and of itself, is highly problematic given alternative understandings that seek to 'reconceptualise the notion of the human subject, marginality, the institutional, and the political context of power relations' (Kikabhai, 2014, p.149). In England, and a decade later, Ware *et al*., (2021, p.2), drawing upon the experiences of ten British white disabled people as teachers, argued that 'disabled teachers are central to the development of inclusive schools'. Arguably, diversity in teaching is equally important as diversity in learning. Interestingly, this study noted that whilst participants disclosed their 'diagnosis, not all teachers participating in the study identified as disabled to their employers' (Ware *et al*., 2021, p.5). Others, in the USA, earlier suggested that 'it seems time for teacher preparation programs to reexamine their screening policies …' reported on the development of a Fitness to Teach policy (Desjean-Perrota, 2006). Desjean-Perrota (2006, p.24) suggested that teaching criteria should move beyond interpersonal skills and include dispositions and that it was also the University's '*fear of litigation*' that provoked creating

this policy. Desjean-Perrota (2006, p.24) highlighted that teacher educators tend to avoid discussing interpersonal skills, and the problems of knowing how to assess these. Desjean-Perrota provided an example of the University of Texas, USA, developing an evaluation 'disposition' assessment tool, having been approved by university lawyers, as part of their Fitness to Teach policy. As such, the measure of 'success' as a 'screening tool' is that '… no student who has been through the FTT (Fitness to Teach) review has filed a lawsuit or attempted to do so', its objective being to remove 'undesirable candidates from the program' (Desjean-Perrota, 2006, pp.25-26).

Interestingly, in the UK, according to the Higher Education Statistical Agency (HESA, 2022), recent figures suggest that out of a total of 224,530 academic staff in the year 2020/21, 1,465 indicated 'a mental health condition' which represents 12.9 percent of all disabled people as academic staff (11,395) disclosing an impairment, and 0.6 percent of all academic staff. According to these figures, individuals with a 'mental health condition' outnumber individuals with sensory impairments (Deaf/hearing impairment: 495; 0.2 percent of all academic staff, and Blind/visual impairment: 245; 0.1 percent of all academic staff). The absence of similar data relating to the schooling and further education sector is unashamedly telling, and yet the merits of a diverse teacher workforce that includes disabled people is encouraged. There is also increasing national and international legislative and policy framework evolving and advancing inclusive education (UNESCO, 1994), increasingly adopting an evolving concept of disability and shifting towards a social justice and human rights perspective (UNCRPD, 2006).

Whilst it may be argued that disclosure is necessary for disability policy to be implemented (Spandler & Anderson, 2015), Dolmage (2017) highlights how disclosure can lead to discrimination, and even exclusion, as course leaders perceive disabled students as a threat to physical space, the 'intellectual freedom' of educators and potential lawsuits. Here, it might also be useful to reflect on a question posed by Shapiro (1994, p.10), now three decades ago, who asked, 'If a society expected its disabled people not to work and instead need public assistance, would it even try to give them a decent education?', further we would ask: how might this pitiable societal attitude respond to disabled, neurodivergent or mad people who want to teach? Even more, in relation to disclosure, it appears that there may be a paradox for some. For example, Penson (2015, p.66) suggests that to 'forgo psychiatric diagnosis is to forgo social recognition … and the conferment of a legitimised disability, with the help that follows' – but what if this so-called 'help' transmutes into institutional violence rejection and exclusion? Would there be course for legal redress? Further still, in what way can segregated 'special' education be said to be 'decent' education, given the international policy shift towards an inclusive education system (UNESCO, 1994; UN, 2006)? What might it take to research such institutional violence, epistemic injustice and individual experience, rather than this being ignored and dismissed? As has been noted, modern higher educational institutions are complicit in reproducing

inequality. These are territorialised spaces, which erase disability, and which involve misrecognition, misrepresentation and maldistribution (Kikabhai, 2022).

