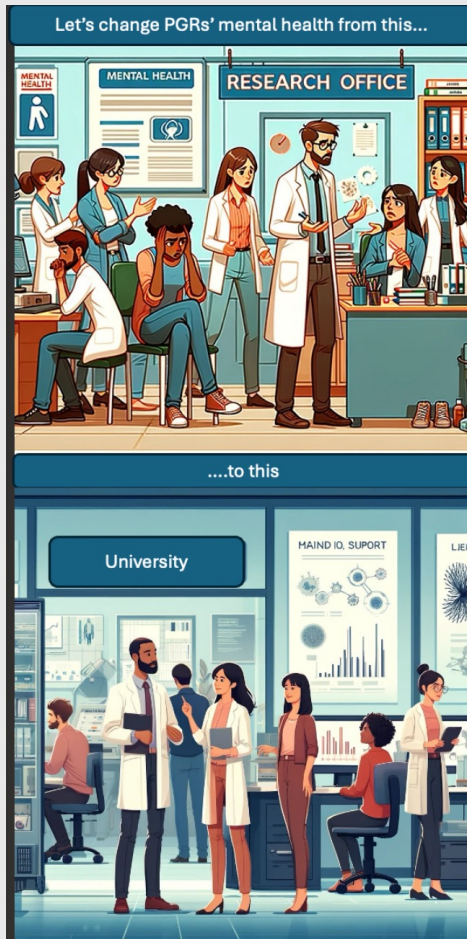


Stress and Anxiety in PGRs



Hi!

Welcome

Guidance for
staff members
working with
PGRs

Hello!

We are....



FRANE

Psychologist, Trainee Applied
Psychologist, Low-Intensity
CBT therapist, Researcher, and
tutor for Doctoral College



EHSAN

PhD in chemistry, Postdoctoral
researcher at the School of
Engineering.

Plan for today:



Understand the role of stress and anxiety.



Signs and symptoms of stress and anxiety



Prevalence of Stress and Anxiety internationally and nationally



What is a mental health crisis, and sources of help and support



Common mental health disorders in postgrad population



The importance of your own wellbeing

01

Understand the role of stress and anxiety.

Let's talk about the pressures PGRs feel during their PhD journey.

Let's review some facts.

Personal and academic isolation

PhD can sometimes be a lonely experience. There is a difference between isolation and loneliness.

Balancing conflicting demands

Too many things are on the plate, and juggling things can take a toll.

Financial pressures Visa issues

Financial difficulties are known to impact mental health. Uncertainty also leads to anxiety.

Culture shock

Being in a new culture can be quite a shock to the system.

Supervision and expectations

Supervision can be source of help and support, but also additional pressure.

Competitiveness of academia

Publish or perish

Highly competitive environment

Uncertainty about what to do after

Let's review some pressures during PhD.

Lack of Resilience

Resilience is the key to a successful university experience

Being ahead or behind plan

Balance is needed between working ahead and being behind.

Perfectionism

Some students may be perfectionists, orientated to details, which also can create pressures.

Field of study

Some fields of study may also add more pressures than the others

Workaholism and chronic stress

Chronic environmental stress is the main factor leading to anxiety. 85% of PGRs works 41+ hours per week

Social network/support

Lack of social support and networks leads to isolation, loneliness and poorer mental health.



In your supporting role, have you ever encountered situations in which students displayed emotional or psychological distress?

02

No health without mental health

In this section, we will define what mental health is and what are the most common mental health difficulties that PGRs may experience during their PhD.

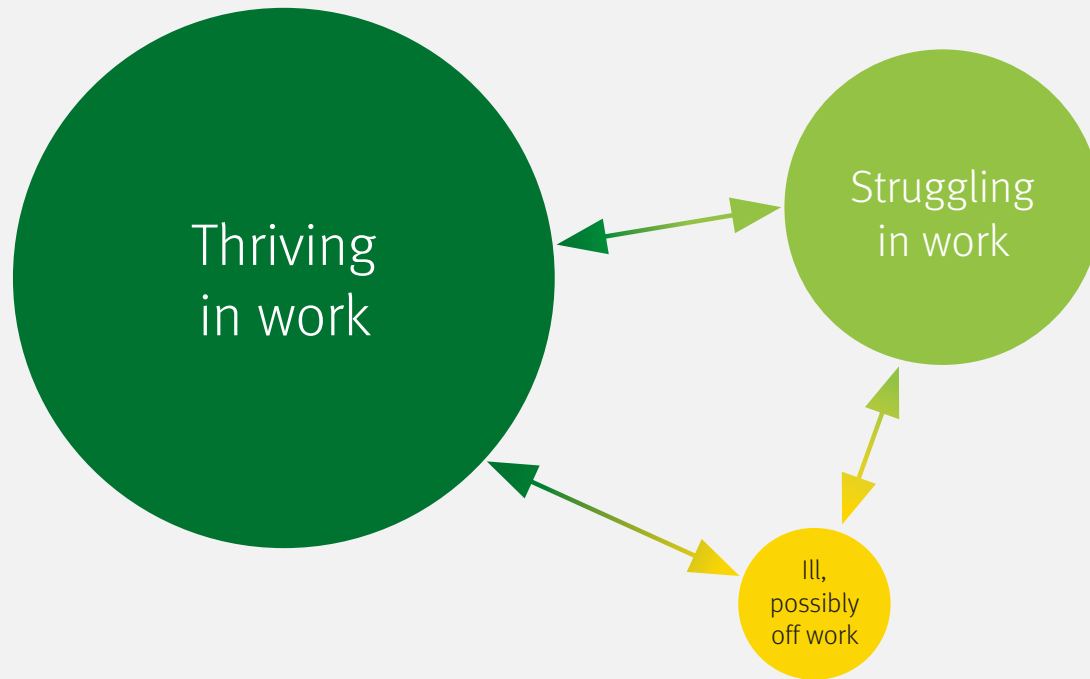
Did you know?

