Equity Intersections: Teachers' Experiences with Student Wellness Support During the COVID-19 Pandemic

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Teachers often address student wellness concerns such as health and mental health. Yet, this work goes largely unacknowledged and unsupported by professional preparation. COVID-19 intensified these concerns amid disrupted systems of student support and increased student distress. Our national survey (N = 1398) pursued the powerful opportunity present during the pandemic to understand the extent and distribution of demands on teachers to address student wellness and the support they receive for such work. We found that the demand for teachers' wellness work was inequitably distributed across teachers, varying largely by their schools' sociodemographic characteristics. Additionally, access to support for this work did not align with demand levels. We discuss these findings' implications for teacher preparation, support, and workload equity.

Keywords: *equity, school health, school mental health, stress/coping, structural equation modeling, student wellness, survey research, teacher characteristics, teacher context, teacher knowledge, teacher working conditions*

COVID-19 brought disruptions and distress that dramatically reshaped teachers' work. On top of the early pandemic's precarity, isolation, and loss, longstanding systemic racism manifested in pronounced racial disparities in COVID-19's effects (Louis-Jean et al., 2020; Montenovo et al., 2022) and in repeated violent acts (a number of them deadly) against Black and Asian Americans. Wellness concerns[1] mounted among all Americans, including children and youth, who saw increases in mental health and substance abuse problems (Centers for Disease Control and Prevention,

2022; Naff et al., 2022). At the same time, teachers' work responsibilities profoundly transformed and expanded with schools' abrupt shift to remote instruction. Many supports usually available to students—such as in-school mental health, special education, nursing services, and community-based human services—were either disrupted or discontinued (Jeste et al., 2020; Kelly et al., 2020; Song et al., 2020). Amid these disorienting challenges, teachers continued their daily work with students.

The pandemic's circumstances were unusual and new, to say the least, but teachers' work supporting student wellness was not. Long before the pandemic, schools had uneven access to student wellness supports such as counseling and nursing, where inadequate coverage was often followed by insufficient funding (American Civil Liberties Union, 2019; Bastian et al., 2019; Fuschillo, 2018). A lack of such resources can shift student support responsibility to teachers, often the first adults outside of young people's families to notice wellness concerns such as housing disruption, trauma, or peer harassment. Teachers encounter such concerns through routine contact, as well as when students seek support from them as known, trusted adults (Michie, 2012; Valenzuela, 1999). Knowledge about teachers' wellness work—where teachers directly address student wellness concerns through direct intervention or referral—has grown in recent years, as we elaborate later. However, beyond that practice-oriented knowledge, the extent and variability of wellness work demand upon teachers and of resources to support teachers' efforts is unclear. Teachers' wellness work has often gone unacknowledged and unsupported within schools, even as it is implicitly expected. Yet, during the pandemic, this work took on a more pressing nature, as student concerns increased and support availability became more uncertain.

Our interdisciplinary research team wanted to understand which teachers experienced wellness work demand and whether supports to help them do this work was available in what we assumed were circumstances of high demand. We therefore set out to investigate matters of equity pertaining to teachers' wellness work, understanding equity as distributional—a state where needs are contextualized and vary from person to person and are met accordingly rather than simply met equally across all parties (National Alliance for Multicultural Education [NAME], 2023). Specifically, we were interested in the degree of correspondence between (1) the volume of demand teachers perceived to do wellness work and (2) the availability of resources and supports to scaffold and facilitate that work, all during a time (the early pandemic) that magnified its relevance. We therefore pursued two research questions: *(1) How equitably distributed are the demands for teachers to perform wellness work? (2) To what extent does wellness work demand align with teachers' access to resources that stand to support their wellness work?*

Our study is guided by existing literature on teachers' wellness work and our multidimensional conceptualization of equity, which together focus our attention on equity in the areas of student wellness work demand perceived by teachers and the resources that help them carry out this work. Using survey data collected in summer 2020 from a large national sample of U.S. PK–12 teachers, we illustrate the intersecting equity issues that accompany teachers' wellness work. As a result, we advance new knowledge about different, related forms of equity pertaining to teacher identity, workload, and access to support and consequences for their capacity to support their students.

Teachers' Wellness Work

Despite recognition of teachers' contributions to student wellness, their wellness work remains largely informal and unsupported in PK–12 schools. Current research acknowledges these added expectations for teachers and encourages school organizations to professionalize these added elements of the job (Steiner & Woo, 2021). Extant literature, reviewed later, reveals that teachers' wellness work is inconsistent due to scattered professional learning experiences and varied demands across different teacher groups.

Teachers' Engagement With Student Wellness

Schools are crucial sites for recognizing and responding to students' wellness concerns, with up to 75% of students receiving mental health support in schools (Merikangas et al., 2011) and millions of students receiving medical care via school-based health centers, community school models, and school nursing services (Centers for Disease Control and Prevention, 2022; Love et al., 2019; Sanders & Galindo, 2020). Even before the pandemic, teachers often occupied the defacto role of front-line wellness screeners. They identify and refer students with support needs (Rothi et al., 2008; Schonfeld et al., 2015) and can recognize and identify differences in the severity of those needs (Splett et al., 2019). Further, U.S. teachers are mandated reporters of suspected child abuse and neglect (Sedlak et al., 2022). However, with myriad competing demands and expectations in their jobs, teachers are often forced to choose between their overlapping roles of content specialist and student wellness first responder. As known, trusted adults who students seek for support, teachers often encounter, not always by personal choice, student wellness needs (Phillippo, 2013). At times, wellness support professionals (e.g., nurses, school psychologists) collaborate with teachers to deliver and assess the impact of student wellness support services (Bates et al., 2019), but at times, teachers are left to shoulder this work themselves.

Despite teachers' engagement in wellness work, they frequently feel unprepared for, overwhelmed by, and

ineffective in this area of practice (Graham et al., 2011; Mazzer & Rickwood, 2015). They report a lack of skills and knowledge adequate to support their students' health and wellness (Kraft et al., 2015; Roeser & Midgley, 1997). Nevertheless, wellness-related learning opportunities for teachers remain limited, impairing their ability to respond to student wellness concerns. Teacher preparation programs and professional development specialists struggle to incorporate wellness work into the curriculum or to exceed superficial coverage of social and emotional development and urgent student situations such as eating disorders, substance abuse, and suicide (Ohrt et al., 2020; Schonert-Reichl et al., 2017). Further, U.S. teacher certification and licensure standards rarely include wellness competencies (Ball et al., 2016; Brown et al., 2019), resulting in a disconnect between the explicit expectations that guide teacher preparation and the implicit expectations inherent in teachers' roles as helping professionals (Rodger et al., 2018). This disconnect reflects generations of consistently underspecified yet impassioned expectations of teachers to show care for students, such as teacher educators Harry and Rosemary Wong's exhortation that "the sincerest form of service comes from listening, caring, and loving" (Phillippo, 2013).

Scholars have begun to address gaps in the knowledge base for teachers' wellness work. Weston et al.'s (2008) framework of teacher mental health competencies, for example, encourages teacher educators to develop candidates' knowledge, skills, and dispositions for wellness work in areas such as school and community resource awareness, collaboration, and data collection. Training modules and intervention programs for teachers address wellness indicators and supports available in schools (Mental Health Technology Transfer Center Network, 2021; Ohrt et al., 2020) while also focusing on topics such as anxiety (Werner-Seidler et al., 2017), community violence (Jaycox et al., 2014), and trauma (Rodger et al., 2020). These learning opportunities build teachers' wellness work capacities by promoting their knowledge of risk and protective factors for wellness concerns (Fortier et al., 2017) and by enhancing their skills in areas like conflict resolution and flexible seating (Long et al., 2018; Splett et al., 2019). However, teachers' exposure to and awareness of such learning opportunities varies, resulting in inconsistent teacher readiness to navigate student wellness needs.