Resistances

Becoming a Problem

After the distress of observing my abusive mentor, I (Sarah) spoke with my university tutor, Eileen (pseudonym), who then emailed Janet. At the end of that school day, I was in the classroom with four other individuals, including Janet. Whilst in this class, Janet approached me and said within earshot of the others "Next time you have a problem come and say it to me instead of grassing me up". I was shocked and felt humiliated. I noticed that there was an awkward silence from the other staff members who were in close proximity. I was lost, intimidated, trembling, not knowing how to respond, so I apologised and explained that I was just following university protocol. In Trew's (2015, p.71) terms, I was becoming a 'problem'. This was not a case where 'a (so-called) professional who goes the 'extra mile' … providing support …' (Reeve, 2015, p.103, our insertion). It was far from this.

Remaining attitudes and questions about who should teach

Despite Scotland in 2004 abolishing the 'Fitness to Teach' (D*f*EE, 2000) requirements on grounds of it being dated, discriminatory and ineffective, Riddell and Weedon's (2009) study found that a Fitness to Teach attitude remained amongst some university lecturers five years on. Interestingly, two teacher trainee disabled students, Andrew and Jean, reported that some lecturers were accommodating in terms of making adjustments, however others failed to make the adjustments they required. Riddell and Weedon (2009) also interviewed lecturers, who shared varying perspectives regarding the extent to which they felt disabled students could become (not necessary 'being') fit to practise. Further still, in an earlier contributing chapter, Hurst (2009) captured the comments of academic staff. One member of staff commenting on student's aspiration to a career as a teacher, said:

> I find it hard to see how people with severe dyslexia could be teachers, simply because they're modelling language for children and if they have trouble with it themselves, how could they do it for children? Every time they prepare something for children to look at, how do you know it's going to be accurate? So children might be picking up the mistakes that that person makes, so that's an issue. (Lecturer Dennis). (Hurst, 2009, p.92)

Hurst goes on to comment that given such viewpoints, it is understandable that students are conflicted about whether to identify as 'disabled'. Equally cutting is a comment about academic staff who are 'rubbish at getting the point across', that 'they can't teach' yet are 'very knowledgeable, a very good Professor …' (Hurst, 1990, p.86). It is telling how initial

discovery attempts are being shaped by ideas of who should teach. Of note, and in contrast to Dennis's view in Hurst's (2009) earlier study, Nadine in Ware's *et al*. (2021, p.9) study used her impairment (Dyslexia and Dyspraxia) as opportunities for 'teachable moments' with primary school children. This not only raises questions about the aspirations of trainee disabled students but also to academic staff themselves. For sure, ways of being/becoming a disabled student in higher education is problematic. It seems clear that the provisions in place for disabled, mad, mental health survivors/service users and/or as neurodivergent people continue to be inadequate. This, of course, even extends to the workplace (Roberts *et al*., 2009). Interestingly, the notion of 'becoming' a disabled person extends to teaching staff, as is revealed in data reported at a 'disabled teachers consultation conference' which highlighted that of 1,209 survey respondents, 88.5% of disabled teachers said that their job had affected their mental health, as compared to 81.5% of all non-disabled members (NASUWT, 2019).

Disclosing mental health and aggravating factors

As has been known, disclosure is complex involving multiple aggravating factors, some of which relate to personal experiences, those that relate to working and institutional practices, and others that relate to diagnosis that for some is presented undercover as recovery. In a survey conducted by Leeds Beckett University (2018, n.p.), from 775 respondents, it was reported that '77% said that poor teacher mental health has a detrimental impact on pupils' progress'. Although it is not clear whether respondents were replying personally or responding to a more general statement. Nor is it clear which sector level this response was referring to. Elsewhere, there have been studies examining psychological distress alongside using a diagnostic approach to determine psychiatric 'disorders' in teachers (Kovess-Masfety *et al*., 2007). Studies have typically focused on a host of issues, such as workloads, the culture of accountability, burn-out, stress, gender, teaching level, and even pressures to be a 'good teacher' (Gray *et al*., 2017, p.206). Kovess-Masfety *et al*. (2007, p.1178) argue that 'burnout is a job-related psychological syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can affect human service professionals such as teachers'. According to some (Gray *et al*., 2017), other key factors include: the level of responsibility in terms of children, families and the whole community; administrative factors; difficulties with behaviour management and continuous performance scrutiny. Yet further, there are a collection of studies, which discuss numerous issues including issues of recovery and notions of self-determination (Spandler, *et al*., 2015). Some of these studies frame 'recovery' in social terms, as empowerment, taking control, rather than that of medical diagnosis or symptoms. For sure, so-called professionals and institutions have appropriated the language of marginalised and oppressed groups. As has been articulated, by Spandler and Anderson, that:

> … radical mental health activists often point to the spectre of coercion and forced treatment of mad people which, they argue, can derail supposedly progressive social policies such as recovery and social

> inclusion and even trump human rights legislation. (Spandler and Anderson, 2015, p.21)

Notions of so-called 'recovery' are problematic. Beresford (2015, p.249) suggests that individuals have tended to avoid creating their own models of 'recovery'. At the same time, it is also understandable that individuals are cautious, reluctant and avoid so-called well-being services given that these are dominated by medicalised understanding of mental distress.

There is little existing literature concerning PGCE student experiences of mental health difficulties (differences). Gray *et al.* (2017, p.203) found that teacher burnout can occur very early in a teaching career, with many trainee teachers reporting 'significant stress'. Whilst it is suggested that school culture has the most significant impact upon early career teachers (Gu and Day, 2007), the literature highlights how university and school placement experiences appear to contribute to PGCE student experiences of anxiety and distress. There are examples of individuals who have shared their experiences (TES, 2020) and on other social media platforms, however, there is a lack of understanding of adequate support and what changes need to be made. For sure, stress can be a common feature of teaching, it can be even an important feature of human existence, but what is at stake here is the way stress is intentionally distributed and experienced disproportionately by disabled people, particularly those who identify as mad, mental health survivors/service users and/or as neurodivergent.

Teaching practice machine, control, exclusionary practice and professional interests

I (Sarah) had certainly felt anxiety and distress from my school placement. I had spoken with my university mentor disclosing what was happening on placement and checking whether they (the university) had informed my placement mentor (the school) about *my* disability disclosure. In that week Janet had spoken to me and agreed a revised work schedule and I remember I left school that day feeling anxious and humiliated. I also remember feeling anxious about returning to the placement the next day. The next day I recall waking early, I counted the seconds, 18,000 of them, and as I walked into the classroom I came face-to-face with my aggressor. Janet made a passing comment which made me feel terrible. I felt on edge all day. Feeling as I did, I summoned up courage to email my university mentor, even though my aggressor's previous comment about 'grassing' her up was causing me some angst, requesting that they call me back as a matter of urgency. In anticipation, I remember receiving a phone call, I relayed my experience and the current situation and enquired as to whether it was possible for me to be put in a new placement. I also recall feeling so strongly about this, that I was prepared to leave the course if things did not change, and I told Eileen so. I discovered that such a decision would have to be made by the programme leader.

I spoke to the programme leader about my concerns, and it was agreed that I was to leave the placement with immediate effect. I remember that at the time that I left, the programme leader told me about the importance of maintaining the university's partnership with the school and the need for my leaving to be dealt with 'sensitively'. I also recall the programme leader making me feel useless as though it was my fault. As a result, I was not allowed to email Janet personally to tell her about my withdrawal from the placement. Instead, I had to email her to tell her that I was unwell and would not be coming in. On reflection, I still feel conflicted as to why I sent this email, and that I was not able to tell her how I really felt, and that what she had done was discriminatory. As Kikabhai (2022, p.687) notes, of course schools collude with universities and perpetuate inequality, these are the dynamics of a social system, a discursive landscape, involving 'mechanisms of social selection, and institutional violence'. There are socio-political dimensions of teaching practice which involve power relations between schools, local authorities, and higher education institutions (Crozier and Menter, 1993). For example, Crozier and Menter (1993), focusing on issues of gender and 'race', discussed the teacher practice triad, and highlight these relations by drawing upon students' experiences and their disillusionment.