We all have mental health in the same way as we all have physical health

Mental Health is on a continuum

We can move along this continuum at different times in our lives





Source: Thriving at Work: The Independent Review of Mental Health and Employers Oct 2017

66

Good mental health is....

“A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and can contribute to their community.”

Common Mental Health Disorders

Anxiety disorders:

Generalised Anxiety Disorder (GAD).

Characterised by excessive worry about anything and everything. It arises even when there are no external triggers.

Phobias.

Specific fear(s) that trigger anxiety and result in avoidant behaviours.
Agoraphobia, arachnophobia and claustrophobia are common types of phobias

Social Anxiety.

Anxiety in social situations, characterised by fear of being embarrassed, judged or rejected

Common Mental Health Disorders

Anxiety disorders:

Panic .

Regular experiences of panic attacks (sudden and intense symptoms of anxiety), resulting in fear and worry of another panic attack and avoidance of situations and places where panic attack was experienced.

OCD

Recurrent thoughts that lead to repetitive behaviours. OCD is a mental health condition that involves persistent, unwanted thoughts (obsessions) and behaviours (compulsions) that the person can't control.

Post-Traumatic Stress Disorder (PTSD).

A condition that some people develop after experiencing or witnessing a traumatic life-threatening event or serious injury. Characterised by panic, flashbacks and nightmares.

Did you know?

Cause of Anxiety Related disorders:

- Genetic predisposition
- Personality, psychological characteristics and cognitive function
- Lifestyle, stresses, trauma
- Chronic physical condition(s)

Overcoming anxiety disorders

- Prevention and early intervention
- Psychotherapy (CBT/ Exposure)
- Medications
- Healthy lifestyle

Common Mental Health Disorders

Depression / Low mood.

Depression is a mental health problem that involves having a low mood or losing interest and enjoyment in things. It can also cause a range of other changes to how people feel or behave. There are different types of depression.

(Depression)
"It starts as sadness
then I feel myself
shutting down,
becoming less capable of
coping. Eventually, I
feel numb and empty"

Eating Disorders

An eating disorder is a mental health condition where people use the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much or too little or worrying about your weight or body shape. Anyone can get an eating disorder, but teenagers and young adults are mostly affected.

With treatment, most people can recover from an eating disorder.

Psychotic disorders.

Severe depression. Schizophrenia. Bipolar disorder.

Schizoaffective disorder. Paranoid personality disorder or schizotypal personality disorder.

Postpartum psychosis. Delusional disorder.