Differences in Teachers' Wellness Work Across Identity Groups

Dimensions of teachers' wellness work also vary across identity groups, resulting in uneven wellness work demand. Female teachers, the dominant majority in the teaching profession (Ingersoll et al., 2021), are often viewed as possessing more caregiving and child-rearing attributes in comparison to their male counterparts (James, 2010). Rationales for the intensified recruitment of female teachers in the

19th century—when the majority of teachers were male—included the stereotypes that women were more affectionate, nurturing, and encouraging and would perform this work at a lower wage (Clifford, 2014; Kafka, 2016), foreshadowing expectations that female teachers would perform wellness work without preparation or acknowledgment. Conveying this characterization, early school reformer Mann (1844, p. 140) referred to the "greater intensity of the parental instinct in the female sex, their natural love of the society of children, and the superior gentleness and forbearance of their dispositions." More contemporary evidence also suggests that female teachers are (or are seen as) "deeply committed nurturers" (Noddings, 1990, p. 415), engage more readily with student wellness concerns, and are considered more approachable (El-Alayli et al., 2018; Everitt, 2017). These gendered work expectations suggest intensified wellness work demands upon female teachers.

Extant knowledge about minoritized teachers' work suggests that they too encounter unique, additional wellness work-related demands. In the face of school and community environments that meet minoritized children with hostility, teachers who share students' identities often feel obligated to protect their students from harm (Duncan, 2019; McKinney de Royston et al., 2021) and to act on their behalf as cultural translators and intercessors (Flores, 2017; Irvine, 1989). Black teachers, notably, have historically exceeded their instructional roles, as "othermothers" and "otherfathers" (Beauboeuf-Lafontant, 2002; Brooms, 2017), healers (Dixson & Dingus, 2008), and activists (Siddle Walker, 2005). Bristol and Mentor (2018) found that Black male teachers were pressed into uncompensated disciplinarian roles over and above their and their non-Black and non-male peers' assigned responsibilities. Similar caregiving work appears among other minoritized teacher groups, including Latinx teachers (Antrop-González & De Jesús, 2006), LGBTQ teachers (Wells, 2017), and Muslim teachers (Suad-Nasir, 2004). Evidence on student-teacher race matching suggests that same-race teachers evaluate students more favorably, particularly when it comes to Black students (see study syntheses in Redding, 2019; Weathers, 2023), although the benefits of race-matching are inconsistent across the type of benefit (e.g., evaluation vs. attendance) and across student ethnoracial groups (e.g., Gottfried et al., 2022; McGrady & Reynolds, 2013). Still, teachers of color encounter expectations that same-race students will benefit from working with them. While often embraced by teachers, these demands constitute additional pragmatic and emotional labor.

Racial hegemony can undermine White teachers' capacity to promote wellness for their students of color. White teachers have higher office discipline referral rates (Lindsay & Hart, 2017) and have been found to dismiss students of color when they report problems or racist treatment, instead blaming students and failing to interrupt harmful behaviors

(Bell, 2021; Wandix-White, 2023). They have also been found to distance themselves from students of color, limiting their demonstrations of care to superficial matters such as student appearance and behavioral compliance (Rogers & Brooms, 2020; Valenzuela, 1999). White teachers' efforts to show care for students have also been understood as thinly disguised expressions of deficit perspectives and even disgust (Matias & Zembylas, 2014; Morales et al., 2019). Yet, when encouraged to develop their capacity to support their students of color, White teachers and teacher candidates can become defensive (Irby, 2021; Matias et al., 2022). This evidence highlights damaging behavior by White teachers and also suggests a potential for caring misfires, where they may think they are looking out for their students of color but are doing them harm instead. We, therefore, see reason to anticipate that students of color may not necessarily seek or welcome wellness support from White teachers.

The unevenness of teacher-reported wellness work intersects with scattered and largely underdeveloped efforts to build teachers' capacity to perform it. As a result, we identify potential concerns with how perceived wellness work demands—and support for teachers as they strain to meet that demand—are distributed.

Conceptual Framework: Multifaceted, Distributional Equity

Given teachers' inconsistent readiness for wellness work and uneven demand upon teachers to perform that work, we use a conceptual framework that focuses our attention on distributional equity. This conception of equity does not involve the strictly *equal* treatment of individuals (Satz, 2012), whose needs will inevitably vary. Rather, we emphasize individuals' access to what they need, particularly in contexts where needs differ. From this perspective, valued goods are distributed according to need so that those goods do not create an advantage or disadvantage (Laden, 2013; Rawls, 2001; Reich, 2013).

In PK–12 education, discussions of equity conventionally center around students' access to education-relevant goods, resources, and experiences. One example is the "digital divide," where not all students have regular, sustained access to computers or Wi-Fi to support their learning. This inequity became particularly urgent during the early COVID-19 pandemic's shift to remote learning (Vogels et al., 2020). Distributional equity approaches to the digital divide, therefore, involved the provision of computers and Wi-Fi access to those lacking it rather than providing the same tools to all students (some of whom already had them). From a perspective of students' distributional equity, the teachers' role is to facilitate or obstruct equity for students.

Recent scholarship characterizes equity more broadly and so could include teachers more fully. One critique of the distributional equity perspective is that it frames individuals as passive recipients of goods (Laden, 2013) rather than capable of co-constructing their own experiences of equity (Muhammad, 2020). Additionally, a deliverable goods understanding of equity is perceived as too narrow. From the study of environmental justice (e.g., toxin exposure), Schlosberg (2007) proposes an expanded, "multifaceted" understanding of just, equitable distribution, which includes social and legal recognition, parity in opportunities for political participation, and the capability to function fully. From this perspective, agentic actors navigate systems that can facilitate or impair equitable opportunities to participate and exercise voice.

An expanded view of distributional equity provides a useful lens into teachers' multidimensional experiences of equity and inequity. Recent scholarship and journalism have explored teachers' experiences with student loan debt (Fiddiman et al., 2019), licensing exam requirements and costs (Barnum, 2017), and support of students in the face of racial discrimination (Brazas & McGheean, 2020). These considerations often center on inequity, with teachers of color facing an outsized burden in each instance. They are highly sought out as employees because they are underrepresented in the teacher workforce yet accumulate similar if not higher debt while receiving comparable, if not lesser, compensation (W. W. Williams et al., 2016). Similarly, Johnson et al. (2012) addressed the equity of school working conditions, concluding that teacher turnover rates in "high need" schools are often associated with conditions such as unsupportive collegial relationships, insufficient time to complete work tasks, limited teacher voice in school governance, and inadequate resources. Negative working conditions predicted lower job satisfaction and higher turnover, suggesting inequity in career supports—with teachers in the most demanding schools encountering less supportive working conditions. School reform policies such as turnarounds, school closures, and curriculum overhauls also place particularly high demands on teachers of color and teachers of minoritized students (Cook & Dixson, 2013; Cucchiara et al.; Todd-Breland, 2018).

Teachers' distributional equity concerns, therefore, involve their professional, demographic, organizational, and societal contexts, as well as differences in workload volume and intensity. These concerns span the pragmatic, cognitive, and emotional workloads of teachers' wellness work, as well as related support for it. We anticipated that the pandemic magnified these concerns, given discrepancies between school community needs and available supports for teachers' work (Kraft et al., 2021b). Our resulting multifaceted equity framework, therefore, guides our interrogation of wellness work equity concerns across multiple dimensions.

Method

Two research questions drove our study: *How equitably distributed are the demands for teachers to perform wellness work*, and *to what extent does wellness work demand align with teachers' access to resources that stand to support their wellness work?* We used a survey to sample a large and diverse group of K–12 teachers, as we remained mindful of survey methods' historical neglect of social justice concerns and reductive engagement with participant identities (Fowler, 2013; Strunk & Hoover, 2019). Our interdisciplinary research team possessed collective expertise in teacher education, social work, education policy, research methodology, and clinical and developmental psychology, which provided multiple pertinent perspectives on teachers and student mental health, as well as survey research methods, throughout the research process. We collaboratively developed and distributed our online survey to U.S. PK–12 teachers between July and August 2020. Pandemic-driven disruptions in team members' professional and personal lives account for the delay between the pandemic's onset and our survey's availability online.