I also recall being disillusioned and speaking with my programme leader about the placement situation and the behaviour of my mentor – which in total amounted to me not being listened to. What I said was diminished to it being "likely joking" and I was being "over sensitive". I also recall speaking with the programme director. After a while I started a new placement and found myself relaying my previous experience to my new teacher mentor. As I was settling into this new environment, I was informed that I would be observed by my programme leader and was later deemed to be 'inadequate'. I also recall that I was told that I should "try to pursue a less stressful career". I left the programme.

On reflection, my own lived experience has raised several important questions relating to teacher training, the role of mentors, the experiences of disabled people and particularly in relation to issues of mental health. So much for trying to understand what it means to be 'mad', and so-called '*rule infraction*', breaking 'social rules, norms and laws' (Spandler and Anderson, 2015, p.15). This is not 'recovery' in terms of self-determination, but rather how situated identities take shape and are constructed, a process of control, entrapment and institutional violence taking hold in this territorialised educational space, colonizing minds, the order of things, an effect and outcome of a 'disablist cultural capital' (Kikabhai, 2022, p.691). In this context, recovery is not experienced as a site of transformation, or about reclaiming power or agency, but rather part of the machinery which feeds exclusionary processes and professional interests.

The following section draws upon questionnaire and interview data from a postgraduate dissertation study (Pattinson, 2021). Questionnaire data (n = 26) was gained from training students, university academic tutors, and school teachers. Interview data was drawn from seven interviewees, which involved one academic mentor, one academic tutor, one teacher and four

PGCE students. It brings together findings, draws upon the related literature and offers a critique of the issues raised. Acknowledging that 'madness' is beginning to be reclaimed by the user/survivor movement (Spandler *et al*., 2015, p.6) it draws upon experiential knowledge, explores issues of access to support, disclosure, and recounts the coercive power relations that position students, aspiring to be teachers in disadvantaged and marginal spaces. Here its analysis is further developed and informed by a (Critical) Disability Studies, Mad Studies, Inclusive Education perspective, suggesting that the Fitness to Teach directive is problematic, it fronts the lived experiences of individuals who are aspiring to enter the teaching profession. To protect the confidentiality and anonymity of the participating individuals all data has utilised pseudonyms.

Findings and Discussion

One issue related to the support offered by university tutors to students including individuals experiencing mental health difficulties (differences). Unsurprisingly, all seven participating university tutors claimed that there was support available for students experiencing mental health difficulties (differences). Mirroring this, whilst some PGCE students can have a positive experience of the support, in this study the experience of students with unsupportive tutors is notable. It was also found that some PGCE tutors are ill-equipped to meet their duty of care responsibilities. Venn (2020) noted how university tutors tend to be the first point of contact for students. Although it is recognised that tutors are not mental health 'professionals', they should at the very least, Venn (2020) suggests, be able to listen to students and direct them to the appropriate support services. However, Venn (2020) found that many university tutors did not even know which services to direct students to. Venn (2020) also drew attention to the fact that many tutors felt that their role was purely academic. This viewpoint could also easily be accompanied by the idea that this role also relates to being research focused. Alan, a questionnaire respondent for example, in his initial reason for pursuing a career in teacher education stated:

> *I had been a local authority adviser in the past and had enjoyed the work that I had done in relation to teacher development. The teacher educator role offered opportunities to work within that area and pursue research interests.* (Alan, Questionnaire Respondent, 2020)

Note there is no mention of Alan's responsibility towards making a positive difference to student's experience or to teaching. The view of a teacher educator role (course provider) was also noted by a PGCE training student, Maya who said:

> *On the whole, I think the course providers tried their best to make us feel supported and give us what we needed to be good teachers. However, I feel that their years spent being course providers blinded them to critique and feedback. When I or others raised issues with the*