Global prevalence of Anxiety-related disorders



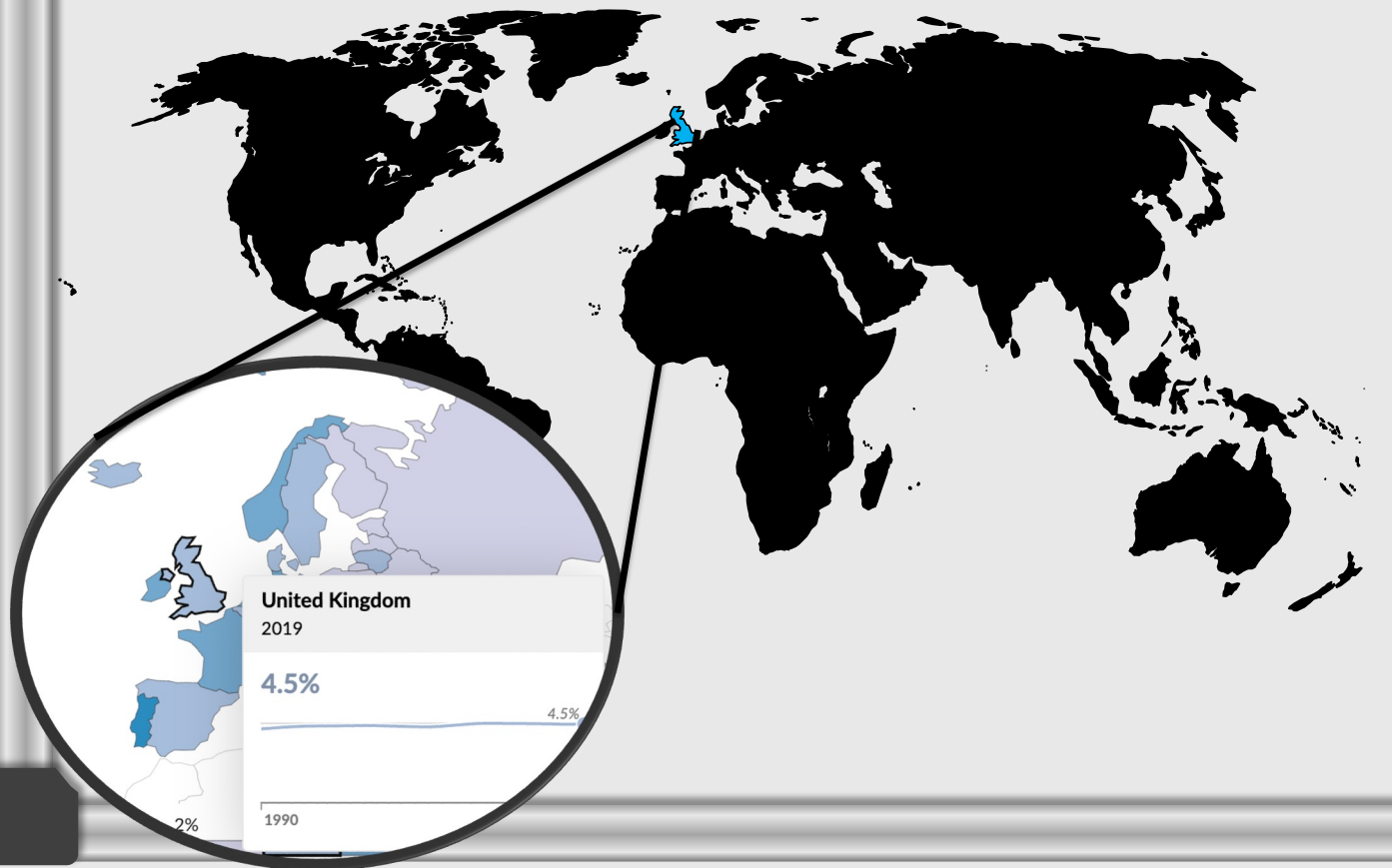
Global prevalence rates

- 4% of the global population currently experience an anxiety disorder
- In 2019, 301 million people worldwide had an anxiety disorder
- Anxiety disorders as the most common of all mental disorders

Interesting facts

- More women are affected by anxiety disorders than men.
- Approximately 1 in 4 people with anxiety disorders receive treatment for this condition.
- The typical onset of anxiety disorders is in adolescence, while the critical periods for the development of these disorders are 14-29 years of age.

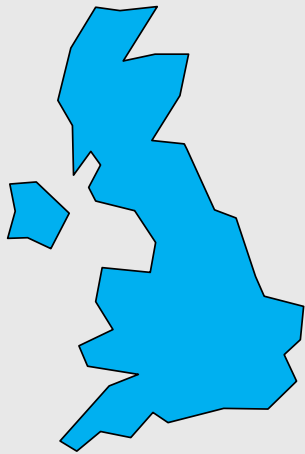
What about UK and its prevalence rates



UK prevalence rates

- **3.9 in 10** UK adults reported feeling anxious
- **45% of UK adults (18-24)** admitted to feeling ashamed to discuss their anxiety
- **16-29-year-olds** are more likely to feel anxious (by 28%)
- Anxiety affects 914,000 UK workers
- **BAME and LGBTQIA+** groups are more vulnerable
- **Women** are more likely to report anxiety (by 7.2%)
- **34% of 18-24s** reported feeling anxious most of the time and did not think they were coping well with anxiety

Anxiety as the norm for the UK PhD students



17% of more than 15,600 PhD students across nine studies were estimated to have anxiety (Satinsky et al.,2021).

32% of all respondents reported having been formally diagnosed with a mental health problem at some point, suggesting that many PhD students who go through anxiety or depression aren't seeking help (Satinsky et al.,2021).

- PhD students in the UK are **more likely** than other educated members of the general public to report symptoms of anxiety
- PhD students were **twice as likely** as working professionals (18% to 9%) to show signs of severe anxiety, as measured by the seven-item screening test for GAD.
- **74%** of PhD students and **62%** of working professionals reported some level of anxiety.
- **2017 study found that PhD students are 2-3 times more likely to experience anxiety or some other mental health disorder.**

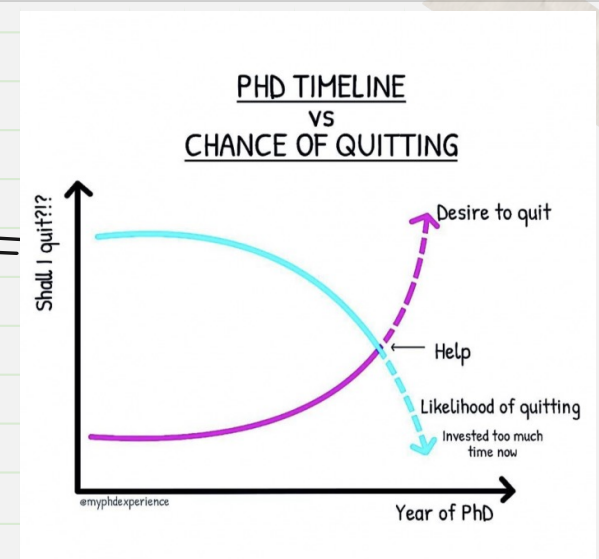
Source: Depression and anxiety 'the norm' for UK PhD students; Nature.com (2021)

"There is a common belief you have to suffer for the sake of your PhD, if you aren't anxious or suffering from impostor syndrome, then you aren't doing it 'properly' " (Hazell et al.,2021)

Did you know?

- 40% of PhD students are considering taking a break from their PhD due to mental health difficulties
- 14% of PhD took a mental health-related break from their PhD
- 35% of PhD students considered to end their studies altogether due to pressures on their mental health

Source: [Hazell et al., 2021](#)



42% of PhD students in the UK reported that they believed having a mental health problem during your PhD is the "norm" (Hazell et al.,2021)

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Source: [Hazell et al., 2021](#)

Did you know?

- In a 2023 study, 30% of PGRs met the threshold for anxiety [1]
- 34.8% of graduate students suffered from the anxiety
- Master students suffered less than doctoral students (29.2% vs.34.4%) [2]
- International students may be more vulnerable to anxiety[2]

Risk Factors for Anxiety

Female

Caring responsibilities

Alcohol use

Ethnic and Minority groups

International students

Source: [1] Carr et al (2022); [2] Chi et al., (2023)]

Predictors of PGRs' poorer mental health and well-being?