Using strategic convenience sampling (Chaskin et al., 2006), we distributed our survey link via national organization listservs, social media accounts, teacher education program alumni networks, state-level education department listservs, and local school district listservs. We asked those individuals and groups to redistribute the survey as well. This approach maximized our timely outreach to teachers when many schools' operations were disrupted, and many schools were closed for the summer. As part of the consent process, respondents affirmed their employment as full-time PK–12 teachers in the United States, inclusive of the survey's reference period (March 11, 2020, through the end of the 2019–2020 school year). Respondents could opt into a weekly raffle for a $20 gift card. To prevent fraudulent survey completion, we activated systematic protections (that blocked bot survey completion and prevented multiple submissions) provided by our survey software (Qualtrics). To further ensure data integrity, we also reviewed our database for survey response time and for responses from duplicate IP addresses and locations.

Sample

A total of 1,691 PK–12 teachers from 46 U.S. states responded to the survey. For the present study, we used data from 1,398 PK–12 teachers (83% of the 1,691 respondents) who provided complete demographic information (Appendix 1 in the online Supplemental Material provides more information on missing data).[2] We also had to exclude respondents identifying with the following ethnoracial groups because their group sizes were too small to be included in the test of interaction effects between respondents'

ethnoracial identities and the ethnoracial compositions of respondents' schools if those groups were retained: Asian-American ($n = 55$), Native American and Alaskan Native ($n = 9$), and Native Hawaiian and Pacific Islander ($n = 7$).[3] Additionally, because of group size, we also had to exclude teachers who identified as transgender or nonbinary ($n = 15$), teachers from alternative schools ($n = 24$), and teachers from charter schools ($n = 33$) (see Table 1 for respondent characteristics).

Survey Instrument

Our 118-item survey explored teachers' encounters with student wellness since the pandemic's onset. Items included in our analysis targeted three domains: (a) Demand upon teachers for student wellness work, (b) resources to support student wellness work, and (c) professional and demographic information. Some items came from already-validated surveys, and the team developed the remaining items. Our pilot testing of all items with 12 teachers informed final, minor wording changes for clarity. (See Appendix 2 in the online Supplemental Material for the full survey instrument.)

Analytic Model and Measures

We fit a structural equation model (SEM) to the data to provide answers to our research questions. Below, we describe the observed and latent variables in the measurement portion of the SEM. The factor structures to represent the latent variables were determined during preliminary analyses, which were guided by the theoretical rationale of the latent traits and model comparisons with respect to predictive performance of the data (for more information about preliminary analyses, please see appendix 3). Appendix 3 in our online Supplemental Material includes more information about each latent variable.

Latent Variables

Demand for student wellness work. This variable comprised 21 items that we created. These items inquired about how often the teachers encountered student wellness concerns involving mental health, safety, physical health, and family wellness (named categories by which the questions were grouped). For example, the mental health items asked, "How often have you encountered the following student mental health concerns since the pandemic began?" with the \ conditions of "anxiety or worry," "depression," "trauma," "grief or loss," and "substance use or abuse" being listed after the main prompt. Teachers responded on a scale of "never," "occasionally," and "often" for each condition (see Appendix 2 in the online Supplemental Material for the full survey instrument). For this study's purposes, we equated these encounters with wellness work

TABLE 1.
Characteristics of Survey Respondents Included in Study

Characteristic	Survey Respondents (N = 1,398)	
	n	*%*
Teacher characteristics		
Ethnoracial identity		
Black/African American	82	5.9
Latinx	111	7.9
White	1,205	86.2
Gender		
Female	1,203	86.1
Male	195	13.9
Years of teaching experience		
0–3	112	8.0
4–9	243	17.4
10–24	693	49.6
25+	350	25.0
Employing school characteristics		
Grade(s) taught by responding teacher		
PK–5	549	39.3
6–8	290	20.7
9–12	415	29.7
Multiple grade categories	144	10.3
School type		
Public	975	69.7
Private	423	30.3
School location		
Large city	463	33.1
Small city	231	16.5
Suburb	497	35.6
Town	99	7.1
Rural	108	7.7
School enrollment: Student ethnoracial identity groups in school		
>20% students are Black	563	40.3
>20% students are Latinx	597	42.7
>20% students are Asian, Native Hawaiian, or Pacific Islander	385	27.5
School enrollment: Students considered low-income		
>50%	548	39.2
21–50%	196	14.0
≤20%	654	46.8
School enrollment: Additional characteristics		
>20% students experience housing instability	193	13.8
>20% students are immigrants	322	23.0

demand, understanding that when teachers saw wellness concerns, they would feel a need for some sort of response, such as a referral to wellness personnel, even if they did not or were not able to respond. We represented a demand for wellness work with a bifactor structure to account for additional variance shared among specific groups of items after addressing the variance shared by all items related to the general factor of "demand for student wellness work" (Holzinger & Swineford, 1937). The categorical version of the hierarchical omega (ω; Green & Yang, 2009), which is a measurement reliability index, was .85 for the general factor.[4]

Comparative demand. This variable comprised four items (research team–created) that followed the "demand for wellness work" items described previously. These inquired about how teacher participants' perceived level of demand for student wellness work changed from before to after the start of the pandemic in the areas of students' mental health, safety, physical health, and family wellness. We represented comparative demand with a one-factor structure (ω = .75).

Teachers' wellness work competency. This variable comprised 10 items from the Mental Health Literacy Questionnaire (Hatcher, 2018) that inquired about teachers' skills and confidence in supporting student wellness (e.g., "I know the steps to take to make a referral for my student who seems to be struggling with wellness issues."). Response options (on a four-point scale) ranged from "strongly disagree" to "strongly agree." We represented teacher competency with a bifactor structure. The general factor's omega was .78.

Support sought inside and outside of school. This variable comprised six items (research team–created) that inquired about how often teachers turned to different people—including school administrators, wellness support professionals at their school, wellness and support professionals outside of their school, teaching colleagues at their school, teachers at other schools, and personal contacts (e.g., friends and family)—for support in addressing their students' wellness concerns. We represented "support seeking" with a correlated two-factor structure, with one being "support sought inside the school" (ω = 0.66) and "support sought outside the school" (ω = 0.58).

Teacher Training. This variable comprised two items (research team–created) that assessed the extent to which teachers received training opportunities to learn about student wellness issues and trauma-informed teaching (response options were "never," "one or twice," and "more than twice."). Equality constraints were applied on the factor loadings for model identification purposes so that two items could represent a one-factor latent variable (for example, see Cai et al., 2011), with ω = .65.

Observed Variables. The observed variables included teachers' self-report of their background and the characteristics of the schools in which they taught. All of these characteristics are self-reported, because our respondent privacy provisions
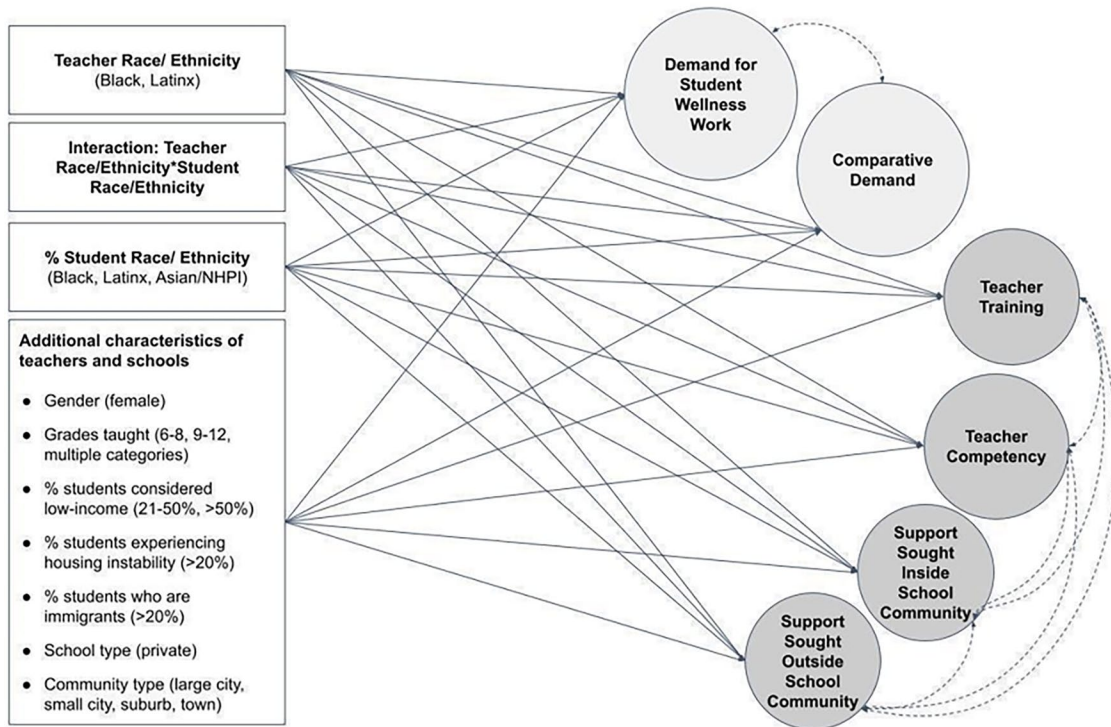
FIGURE 1. *Initial structural model: distribution of wellness work demand and teacher resources, by teacher and school characteristics.*