> *workload, we were made to feel like we just weren't working hard enough – which I can speak for myself and the others was not true.* (Maya, Questionnaire Respondent, 2020)

It seems that Maya, is far more conciliatory in response even though she is made to feel that she was not '*working hard enough*'. Unfortunately, whilst the lack of support from some teacher educators has been noticed, it has also been noticed amongst tutor mentors. For example, Maya also recalled attending a tutorial with her university tutor and being made to feel inadequate, noting:

> *… I went to a tutorial once … and was told that he had been speaking to the other lecturer about me and that they felt I was "difficult". This made me feel really insecure and I lost trust in my mentors having my best interest at heart, and any confidentiality I thought existed between us. The mentor then laid into how hard I found the organisation side of things, bringing up that I had said in the past it was an issue of mine. He then detailed how this wasn't good enough, which when you're feeling anxious translates as "you're not good enough". I felt like they had a personal dislike of me, and whether that was true or not, I hope they review how they treated me because I'm sure if I interpreted it that way, somebody else could. Eventually, I broke down in the tutorial, explaining that I was doing everything I could but that I needed more support. The tutor I think realised how harsh he had been and suddenly said "Oh but we think you're fully on track to become an excellent teacher", I wish he'd lead with this. Others too complained that when they were visited in their schools, they were only given negative critique and that it set them back emotionally.* (Maya, Questionnaire Respondent, 2020)

Maya later also recounted her experience with her placement mentor who had been disparaging, had made explicit sexist comments, and would undermine her confidence in feedback sessions from lessons she had delivered. On asking respondents about suggestions about what should be done, Maya suggested that course providers should listen to students, more mental health provisions early on, and proactive measures to those experiencing anxiety and depression. In her final comment, Maya highlighted a particularly important issue; that is, that universities value their partnerships with placement schools over the well-being of their PGCE students.

Despite reports of negative training teacher comments about the lack of support and constructive guidance whilst on placement, it became clear how power relations were prioritised. Alan, for example, made it clear which relationship is of greater value in his comment:

> *The first port of call would be to have discussions with the professional tutor in the school and see what might be done. We are short of school placements (often desperately short) and we have to maintain positive relationships with schools – we certainly can't be appearing to threaten the school in any way. Professional discussion is required.* (Alan, Questionnaire Respondent, 2020)

It is clear (at least for Maya), however in this situation, that students do not matter, at least not students who disclose experiences of distress and anxiety. Their concerns are being appeased and ignored and that maintaining '*positive relationships with schools*' is the principal objective irrespective of student experiences. It seems that calling schools out on their failure to provide reasonable adjustments for PGCE students is likely to be perceived as a threat, but of course, this institutional failure will be presented as the student's failure to meet so-called teaching competency standards. As Dolmage (2017) noted such students are considered a 'threat' to space.

With respect to 'Fitness to Teach' (D*f*EE, 2000), three key issues emerged from the data as to its purposes, these were: assessing 'capability'; identifying necessary reasonable adjustments; and safeguarding pupils (and trainee teachers according to one respondent). Of the 18 respondents who were familiar with 'Fitness to Teach', Seven respondents' initial understandings of its purpose remained unchanged, even within the context of the Equality Act 2010. Six respondents started to lean more strongly toward the notion of 'Fitness to Teach' as a means of identifying reasonable adjustments for students. However, the remaining five noticed some tension between the 'Fitness to Teach' requirements and equality legislation, for example John, a teacher, stated that:

> *I suppose it creates a contradiction in some ways that one documentation is for the person being able to achieve anything that another could do, while the other provides a somewhat counter-clause or 'small print' in that ideology*. (John, Questionnaire Respondent, 2020)

Although, it may appear that the Equality Act 2010 is promoting equality for disabled people, one must still question (for John, it is important to '*read the small print*') what is meant by the word 'reasonable' and at what point do requirements for adjustments become unreasonable such that institutions neglect their legislative duty? Interestingly, it has routinely been thought that the 'Fitness to Teach' document is to safeguard children and young people (Riddell & Weedon, 2009), and yet there is limited acknowledgement of the growing concerns as to the mental health of prospective teachers (Brodbelt, 1973). In contrast, there has also been growing recognition that such policy has been anachronistic, ineffective and discriminatory (Riddell and Weedon, 2009). As has been noted elsewhere, a