- PGRs are **particularly vulnerable** to mental health problems (Hazell et al., 2021)
- **Higher rates** of mental health problems than other students (Hazell et al., 2021; Levecque et al., 2017)

Key predictors of PGRs poor mental health

Lack of interests and relationships outside of PhD studies

Students' perfectionism, Impostor syndrome, negative thoughts and low self-esteem

Their supervisory relationships

Social isolation, High stress, Financial difficulties, future uncertainty

Impact of stressors outside of the PhD

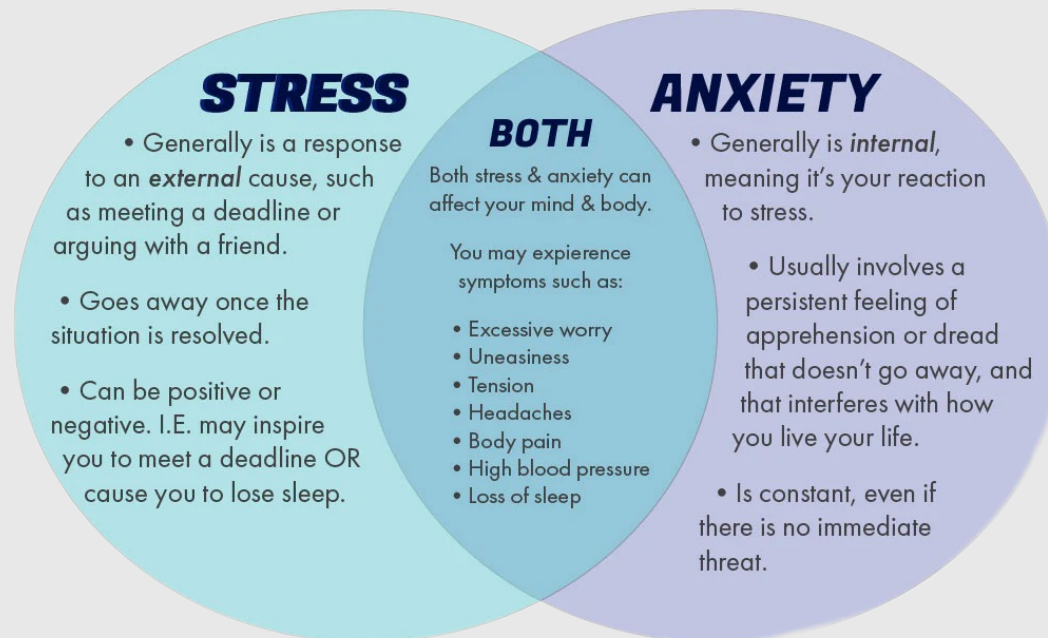
Do you know the difference between
stress and anxiety?



Stress Vs. Anxiety

Is it stress or is it anxiety?

IS IT STRESS OR ANXIETY?



source: ninds.nih.gov/stress/what_is_stress.php

Stress:

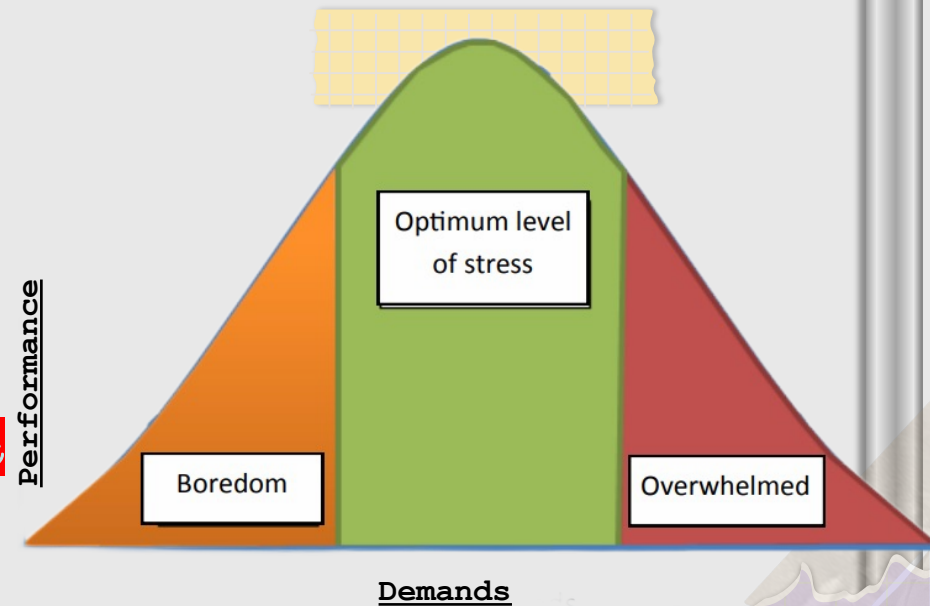
- Stress is any demand placed on your brain or physical body. Any event or scenario that makes you feel frustrated or nervous can trigger it.

Anxiety:

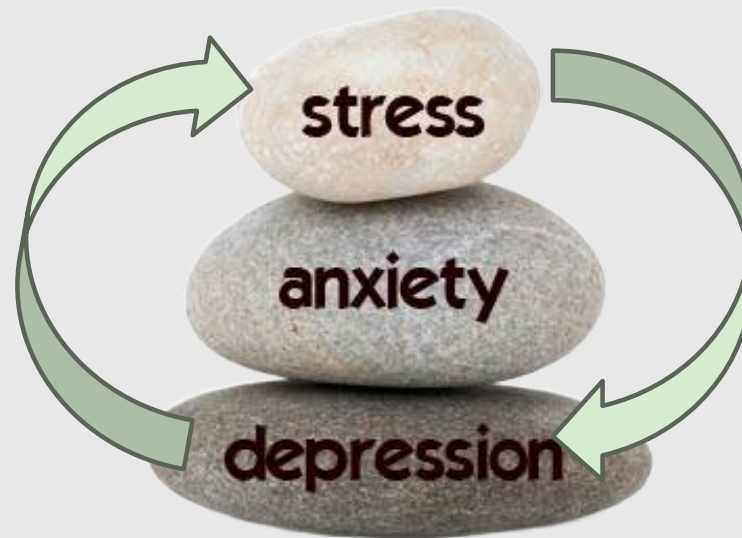
- Anxiety is a feeling of fear, worry, or unease. While it can occur as a reaction to stress, it can also happen without any obvious trigger.