Note. The specific factors for the latent variables represented by a bifactor structure ("Demand for Student Wellness Work" and "Teacher Competency") are not included in this visualization because they were not included in the structural component of the model.

led us to not ask teachers to name their schools. Teacher characteristics included ethnoracial identity, gender, and total years of teaching experience. School characteristics in our analysis included the grades taught by responding teachers in the 2019–2020 school year; the composition of enrolled students with regard to ethnoracial identity, income, housing instability, and immigrant status (where options were "more than 20%" and "more than 50%" for each group, and teachers could select any number of options, or none); school type; and community type (e.g., urban, suburban, rural area). All items other than gender and school composition were modeled after the teacher questionnaire from the National Center for Education Statistics' (2017) National Teacher and Principal Survey. See Appendix 3 in the online Supplemental Material for more information about the observed variables in our analysis.

Structural Equation Model

In the structural portion of our SEM, we specified the observed teacher and school characteristics as predictors and the latent variables as multivariate outcomes (see Figure 1).[5] We used Bayesian estimation to fit our SEM to the data, as implemented in Mplus version 8.6 (Muthén & Muthén, 1998–2017). All survey items were treated as categorical.

Although we represented teachers' wellness work demand and competency to support student wellness using a bifactor structure in the measurement portion of the SEM, we only predicted the general factor of these constructs; the specific factors were to control for the additional residual correlation in a manner more parsimonious than specifying correlated residuals. Among these latent variables, student wellness work demand and comparative demand (compared to before the pandemic) were allowed to covary, and all teacher resource latent variables (i.e., general competency, training, and support sought inside and outside the school community) were also allowed to covary. Correlations between all covarying latent constructs in our final model are shown in Table 2.

We tested the effects of the teacher and school characteristics on all latent variables, including interaction effects between teacher ethnoracial identity and each of the student population racial/ethnic composition variables. We first tested whether the interaction effects were significant. (Because we used Bayesian estimation, by significant we mean that a variable has predictive utility because its 95% credible interval [CI] did not include 0.[6]). We then used a backward stepwise approach to remove nonsignificant interactions and refit the model. All results we report are based on this final model that includes all main effects and only the

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TABLE 2.
Latent Variable Correlations

	1.	2.	3.	4.	5.	6.
1. Demand for wellness work	—					
2. Comparative demand	.51*	—				
3. Teacher competency	−.08*	−.10*	—			
4. Training	.08*	.004	.47*	—		
5. Support sought inside school	.52*	.36*	.04	.17*	—	
6. Support sought outside school	.50*	.20*	.12*	.06	.47*	—

*Indicates that the 95% credible interval does not contain 0.

significant interaction effects.[7] More information about the technical details of the analyses can be found in Appendix 5 in the online Supplemental Material.

Results

Research Question 1: Distribution of Wellness Work Across Teachers

The extent to which perceptions of general wellness work demand and comparative wellness work demand (the perceived difference between demand before and then after the start of the pandemic) were equitably distributed across subgroups of teachers is summarized in Table 3.

Distribution of Wellness Work Demand

Inequitable distribution of perceived wellness work demand (to which we will hereafter refer as "wellness work demand") was observed across a number of teacher and school characteristics. Regarding teacher characteristics, wellness work demand was not equally distributed across years of teaching experience (i.e., main effect of experience). Those with 10 to 24 years of experience ($\beta = -0.27$) and more than 25 years of experience ($\beta = -0.50$) reported lower levels of wellness work demand relative to those with 3 or fewer years of experience. (For visual ease, in the text, we only report the posterior means for the variables that have significant effects (see Table 3 for corresponding 95% credible intervals).)

Regarding school characteristics, we observed several main effects. Teachers' perceptions of wellness work demand varied across school levels. Secondary grade teachers (6 to 8 and 9 to 12; $\beta = 0.35$ and $\beta = 0.51$, respectively), as well as multiple grade teachers ($\beta = 0.24$), reported higher levels of wellness work demand than those who taught PK to 5th grade. Those who taught in private schools also reported lower levels of wellness work demand than public school teachers did ($\beta = -0.35$). Teachers in large cities reported higher levels of wellness work demand than those who taught in rural areas ($\beta = 0.26$). The latter resembled the level of wellness work demand for those who taught in small

cities, suburbs, and small towns. Finally, wellness work demand was higher for those who taught in schools comprising 21% to 50% ($\beta = 0.20$) and greater than 50% ($\beta = 0.19$) low-income students relative to those whose schools comprising 20% or less, for those in schools in which more than 20% of the students were experiencing housing instability relative to those in schools with 20% or less ($\beta = 0.54$), and for those who taught in schools comprising more than 20% immigrant students relative to those in schools comprising 20% or less ($\beta = 0.20$).

We observed no main effects of teachers' ethnoracial identity and their schools' ethnoracial compositions on their perceptions of wellness work demand, controlling for other variables in the model. However, we observed an interaction effect between these variables. Wellness work demand was the same across Black, Latinx, and White teachers in schools with 20% or fewer Latinx students. However, in schools with greater than 20% Latinx students, Latinx teachers reported less wellness work demand than White teachers did ($\beta = -0.49$), whereas wellness work demand was the same between Black and White teachers. We did not observe an interaction effect between teacher ethnoracial identity and schools' compositions of Black or ANHPI (Asian, Native Hawaiian, or Pacific Islander) students.

Comparative Demand (Level of Demand Compared to Prepandemic)

We also examined factors that impacted comparative demand—that is, the reported change in level of perceived wellness work demand from before to after the start of the COVID-19 pandemic. Black teachers reported lower levels of comparative demand ($\beta = -0.35$) compared with White and Latinx teachers, but no other teacher characteristics (gender, years of teaching) had an effect on comparative demand. However, a couple of school characteristics did—mainly main effects. Those who taught high school ($\beta = 0.28$) and across multiple grade categories ($\beta = 0.28$) reported greater comparative demand than those teaching students in PK to 5. Comparative demand did not differ between those who taught grades 6–8 and those who taught

TABLE 3.