'Fitness to Teach' attitude, primarily framed within a bio-psycho-medical model of disability, translates to an idea that some individuals are '*dangerous*' (Riddell and Weedon, 2009, p.116). Similarly, in this research, 3 of the 7 teacher trainers made comments which suggest that they also held this attitude. For example, Elaine stated in her response:

> *… sadly, those with the most "extreme" mental health issues over the past two years [the time that she has been a tutor] left the course … but there is an extraordinary amount of support that is packed around them [students] when we can tell they are struggling from [university name] health services, the programme lead and of course the tutors. Partnership schools step up and offer what they can too. Students rarely ask us for the adjustments as they know the consequences of reducing to smaller timetables etc. as they will not then pass QTS which is set out by government legislation.* (Elaine Questionnaire Respondent, 2020)

Elaine appears to express her view that those with the most '*extreme*' mental health differences tend to leave the PGCE course. It seems that she is embedded within an individual deficit interpretation, despite the apparent '*extraordinary support'* and that the university does not necessary 'offer' support but rather pursues a process of discovery. Elaine also seems to be qualifying this insight by referring to government legislation in terms of teaching practice hours required, and its inflexibility, for the lack of students requesting reasonable adjustments. Notice that no question relating to the quality of this so-called '*extraordinary support*' emerges.

Similarly, Alan also suggested that:

> *I have experience of student teachers with disabilities doing very well on the PGCE programme, so would very much be an advocate for recruiting people with disabilities and providing the support (and challenge – that's how you learn) necessary. However, there are some disabilities/needs that are going to make it very difficult in the school and classroom environment, e.g. ASD [Autistic Spectrum Disorder] – we've experience of people with the latter having their health seriously affected and the young people being taught by them negatively affected as well, hence for their own well-being I would say that they are not suited for teaching.* (Alan, Questionnaire Respondent, 2020)

It is unclear as to whether Alan is extrapolating his concern to all individuals who may associate with neurodiverse experiences. In terms of Alan's view of the requirements of the

Equality Act (2010) and meeting the requirements of the 'Fitness to Teach' agenda, he suggests:

> *I'm not sure the two need to be set up in opposition to each other, "fitness to teach" should be designed to help and offer support – but that doesn't mean that we shouldn't use our experience to say that in some cases it "just isn't going to work".* (Alan, Questionnaire Respondent, 2020)

It is interesting that Alan, who describes himself as a white British non-disabled male, uses his 'experience' (although he does use the collective 'we' and 'our' – who is he referring to?) to justify his view, which also raises another question: What entitles Alan to make such a judgement about a student's suitability to teach? This raises questions of power/knowledge (Foucault, 1977) from which Alan becomes a teacher-judge. It seems that whilst there are concerns about Fitness to Teach discriminatory attitudes existing elsewhere (Riddell and Weedon, 2009) it is clearly being expressed in the Southwest of England.

Some trainee teachers who participated in the study expressed how they felt when filling in the 'Fitness to Teach' document. Chloe, for example, recalled fearing that she would not be able to pursue her 'dream career' and explained how she made sure that she framed her response to the 'Fitness to Teach' document in a positive way to ensure that her 'diagnoses' was not viewed as a barrier. Jasmine was also concerned that her tutors might judge her based upon a previous diagnosis, which she felt was not a true reflection of her. During an interview, Maya shared that she decided not to make a disclosure at all:

> *… it [anxiety] had never been bad enough that I had caused any harm to myself or … I thought "well I'm fine" but I do think it's something about me and something about my behaviour that does seem to align with the symptoms so I could have put something in that box, but I remember choosing not to. I thought "oh well if I tell them will they think of me differently?"* (Maya Interview, 2020, Lines: 2115 – 2118)

Without doubt, these trainee students are conflicted about their experiences. Arguably, the 'Fitness to Teach' policy directive is intruding on their private identities for institutional and public consumption, to coerce, to control, to offer apparently '*extraordinary support*', to discover/recover their suitability to teach. Even though students feel conflicted, it seems questionable as to whether student's responses to questions such as: '*Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia or eating disorder (anorexia or bulimia)?*'(D*f*EE, 2000, p.51), can be framed positively, given that such questions are situated within a deficit, medicalised model of disability.