- Stress is **how we react** under pressure in situations we do not feel we can manage or control.
- Stress is **a normal response** that keeps us motivated to meet demands.
- Striking **a balance** is key. Too little stress can leave us feeling unmotivated or bored, while excessive stress can lead to burnout and anxiety symptoms.
- Stress becomes **a problem** when it is **prolonged** or is very **intense** in nature.
- PGRs may use alcohol or drugs to counteract the impact of stress.

What is stress?



Be mindful:

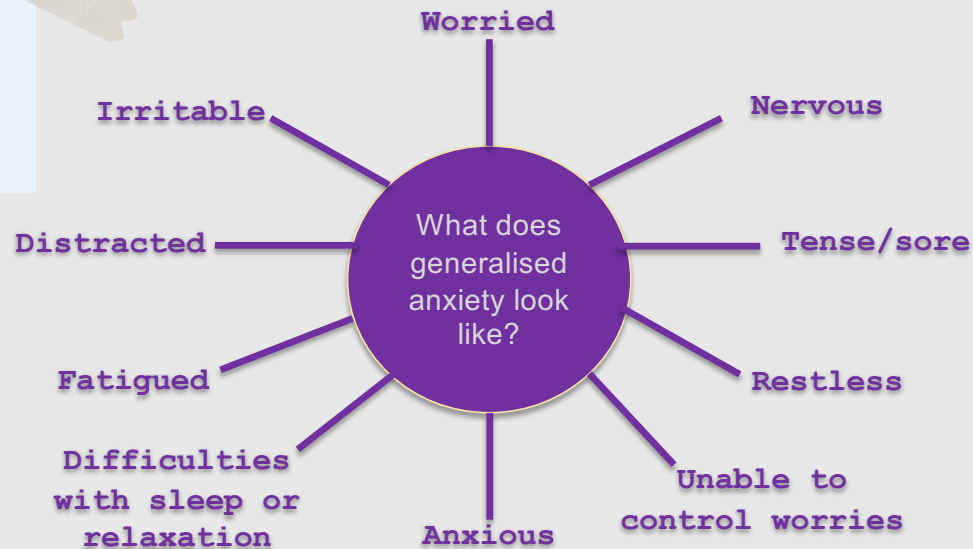


Do not ignore the stress

Do not undermine its impact and effect

What does Generalised Anxiety (GAD) Look like?

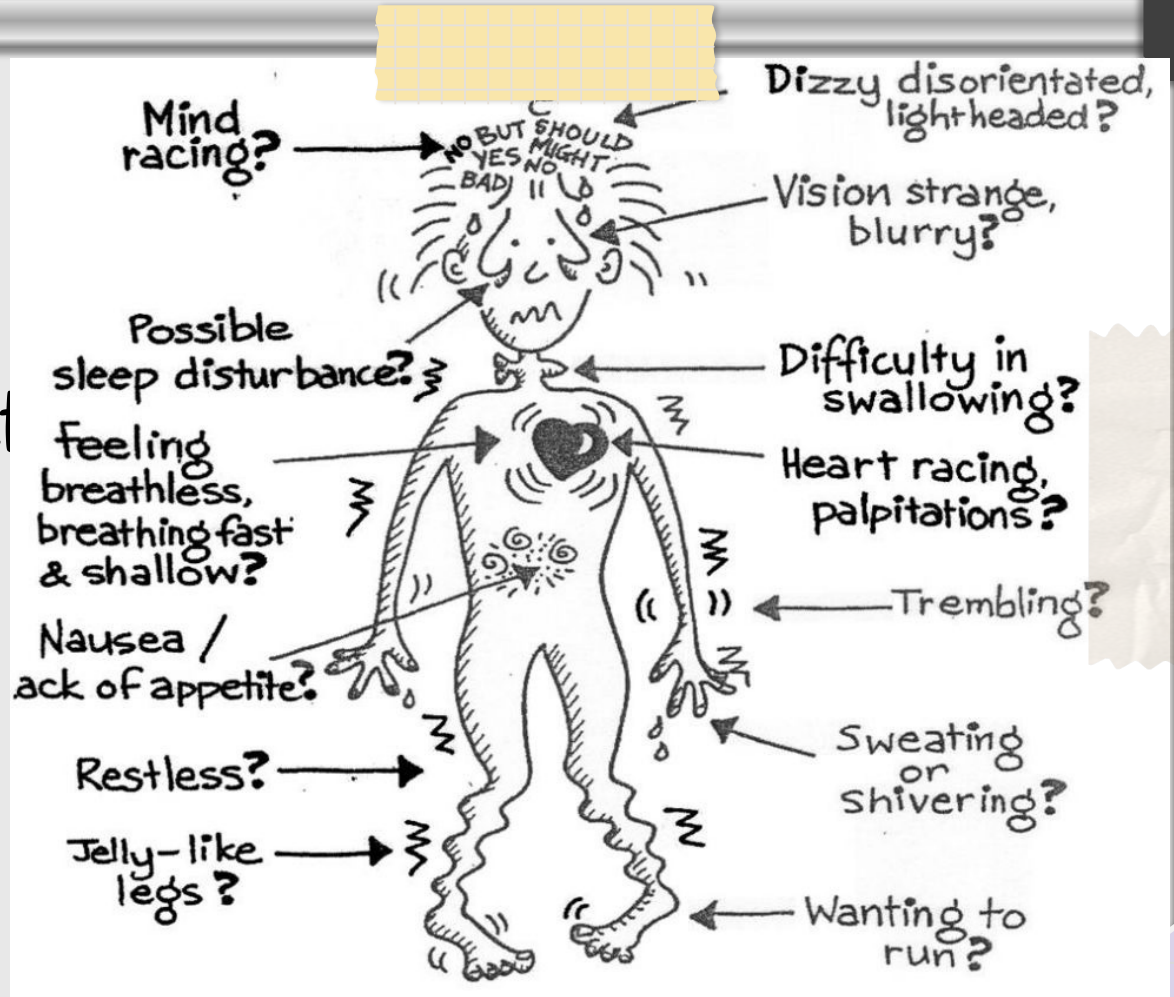
Excessive worry is the primary symptom of generalized anxiety disorder (GAD).