Distribution of Demand for Wellness Work and Teacher Resources, by Teacher and School Characteristics (Standardized Estimates)

Characteristics	Demand for Student Wellness Work β (95% CI)	Comparative Demand (Compared to Prepandemic) β (95% CI)	Teacher Competency to Support Student Wellness β (95% CI)	Teacher Training on Student Wellness and Trauma β (95% CI)	Support Sought Inside School Community β (95% CI)	Support Sought Outside School Community β (95% CI)
Percentage of variance explained (R^2)[a]	.25	.08	.07	.14	.12	.12
Teacher characteristics						
Race/ethnicity						
White[b]						
Black/African American	.023 (−.203, .248)	−.354* (−.615, −.091)	−.034 (−.282, .212)	.003 (−.267, .273)	−.034 (−.303, .235)	.187 (−.116, .487)
Latinx	.047 (−.161, .254)	−.187 (−.430, .057)	.123 (−.103, .348)	−.278* (−.508, −.045)	.226 (−.008, .459)	.291* (.033, .546)
Gender						
Male[b]						
Female	.036 (−.110, .181)	.021 (−.154, .196)	.185* (.024, .345)	−.117 (−.306, .071)	.397* (.216, .577)	−.121 (−.326, .086)
Years' teaching experience						
0–3[b]						
4–9	−.005 (−.214, .204)	.011 (−.239, .261)	.207 (−.023, .438)	.351* (.090, .609)	.083 (−.176, .344)	.004 (−.288, .296)
10–24	−.267* (−.450, −.082)	−.104 (−.328, .121)	.340* (.136, .543)	.605* (.371, .831)	−.124 (−.356, .111)	−.097 (−.357, .167)
25+	−.495* (−.692, −.295)	−.115 (−.355, .127)	.468* (.246, .686)	.754* (.504, .999)	−.307* (−.554, −.054)	−.423* (−.703, −.136)
School characteristics						
Grade(s) taught by responding teacher						
PK–5[b]						
6–8	.346* (.206, .483)	.082 (−.08, .244)	−.159* (−.311, −.006)	.040 (−.134, .213)	.371* (.203, .536)	−.107 (−.300, .086)
9–12	.506* (.379, .631)	.277* (.127, .424)	−.192* (−.331, −.05)	−.019 (−.178, .140)	.253* (.096, .407)	−.145 (−.324, .035)
Multiple grade categories	.244* (.060, .429)	.276* (.062, .489)	−.038 (−.241, .165)	−.146 (−.369, .079)	.056 (−.167, .279)	.040 (−.213, .291)
School type						
Public[b]						
Private	−.200* (−.347, −.055)	.044 (−.122, .210)	.009 (−.148, .167)	−.261* (−.436, −.087)	.339* (.164, .512)	−.130 (−.331, .069)
School location						
Large city	.258* (.058, .460)	.399* (.157, .644)	.004 (−.219, .226)	.224 (−.04, .484)	.384* (.129, .638)	.132 (−.156, .422)
Small city	−.114 (−.328, .102)	.148 (−.111, .409)	.046 (−.193, .286)	.178 (−.101, .454)	.290* (.018, .562)	−.048 (−.359, .266)
Suburb	−.15 (−.345, .048)	.110 (−.131, .350)	.057 (−.161, .273)	−.032 (−.293, .224)	.042 (−.208, .294)	−.210 (−.494, .079)
Town	.046 (−.210, .302)	.027 (−.279, .334)	.156 (−.127, .439)	−.065 (−.388, .259)	.286 (−.034, .604)	−.114 (−.487, .256)
Rural[b]						
School enrollment: Student race/ethnicity[c]						
Black/African American						
≤20% students[b]						
>20% students	.029 (−.090, .147)	−.211* (−.348, −.073)	.177* (.046, .307)	.079 (−.059, .216)	−.159* (−.292, −.023)	−.041 (−.194, .114)

(continued)

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TABLE 3. (CONTINUED)

Characteristics	Demand for Student Wellness Work β (95% CI)	Comparative Demand (Compared to Prepandemic) β (95% CI)	Teacher Competency to Support Student Wellness β (95% CI)	Teacher Training on Student Wellness and Trauma β (95% CI)	Support Sought Inside School Community β (95% CI)	Support Sought Outside School Community β (95% CI)
Latinx						
≤20% students[b]						
>20% students	.110 (−.022, .241)	−.088 (−.243, .066)	−.013 (−.158, .132)	−.121 (−.277, .037)	.023 (−.132, .177)	−.049 (−.226, .128)
Asian, Native Hawaiian, or Pacific Islander						
≤20% students[b]						
>20% students	.000 (−.126, .127)	.078 (−.069, .224)	.089 (−.049, .228)	.105 (−.040, .250)	.149* (.006, .291)	.214* (.051, .375)
School enrollment: Students considered low-income						
≤20%[b]						
21-50%	.195* (.025, .363)	.066 (−.133, .265)	.138 (−.049, .324)	.413* (.200, .622)	.240* (.030, .446)	−.155 (−.396, .086)
>50%	.193* (.035, .351)	.068 (−.120, .254)	.036 (−.138, .212)	.419* (.218, .616)	−.023 (−.217, .173)	−.040 (−.263, .185)
School enrollment: Students with housing instability						
≤20%[b]						
>20%	.535* (.372, .695)	.104 (−.092, .299)	.049 (−.137, .234)	.006 (−.205, .216)	.190 (−.012, .391)	.311* (.086, .533)
School enrollment: Students who are immigrants						
≤20%[b]						
>20%	.201* (.059, .342)	.074 (−.091, .241)	−.033 (−.19, .125)	−.111 (−.288, .066)	.127 (−.047, .298)	.131 (−.064, .324)
Interactions: Teacher and school characteristics						
>20% students Black/African American						
× White teachers[b]						
× Black/African American teachers	−.216 (−.673, .240)	.148 (−.388, .684)	.428 (−.045, .901)	ns	ns	ns
× Latinx teachers	−.268 (−.662, .126)	−.521* (−.988, −.056)	−.542* (−.947, −.135)	ns	ns	ns
>20% students Latinx						
× White teachers[b]						
× Black/African American teachers	−.009 (−.462, .444)	−.141 (−.672, .392)	−.555* (−1.024, −.085)	ns	ns	ns
× Latinx teachers	−.492* (−.892, −.089)	.129 (−.348, .604)	.138 (−.278, .552)	ns	ns	ns
>20% students ANHPI						
× White teachers[b]						
× Black/African American teachers	.495 (−.023, 1.009)	.369 (−.233, .975)	−.359 (−.894, .172)	ns	ns	ns
× Latinx teachers	.158 (−.270, .586)	.133 (−.372, .64)	.276 (−.166, .716)	ns	ns	ns

Note. β is the posterior mean estimate standardized by the "Y" outcome variable only in order to be able to make meaningful comparisons between groups (compared to the reference group mean of "0"). It represents the change in standard deviation units of the outcome variable when compared to the reference group for that characteristic. "95% CI" is the 95% credible interval. "ns" indicates the interaction was tested but not included in the final model because it was not significant (i.e., the 95% credible interval contained 0).
[a]The R^2 for each latent outcome variable represents the percentage of variation for each latent outcome explained by the predictors in our model. Mplus version 8 does not provide traditional goodness-of-fit measures (i.e., information criteria, root mean square error of approximation or CFI/TLI) for Bayesian SEM models that treat the responses to the items comprising the factors as categorical.
[b]Denotes the reference group for each category.
[c]All student enrollment race/ethnicity variables were grand mean-centered.
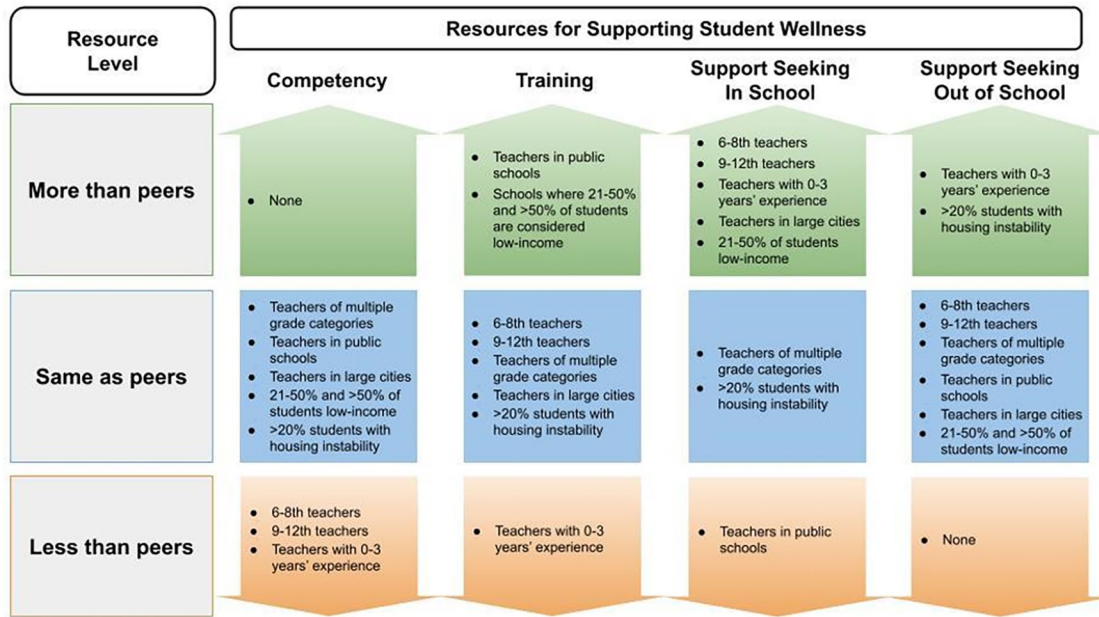*Indicates that the 95% credible interval does not contain 0.