Interestingly, Chloe one of the trainee students who had disclosed that she had been recently labelled as having ASD, actively engaged in a discourse of recovery, when explaining her experience. Specifically, she noted:

> *I am aware of many teachers with varying degrees of mental health problems and different ways in which they manage that, but I have only ever come across a couple of teachers with significant experience of eating disorders (that I'm aware of) and I think they were both fairly established in recovery by the time they started teaching. I have been through several relapses and have been quite unwell during lockdown [referring to the Covid-19 pandemic] so am easing into a part-time teaching post in September but it does worry me. I have a long way to go with recovery and there is absolute possibility that I could experience another relapse. I feel a lot of pressure to set a good example to students with regards to food and feel that the obvious weight fluctuations that I can experience may not do that. I also worry about the physical symptoms and fatigue that I experience and fear that this will be viewed as my own doing and therefore not supported in a way that other physical (or even mental) health conditions may be. I am very aware that I have a responsibility to look after myself and maintain fitness to work but I also battle with an eating disorder that has many, many resulting symptoms. There is a wealth of information about how teachers can support students with eating disorders, but I've struggled to find much research or anecdotal information about teachers with eating disorders and how they have coped.* (Chloe, Questionnaire Respondent, 2020).

Chloe is critically reflective about her role as a teacher. Whilst Chloe does identify as experiencing mental health difficulties (differences) she simultaneously engages in a discovery and recovery explanation, particularly worried, concerned about fatigue, eating disorders and information to support teachers, how they have '*coped*', as she eases into a part-time teaching post. We wonder if at some point if in Chloe's teaching career whether she will meet Alan, who was explicit when he said it *"just isn't going to work",* and what her response would be*?*

Interestingly, Daisy, an interviewee participant, reported that she too had changed schools due to problems in her first placement. Daisy eventually withdrew from teaching even though she had successfully completed the teaching component of the course but had not met the requirements of the assignments. Daisy also engaged in a discourse of recovery and was puzzled as to why she had received negative feedback from her placement mentor given that she had passed. Daisy had relayed her experience to her doctor and was

prescribed anti-depressant medication. Daisy puts her experience of 'depression' as an effect of her PGCE teacher training programme. In her words she made clear:

> *… and I've never been like this, only since doing my PGCE, ….* (Daisy Interview, 2020, Lines: 733 – 748).

It is, of course, a matter of concern that some students report a negative experience and have been left unfulfilled with meeting their aspirations to teach. It is concerning that teacher-judges are actively positioning trainee students as misfits. It is surely worrying that in some instance teacher training, itself could be a contributing factor for anxiety, distress and depression.

It is interesting that Garland-Thomson (2011, p.592), in part, utilises the terms 'fitting' and 'misfitting', and suggests a feminist material conceptualisation of the 'shifting spatial and perpetually temporal relationship' which confers agency and value on its subjects. Likewise, Kikabhai (2022, p.8) utilising the theoretical work of Deleuze and Guattari (2008), suggests that whilst these identities can confer agency on its subjects, they also '*reflect territorialised space, time and context in which those identities are formed*' or as in Garland-Thomson's (2011, p.592) terms are a 'misfit' emerging from a '*dynamic phenomena produced through entangled and shifting forms of agency …*'. As Garland-Thomson stresses:

> *One of the fundamental premises of disability politics is that social justice and equal access should be achieved by changing the shape of the world, not changing the shape of our bodies*. (Garland-Thomson, 2011, p.597)

In short, identities change, they involve embodied entanglements, and can in any one moment and place fit or misfit. In this sense, 'any one of us can fit here today and misfit there tomorrow' (Garland-Thomson, 2011, p.597).