GAD:

- GAD is a prevalent condition among the population, particularly among students.
- 1 in 20 people will experience severe GAD during their lifetime
- Most PhD student experience anxiety as a range of worries and "what ifs" during their PhD.

Physical Symptoms of Anxiety



Look at PGRs ' thoughts

Anxiety impacts how we think:

- Worrying all the time about lots of different things.
- Worrying about worrying!
- Racing thoughts.
- Imagine your mind as a restless bird, constantly flitting from one branch to another, never able to settle on one. That's how anxiety can make your thoughts feel scattered and unfocused.
- Imagining the worst - case scenario
Dwelling on the worst - case scenario

SLIDES



Common behaviours

Anxiety impacts how our behaviors:

- Defensive attitude
- Restlessness
- Isolating ourselves
- Ticks or muscle twitches
- Difficulty concentrating
- Avoidance
- Reassurance seeking
- Safety behaviors
- Procrastination



Anxiety leads to avoidance and avoidance leads to more anxiety

Avoidance is a large part of what maintains anxiety

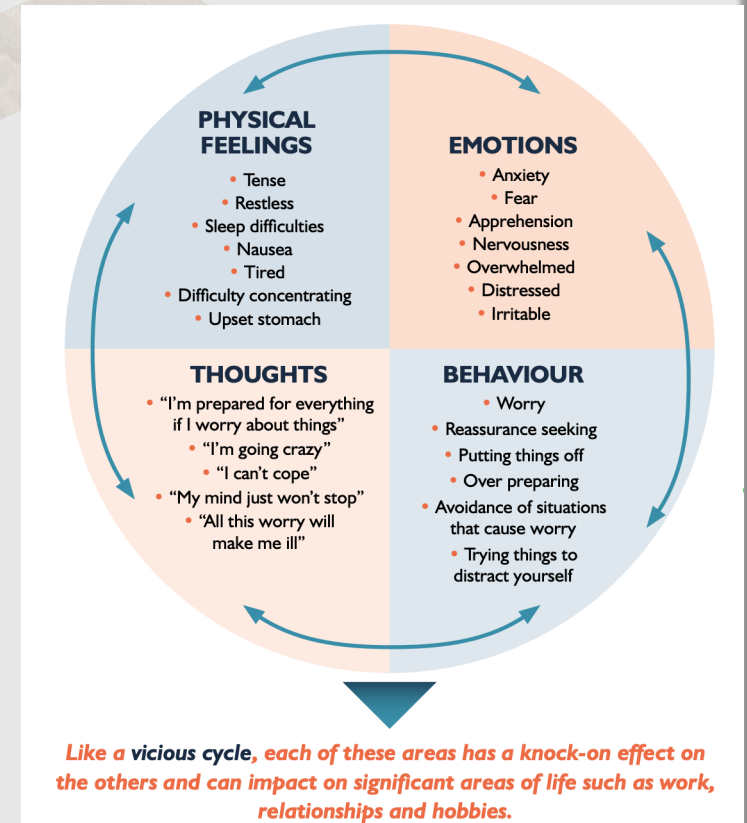
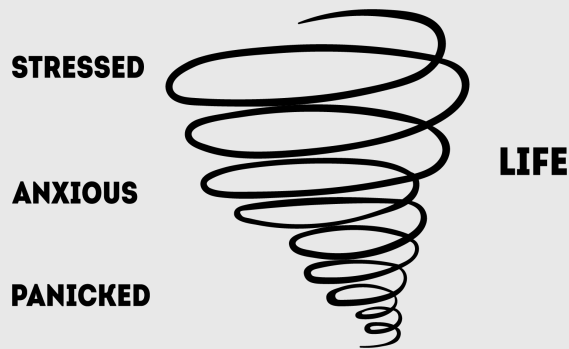
These behaviors will keep anxiety going

- Avoidance gives us short-term relief, but in the long term, it reinforces our sense of being unable to cope, as we do not learn that we would have been okay (safe) in the situation.
- Misinterpretation: Not understanding the physical symptoms can lead us to think something else is happening (e.g. heart attack, physical illness etc.)
- Putting things off (Procrastination): Worrying can take up a lot of our time and is very distressing, therefore we might not have enough time or energy to tackle everyday problems. If this happens our problems can pile up and cause us even more worry.

The outcome

The vicious cycle of stress and anxiety

The vicious cycle of anxiety is a self-perpetuating pattern in which anxiety symptoms reinforce and exacerbate each other, leading to a worsening of the overall anxiety experience.



Important to remember

Temporary

Temporary stress and anxiety is experienced for a short time and a person recovers afterwards