FIGURE 2. *Distribution of resources to support student wellness, compared to peers, of teacher subgroups who reported encountering higher demand for student wellness work than their peers.*

Note. All subgroups of teachers included in this figure reported experiencing higher demand for student wellness work than their peers. The reference groups are as follows (in parentheses): Teachers in public schools (private schools); 21–50% and more than 50% of students are low-income (20% or less); 6th to 8th, 9th to 12th, and multiple-grade categories (PK–5th); large cities (rural areas); more than 20% of students with housing instability (20% or less). For Competency and Training, the comparison groups for teachers with 0 to 3 years of experience are teachers with 10–24 years of experience and with 25 or more years of experience. For Support Sought, the comparison group for teachers with 0 to 3 years of experience is teachers with 25 or more years of experience.

grades PK–5. Those at schools comprising 20% or fewer Black students reported a greater increase in comparative demand than did those in schools that enrolled more than 20% Black students ($\beta = -0.21$). Finally, those who taught in large cities reported a greater increase in wellness demand during the early pandemic than those who taught in rural areas ($\beta = 0.40$), similar to comparative demand for those who taught in small cities, suburbs, and towns.

In addition to the main effects, an interaction effect was observed between teachers' ethnoracial identity and that of their schools' ethnoracial composition on comparative demand. The main effect of teacher ethnoracial identity suggests that comparative demand was the same for Latinx and White teachers, and this generally held. The exception was for those teaching at schools where Black students comprised more than 20% of the student population. In this situation, White teachers were more likely than Latinx teachers to report greater comparative demand ($\beta = -0.52$). We did not find interaction effects between teachers' ethnoracial identity and the composition of the schools regarding Latinx and ANHPI students.

Research Question 2: Alignment of Wellness Work Demand and Resources That Support Teachers' Wellness Work

This question focused on the distribution of resources across teacher subgroups (see Table 3) and whether the level

of resources available to support teachers' wellness work aligned with the reported wellness work and comparative demands, with these supports including training opportunities, perceived competency in supporting student wellness, and support sought inside and outside of the school community. We defined "alignment" as when wellness work and comparative demands were positively associated with the teacher subgroups' reported access to wellness work resources, as that would indicate those who needed greater resources had access to them—that is, equitable access to those resources. Overall, teacher subgroups who reported higher levels of wellness work demand did not consistently report higher levels of access to wellness work resources (see Figure 2). Subgroups reporting higher levels of wellness work demand often had similar resources as those reporting lower levels of demand—across competency, training, and support sought outside the school—suggesting an inequitable distribution of resources across teachers. Some subgroups with higher wellness work demand actually reported lower resources. Of groups reporting higher demand and higher resources, higher support-seeking inside the school community most often aligned with higher demand.

Main effects of teacher ethnoracial identity and school ethnoracial composition on these resource variables were observed. Latinx teachers reported seeking support outside of the school community at a greater rate ($\beta = 0.29$) and

reported lower levels of training on student wellness and trauma ($\beta = -0.28$) than White teachers did. Black and White teachers, however, reported similar levels on both variables. There was no effect of teacher ethnoracial identity on support sought inside of the school community. For the main effects of school composition variables, teachers in schools comprising greater than 20% Black students reported seeking less support within the school community than those teaching in schools comprising 20% or less ($\beta = -0.16$). Additionally, those teaching in schools comprising greater than 20% ANHPI students sought more support within ($\beta = 0.15$) and outside ($\beta = 0.21$) of the school communities relative to those teaching in schools comprising 20% or less. No main effect of school composition regarding Latinx students on the resource variables was observed.

We also observed interaction effects between teachers' ethnoracial identity and students' ethnoracial composition on teacher competency to support student wellness. In schools with more than 20% Latinx students, Black teachers reported less competency to address student wellness than White teachers did ($\beta = -0.56$), but Latinx and White teachers did not differ. In contrast, in schools comprising more than 20% Black students, Latinx teachers reported less competency than White teachers did ($\beta = -0.54$), but Black and White teachers did not differ. There were no other conditions that moderated the effect of teacher training on the outcomes of student wellness and seeking support (both inside and outside of the school community).

In terms of other teacher characteristics, recall that those with 10 to 24 and 25 or more years of teaching experience reported less wellness work demand compared with those with 3 or fewer years of teaching experience. However, as might be expected, teachers with 10 to 24 and 25 and greater years of experience reported higher levels of competency to support student wellness work ($\beta = 0.34$ and $\beta = 0.47$, respectively) and reported receiving more training on student wellness and trauma ($\beta = 0.61$ and $\beta = 0.75$, respectively) compared with those with 3 or fewer years of experience. Therefore, some resources for teachers in the induction phase were misaligned with their level of perceived demand for wellness work. However, teachers with 3 or fewer years of experience sought support more often inside ($\beta = -0.31$) and outside ($\beta = -0.42$) of the school community relative to the most experienced teachers (i.e., for teachers with 25 or more years of experience).

We found only partial alignment between resources and wellness work demand when controlling for school characteristics. Those who taught grades 6 to 8, 9 to 12, and across multiple-grade categories reported greater wellness work demand than PK to 5 teachers. However, only those who taught grades 6 to 8 and 9 to 12 reported lower levels of competency to support student wellness work ($\beta = -0.16$ and $\beta = -0.19$, respectively) and sought more support within

the school community ($\beta = 0.37$ and $\beta = 0.25$, respectively). Private school teachers reported lower levels of wellness work demand and training on student wellness and trauma ($\beta = -0.26$) but sought more support within the school community ($\beta = 0.34$) compared with public school teachers. Those in schools within large cities reported greater wellness work demand and sought more support within the school community ($\beta = 0.38$) compared with those teaching in rural areas. Teachers in schools comprising 21% to 50% and greater than 50% of lower-income students reported higher levels of wellness work demand and also received more training on student wellness and trauma ($\beta = 0.41$ and $\beta = 0.42$, respectively) compared with those in schools comprising 20% or fewer low-income students. However, only teachers in schools comprising 21% to 50% low-income students reported seeking more support within the school community ($\beta = 0.24$). The only demand-resource alignment in schools with larger numbers of housing unstable students (over 20%) was support sought outside the school community ($\beta = 0.31$). Regarding the percentage of immigrant students in teachers' schools, there was no alignment. Those in schools comprising greater than 20% of immigrant students reported higher wellness work demands but the same levels of wellness resources compared with those teaching in schools enrolling less than 20%.

Discussion and Implications

Our national survey of teachers provides novel insight about teachers' engagement in wellness work, particularly since we conducted it during the pandemic's early months, a period of elevated wellness concerns among U.S. children and youth. We contribute unique knowledge in that we assessed teacher demand across multiple dimensions of student wellness rather than within single dimensions like student mental health, crisis, or medical well-being. Focused on the degree to which wellness work and support for it were distributed equitably across teachers, the present study advances knowledge about teachers' wellness work. Our results suggest a mixed picture. Teachers' perceived wellness work demand was unevenly distributed across teachers, and resources that stand to support teachers' wellness work were inconsistently aligned to teacher subgroups experiencing high demand. Below, we elaborate on these equity concerns and their implications for teachers' wellness work and, more broadly, equity within PK–12 school systems.