Conclusion

This article began with recognising the discipline of Mad Studies, and its emerging importance in offering different insights into the lived experiences of individuals, particularly individuals who identify as psychiatric system survivors, some who identify as disabled people, neurodivergent, individuals who share experiences of anxiety and distress, and those who are relatively new to this experience. Allied to (Critical) Disability Studies and Inclusive Education, it enables, as in this context, a critical insight into teacher training and offers a different set of critical reflective questions.

In addition, this article recognised the debate about madness and its place in (Critical) Disability Studies. There are multiple identity issues; nonetheless, individuals recognise the mutual

experiences of discrimination, injustice and living within an oppressive society. There are also concerns about the lack of diversity within the teaching profession. Grounded in the lived experiences of people who experience anxiety and distress, labelled as having mental health difficulties (differences), seeking to pursue a career in teaching; their experiences of the barriers to their teaching aspirations are troubling.

The 'Fitness to Teach' policy is inherently problematic. Whilst it may be thought that equality legislation and the requirements to make reasonable adjustments offers some reassurance; and for some a conferment of a legitimised disability with the so-called help that follows, it needs to be remembered that disclosure involves the risk of exclusion. Trainee experiences in this study are filled with concerns about the lack of support, the lack of any adjustments, being observers of abusive and discriminatory teachers, being ignored; even when their concerns are reported to the university and being told they are 'over sensitive' or not 'working hard enough'. In some instances, students are made to feel that it is their fault. Whilst Scotland has abolished the 'Fitness to Teach' requirements, negative attitudes remain and are actively openly pursued in the Southwest of England. Using Mad Studies offers a different understanding. Such policy initiatives are suspiciously 'curative', systemically about discovery; particularly of the self, perpetuates notions of 'recovery' and are coercive, inherently discriminatory and deficient. In terms of the current 'Fitness to Teach' policy directives, it ought to be more accurately, in Garland-Thomson's (2011) terms, be re-titled as 'Misfit to Teach', which acknowledge the exclusions, discriminations and everyday material reality of individuals, and more accurately reflects the experiences of the participants in this study. For sure, it seems that it better reflects the reality that the teaching, and access to teaching, machinery is built for only certain kinds of bodies and minds, its function is to control and exclude misfits, and the not yet misfits.

Further, disabled students particularly individuals who identify as having mental health difficulties (differences), experience distress, identify as neurodivergent, and/or are survivors/users of mental health/psychiatric services ought to be aware of the way in which universities are implicated in discrimination and perpetuate inequality, how schools; or at least most school mentors are valued far more than students are. It is no surprise that disabled students are justifiably conflicted about issues of disclosure. It should be no surprise then that for individuals it is difficult to negotiate the mad/disability identity. For sure, there is a lack of disabled people. individuals who identify as having mental health difficulties (differences), experience distress, identify as neurodivergent, and/or are survivors/users of mental health/psychiatric services as teachers. There are also limited understandings of the diversity of disabled people across intersectional identities and experiences. Arguably, an inclusive education system is important in terms of creating an inclusive higher education system. As such, enacting inclusive education ought to extend to the inclusion of teachers who identify as mad, psychiatric system survivors/user movement, some who identify as disabled people, neurodivergent, individuals who share experiences of anxiety and distress, and those who are relatively new to this experience. This includes recognising how these experiences

cut across identity characteristics. There are opportunities to critically rethink teacher education, with consideration to student's aspirations to teach. We ask: what would this mean in terms of impact, diversity, role-models, a changed system of support, creating accessible and enabling spaces, anti-discrimination and the possibility of meaningful, positive, affective and transformative change? How can this critical thinking, informed by Mad Studies, (Critical) Disability Studies and Inclusive Education, reshape the theory and practice of teacher education and respond to higher education participation?

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