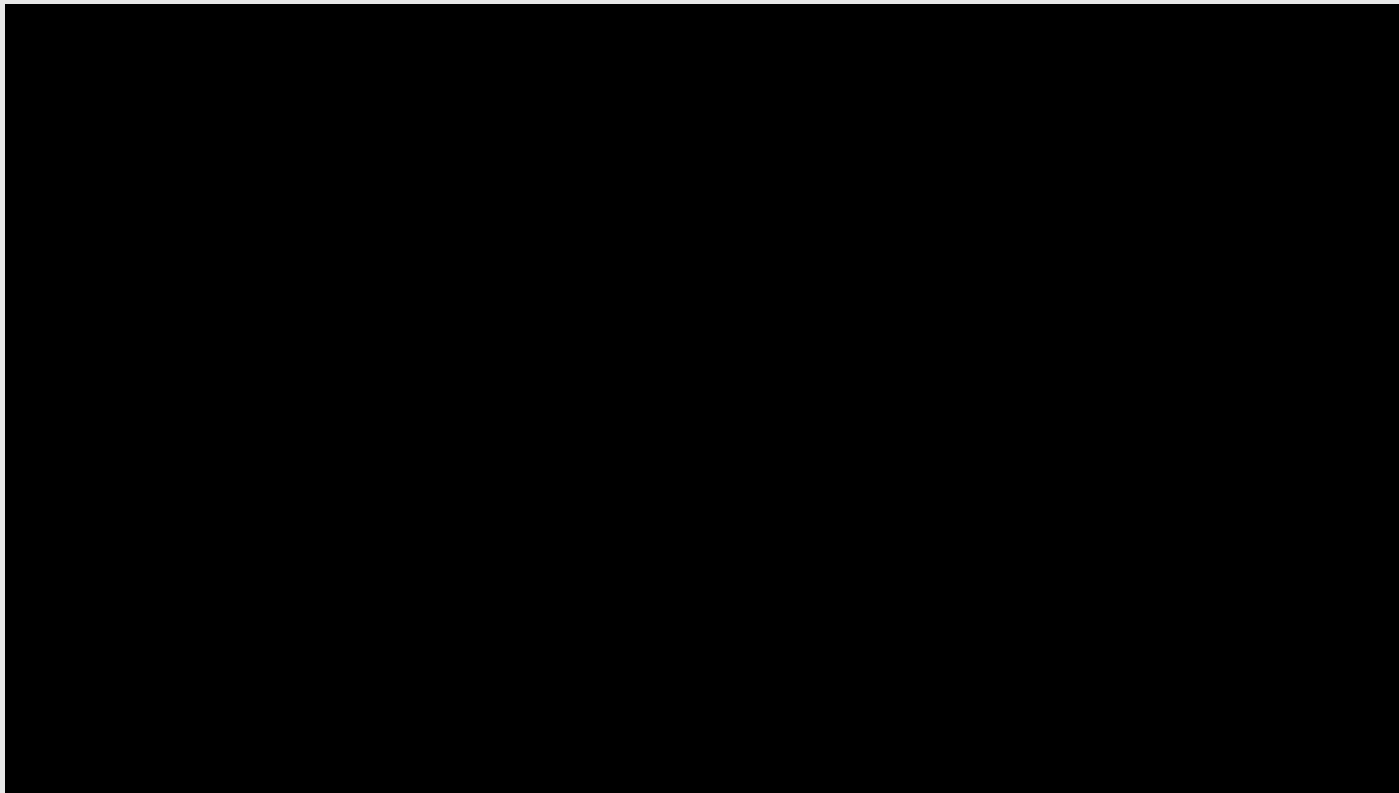
Fluctuating

Sometimes, the person experiences the condition; sometimes, they do not.

On- going

The person experiences the mental health condition all the time, but control it through a combination of medication, talking therapies, self-help and practical support.

Ehsan Lived Experience



04

Students at the risk of mental health

Understand what is your role is in protecting PGRs' mental health, the role of early intervention and prevention.

Your role should be:

Talk to them

Encourage student to speak with their supervisors/tutors or other professionals

Be prepare to listen non-judgmentally

Listen to student how they are doing, don't try to make wellbeing as a tick off exercise

Be aware

Be aware when your student is struggling

Be aware of students changes in their mood, behaviours, and thinking patterns

Know when and where to refer

Legal responsibilities of Universities

Responsibilities to different members of the public

For example, students, staff, and visitors

Different government acts also stipulate responsibilities

- **Consumer law**
- **Health and Safety at Work Act 1974**
- **Equality Act 2010**
- **Data Protection Act 2018**
- **Duty of Care**
- **Prevent Duty – England and Wales**
- **Prevent Duty - Scotland**

We all have responsibility when physical and mental health risk occur

Ehasan

Lived Experience



Empathy
DEFINING ASPECTS

Feeling for someone,
"I understand what
you're going through.
I've been there."



Compassion
DEFINING ASPECTS

Feeling for someone
+ desire to help "I can
understand your distress
and I want to help."



Remember: Compassion is empathy plus a desire to help



05

What to do...

...in case you do spot PGR signs of stress and/or anxiety, and how to intervene and support PGRS. We will also talk about PGRS who may be at risk of a mental health crisis.

Ehsan Lived
Expereince



Reminder:

Signs to be aware

- Extreme moods and oversensitive
- Feeling tired, flat and tearful all the time
- Consistently hyperactive
- Irritable/Angry
- Changes in sleep
- Changes in eating patterns
- Peers expressing concern about their mental well-being
- Talk of 'not wanting to be here anymore'

A PGR who is "at risk"

Listen and signpost

Where there are serious concerns but they do not need to be acted on immediately eg:

- A Student who is engaging in 'risky' behaviour
- A student is expressing suicidal feelings but says they don't plan to act on them
- A student has recently taken an overdose

Assess the risk and respond to risk in ways that reduces the potential for harm to occur

Risk assessment is crucial - enable the student to manage and contain their risky impulses

Do not promise to keep information confidential

Confidentiality is fundamental to providing safe support and ensuring that the university is compliant with GDPR (Data Protection Act). However, in case of an emergency confidentiality can be broken. You cannot offer unlimited confidentiality to any student; be clear about this