Inequitable Wellness Work Demand Across Teachers

The uneven distribution of wellness work demand stands at the core of our findings. This demand varied by qualities of teachers' employing schools—primarily those related to student enrollment—rather than by teacher characteristics

alone. Two exceptions are teacher experience, wherein those with 10 or more years of experience reported lower demand, and teacher ethnoracial identity, where Black teachers reported lower demand during the pandemic. However, perceived demand was higher among teachers who worked at particular types of schools (e.g., secondary, public). Teachers also reported higher demand when they served populations comprising more than 20% of students in low-income households, experiencing housing instability, or who were immigrants. Similarly, comparative demand did not vary by most teacher characteristics but did vary by some school characteristics (e.g., high school, large city schools). Teacher characteristics, when in combination with employing school characteristics, were associated with differences in wellness work demand.

These results extend limited knowledge regarding the variation in wellness demand that teachers experience. Most interestingly, variation seemed neither directly nor solely connected to teachers' own identities. While our literature review highlights wellness work experiences and demands encountered by specific identity groups (e.g., female teachers, Latinx teachers), such characteristics almost never, alone, drove wellness work demand or comparative demand among this study's participants. These findings evoke other evidence that connects teacher experience to schools' organizational qualities rather than solely student performance or demographics (e.g., Kraft et al., 2015, 2021a; Nguyen, 2021). We also note structural issues associated with variables tied to higher wellness work demand, as suggested by schools that serve larger proportions of students experiencing greater marginalization. Likewise, the elevated demand noted by secondary teachers is unsurprising in light of secondary schools' extensive departmentalization, including schools' capacity (real or assumed) for specialists to address student wellness concerns (Blake, 2020; Phillippo & Kelly, 2014). There could be other reasons for this perception of elevated demand, such as older students' more advanced cognitive capacity to recognize and describe their wellness concerns or teachers' sensitization to adolescent well-being, but the current study is not able to ascertain such contributing factors.

Where there are differences in teacher-perceived wellness work demand, teacher ethnoracial identity variables may indeed reflect student population or community characteristics, given that teachers of color represent a substantially larger proportion of the teacher population in schools serving large shares of students of color, lower-income students, and urban students (Schaeffer, 2021). Our data support the argument that school characteristics, alongside and in many cases more so than teacher characteristics, account for differences in wellness work demand. This finding suggests that teacher preparation programs might consider ecocultural frameworks (e.g., Bronfenbrenner, 1979; Weisner, 2002) to understand the systemic aspects of demand for

teachers' wellness work, also encouraged by National Education Association's (2022) recommendations for teacher education curricula. These frameworks can facilitate the exploration of not only the isolated teacher characteristics related to the inequities we describe previously, but also the school-based services and supports necessary to meet rising student wellness needs.

The interactions between teachers' ethnoracial identities and the student body's ethnoracial composition of the schools also merit attention. First, Latinx teachers in schools with a Latinx student enrollment greater than 20% perceived a lower level of wellness work demand than did Black or White teachers in similar schools. Second, White teachers in schools with a Black student population exceeding 20% perceived greater wellness work demand during the pandemic than did Latinx teachers in similar schools. We saw no interaction effects in other occasions of teacher and student population match or mismatch. These two interactions may reflect perceived lower demand when teacher and student populations were more ethnoracially similar and perceived higher demand when the groups differed more. They may also suggest that White teachers, in schools that enroll students with substantial populations of students of color, may perceive wellness work demand as greater than their Latinx and Black colleagues do. This possibility, to some extent, contradicts literature we explore previously (e.g., Flores, 2017; McKinney de Royston et al., 2021) that illustrates greater implicit and explicit expectations of teachers of color to address student wellness issues. However, given that our study relies on teacher reports, it is possible that White teachers in this group of schools report more student wellness concerns because of greater sensitization, deficit perspectives (Rolón-Dow, 2005), or other factors beyond the scope of our study. Taken together, these findings suggest that the impact of teacher-student identity match or mismatch may operate through more nuanced individual and organizational mechanisms and challenge conclusions by scholars or practitioners that teacher-student race-matching universally benefits students (see also Redding, 2019). Rather, our findings show distinctions within teacher ethnoracial subgroups' experiences across the student populations, which could follow from other intersectional differences among teachers with similar ethnoracial identities (Warikoo, 2004).

Different perceptions of wellness work demand for less experienced teachers also stood out, suggesting another dimension of stress for newer teachers. Our finding, that teachers with 9 or fewer years' experience perceived higher wellness work demand, resembles evidence of other challenges novice teachers face in areas such as classroom management, excessive workload, and scarce support (Bettini et al., 2018; Lew & Nelson, 2016). While new teachers could perceive greater wellness work demand than more

experienced teachers would under similar circumstances, they could also be more sensitized (and more senior teachers desensitized) to student wellness concerns. Either scenario, or both combined, would suggest that perceived wellness work demand may be part of the already crowded landscape of stressors that new teachers face and, therefore, a good candidate for attention from teacher induction and new teacher mentoring programs.

Mixed Alignment of Resources to Support Teachers' Wellness Work

Our results also extend knowledge of the alignment of resources and supports to teacher-perceived demand for wellness work, before and during the pandemic. We share these findings following the passage of the Mental Health Services for Students Act (MHSSA) of 2021, legislation that addresses the extensive need for expanded funding and resources across school settings to navigate elevated wellness work demand, especially for marginalized students.

One key finding in this area is an inequitable distribution of resources across teacher groups, as main effects show teacher subgroups who perceived higher levels of wellness work demand had similar resources (competency, training, and support sought outside the school) to their counterparts. Black teachers in schools with more than 20% Latinx students reported less wellness work competency than White teachers did. In contrast, in schools comprising more than 20% Black students, Latinx teachers reported less competency than White teachers. These findings may lead some to question the quality of knowledge and skills acquired by teachers through professional preparation. Given the diversity and, at times, lack of state certification requirements related to mental health competencies (Brown et al., 2019), it is no wonder that this competency varies. Teachers are willing to participate in the delivery of mental health promotion activities (Reinke, et al., 2011) but generally report limited capacity to promote student wellness (Mazzer & Rickwood, 2015). Hopefully, the MHSSA will provide for teacher learning, along with direct services for students, although little in the act alludes specifically to such possibilities.

We also found inequities in teachers' reported capacity to address students' wellness needs. Fewer Latinx teachers reported receiving training on student wellness and trauma than White teachers but did report seeking support outside of the school community at a greater rate than their White peers. Public school teachers reported greater levels of wellness work demand and training on student wellness and trauma, whereas teachers with three or fewer years' experience and those at elementary schools reported receiving less training on student wellness and trauma. In light of elevated levels of economic and food insecurity, and emergency room

visits due to mental health concerns (Rahman & Chandrasekaran, 2021), the quality and extent of teachers' wellness work support in schools is consequential. Teachers play active roles in student wellness promotion but require more preparation for their unique role.

Among teachers who perceived higher demand and higher resources, support-seeking inside school was often the resource that aligned with higher demand. For example, those at schools comprising 21% to 50% low-income students reported high levels of support seeking within the school. Promising findings like these underscore the importance of teacher access to well-trained school wellness professionals and teacher colleagues, along with up-to-date community resource information, so that their help-seeking connects them with viable support.

Equity Intersections

Our distributional equity framework helped us to highlight intersecting dimensions of equity involved in teachers' wellness work. These include teacher-perceived student wellness concerns that demanded their attention; their access to training that would prepare them for this work; opportunities to develop competency as professionals who address wellness in their daily work; and access to colleagues, leaders, and community providers who can help to address student needs. These opportunities' nonequitable distribution calls attention to what makes teachers' wellness work daunting for so many.

Our broadened understanding of teachers' equity experiences in the realm of wellness work makes concrete the importance of demand-resource parity and challenges us to consider teachers' daily equity encounters. To extant knowledge of ethnoracially inequitable teacher workload and racial climate experiences (e.g., Bristol & Mentor, 2018; Kohli, 2018), we add the potential for inequitable distribution of wellness work training, since respondents perceiving the highest degree of wellness work demand did not always report access to training. Likewise, the competency gap we encountered—wherein teachers perceiving greater demand did not necessarily express a sense of competency about doing the work—signals that pathways to competency exist but do not necessarily connect to teachers who perceived the greatest demand. Teacher demographic identities were one part of the broader equity picture that our data created and intersected powerfully with other qualities of their schools, revealing different combinations of demand and support. When those perceiving the most demand do not also experience a high degree of support, they become vulnerable to stress and overwork. In other work drawing from our survey's data, we demonstrate these matches and mismatches' consequences for how teachers are able to respond to student wellness concerns (Childs et al., 2022).

We anticipate the influence of other equity issues across the teacher population, such as relevant professional learning opportunities, access to quality curricula, class size, the availability of supportive colleagues, and stable, competent leadership—all topics of investigation but not necessarily from an equity perspective. Conversations about teacher turnover have intensified again (Ingersoll et al., 2021), in light of elevated levels of teacher stress and districts' current difficulty attracting and retaining qualified teachers (PBS News Hour, 2021; Pressley, 2021). Our findings suggest that efforts to retain teachers would benefit from attention to teachers' potential equity issues—disparities across schools, districts, and states—in teachers' day-to-day experiences and access to support that bear directly upon their work and retention (S. M. Williams et al., 2021, explore such dimensions).

Limitations and Future Directions

Although this study is one of the largest inquiries into U.S. PK–12 teachers' engagement in student wellness work during the pandemic, we acknowledge its limitations, largely related to our methods and sample characteristics. Many of these limitations relate to our reliance on self-report data, an inherent limitation of survey research, which is particularly pertinent in our study that asks teachers to describe their experiences, competency, and employing school's student populations. First, we note that the group of teachers who opted to respond to our survey during the summer months, as well as during a time of such widespread disruption and upheaval in the United States, could be atypical among all employed teachers in this country, particularly during such a tumultuous time period. Further, while the sample closely mirrors the U.S. teacher population demographically, it underrepresents teachers of color; teachers who identified as nonbinary, transgender, or another gender outside of the gender binary; and teachers at alternative and charter schools. These methodologically necessary omissions raise the possibility that our survey missed unique wellness work experiences from individuals in these groups. Because we intended to examine interactions between teacher ethnoracial identity and the ethnoracial composition of students in teachers' employing schools, we were unable to include teachers who identified as Asian, Native Hawaiian or Pacific Islander, and Native American or Alaskan Native in our analysis due to small group size. For this same reason, we could not include an indicator for the percentage of students who were Native American or Alaskan Native in our analysis and had to use an aggregated indicator of "more than 20%" to represent school characteristics (e.g., proportion of students experiencing housing instability, proportion of ethno-racial groups), even though we would have liked to address a more nuanced variety of school compositions.

Second, because we did not ask teachers to identify their schools (a critical provision for teacher respondent privacy), we were unable to account for cluster effects because of teachers being nested within schools. Although we did include a number of school characteristics in our analysis, there may be additional, multilevel, school-specific variation that is not captured in our analysis or in teachers' report of those characteristics. Third, the wording of our survey items made us unable to parse out the distinction between demand for wellness work that occurred because teachers observed wellness concerns in their students and demand that occurred because students alerted their teachers about such concerns. This wording was intentional since we anticipated that teachers' distinction would be highly varied, particularly across student age and sociocultural groups. Further, there are a number of mental health, relational, developmental, and cultural reasons why students might not seek out teacher assistance. It is possible that teachers related to wellness work demand differently for demand that they observed compared to demand that students brought to teachers, but we cannot determine this distinction from the data. Our reliance on self-report data also contributed to our inability to discern between teachers' perceptions and on-the-ground affordances, including the level of wellness work demand they encountered and whether their perceived needs stem from lower levels of competence or from actual wellness work demand in their work.

Additionally, teachers' retrospective reporting to compare wellness demands before and during the pandemic is a limitation of this study. We did not ask teachers before the pandemic began about their level of demand for wellness work, so teachers could report low comparative demand because, for example, demand before and during the pandemic were both low, or because demand before and during the pandemic were both high. Finally, the relatively low reliability of the "support sought" latent variables could potentially inflate the standard errors for these estimates in our results (Grewal et al., 2004, as cited in Cheung et al., 2023).

Given these limitations, future research could sample teacher participants by U.S. geographic region to promote state and national policy expansion that could provide for equitable access to resources and support for student wellness work. Future research might also consider how we account for similarities of teachers within schools (i.e., cluster effects). Although we did include a number of school characteristics in our analysis, there may be additional, multilevel, school-specific effects that are not captured in our analysis.

Conclusion

With a staggering 55% of educators thinking about leaving the profession earlier than planned (National Education Association, 2022), this study sheds light on working

conditions they have long encountered, which subsequently intensified since the onset of the pandemic (Steiner & Woo, 2021). Our results show variation across teachers' demand for student wellness work and access to resources to support their efforts. These disparities constitute what we consider intersecting inequities, which formidably shape the daily practice of teachers' wellness work and the supports that students may receive.

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Notes

1. We operationalize wellness as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (illness)" (WHO, 2021). We use the phrase "wellness work" to connote educators' efforts to promote student physical, mental, and/or social wellness.

2. We had the option to impute the missing demographic data in order to not exclude respondents from the analysis. However, when considering this option through a critical lens, we decided that imputing demographic information such as respondents' ethnoracial identity was a potential overstep of power, especially given the often inequitable power dynamics present in research (Potts & Brown, 2015; Randall et al., 2021). Therefore, we decided that a less oppressive approach, although not statistically or conceptually ideal, would be to exclude respondents with missing demographic data.

3. Our analysis proceeded through a critical lens, recognizing that "ethnoracial identity" is not a characteristic of individuals in isolation but rather refers to individuals' relationships with others in society (Bonilla-Silva & Zuberi, 2008) and experiences with structural racism (Garcia et al., 2018). In the context of previous work demonstrating that teachers with a shared ethnoracial identity as their students often take on increased responsibilities and roles beyond classroom instruction, we wanted to examine whether teachers from marginalized ethnoracial identities were more burdened with wellness work and had less resources to undertake that work than White teachers. Such investigation required us to test for interaction effects rather than just group mean differences, with interaction effects requiring a sufficient sample size within each teacher ethnoracial group. We recognize the implications of excluding some groups while retaining others, but we opted to exclude some groups so that we could unpack a more complex interplay in the context of our outcomes, thereby investigating our main inquiry.

4. We report categorical omega for the measurement reliability index instead of coefficient alpha because the former allows the information each item contributes about the latent trait to vary while treating each survey item as categorical (ordinal) data (reflecting our latent variable models), whereas alpha assumes all items contribute equally to the latent trait and assumes the data are on a continuous interval scale (Green & Yang, 2009).

5. We included all latent variables in one multivariate model to minimize the chance of false findings from repeated analysis of the data (i.e., analogous to a Type I error rate in the frequentist framework), better account for and identify potential multicollinearity, and obtain more accurate estimates of effects and their corresponding posterior standard deviations by taking into account the correlations among the outcomes. If we had instead analyzed each latent variable separately, the amount of information in each model would have been artificially inflated, leading to potentially smaller posterior standard deviations of the effects, thereby more likely to conclude that characteristics were significantly associated with each latent variable.

6. Bayesian credible intervals differ from frequentist confidence intervals in that credible intervals refer to how likely certain values fall within a range (Howell, 2013). For example, a 95% credible interval represents the range for 95% of the probable slope values in the posterior distribution, given the data.

7. We included all main effects in our final model, regardless of whether they were significant, in order to ensure our model reflected the complexity of our survey respondents' identities.

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