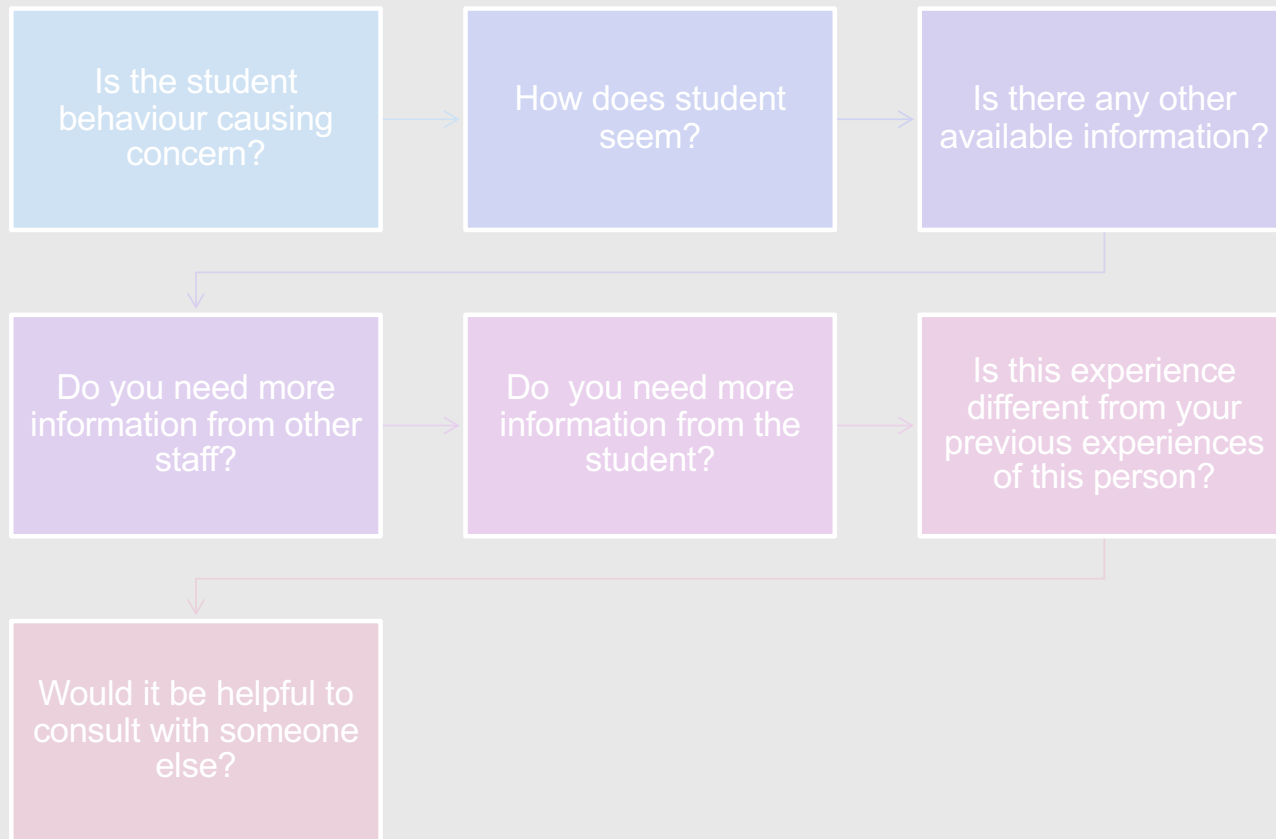
Which statements would you use to express to students your limits of confidentiality in any conversation that you may have with them

Activity!

1. It seems like you're facing some challenges right now. If you feel comfortable sharing a bit about what's going on, I can guide you to the appropriate support. Remember, our conversation is confidential, unless there's a risk of harm to yourself or others, because your well-being is our top priority.
2. "Maybe a chat will help; I will, of course, keep it private between you and me unless I think you or someone else is in danger."
3. I've got five minutes now if you'd like to talk. If you or anyone else is at risk, I can email you a link to the university's support services later when I am back in the office".



Assess the Risk and the student's needs



Remember:

You do not have to make it better or fix the problem

- Your role is to be there for support and to not ignore

Think about referral to appropriate service within the university

Liaise with personal tutor, well-being services, or any other individuals on the need-to-know basis

Think about the limits of your role

Always work within the limits of your training, skills, and abilities, and unless it is emergency, attempt to utilise internal support systems.

Remember:

NOTE TAKING AND RECORD KEEPING

- Keep factual notes of your support and actions taken
- Record actions taken in case of risk or increase in risk

Seek supervision or further support

Always discuss concerns with senior colleague or supporting staff

Don't take a sole responsibility

Taking all responsibility often is unhelpful and often contributes to a sense of powerlessness

What to record in your notes:

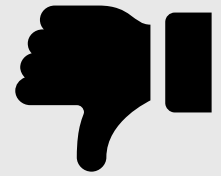
- Basic information including date, time, location, student name and student ID
- Manner of student's approach - did the student directly seek you out or did you notice a potential need in them and make the approach
- Duration of each contact with the student
- What you said to the student about confidentiality
- A brief and factual account of the content of the contact or meeting with the student
- What the student told you
- What information or advice you provided to the student
- What action (if any) you or the student agreed to take
- Outcome of any actions agreed
- Any involvement or discussion with other professionals and colleagues relating to the student
- What if any follow up was agreed and by when

What you can do



- Listen
- Give the student time to talk
- Understand the situation from their point of view
- Be sympathetic and not dismissive
- Help the student to feel contained.
- Make appropriate referrals

What you can't do



- Solve all the student's problems
- Take responsibility for their emotional state or actions

Use Active listening

- Paraphrasing
 - Listening and attending
 - Summarising
 - Asking open questions
 - Encouraging students to be specific
 - Reflecting feelings
 - Clarifying thoughts
- Focus on key issues
- Challenge or control when appropriate

React

'That sounds stressful...'
You don't have to be completely neutral – it helps to show you understand

Short words of encouragement

'Yes', 'Go on...'

Open questions

How? What?
Where? Who?

Summarise

'So you're feeling stressed about your report...'
Shows you've listened, and understood

Reflect

Reflecting back words or phrases can encourage people to go on / expand

Clarify

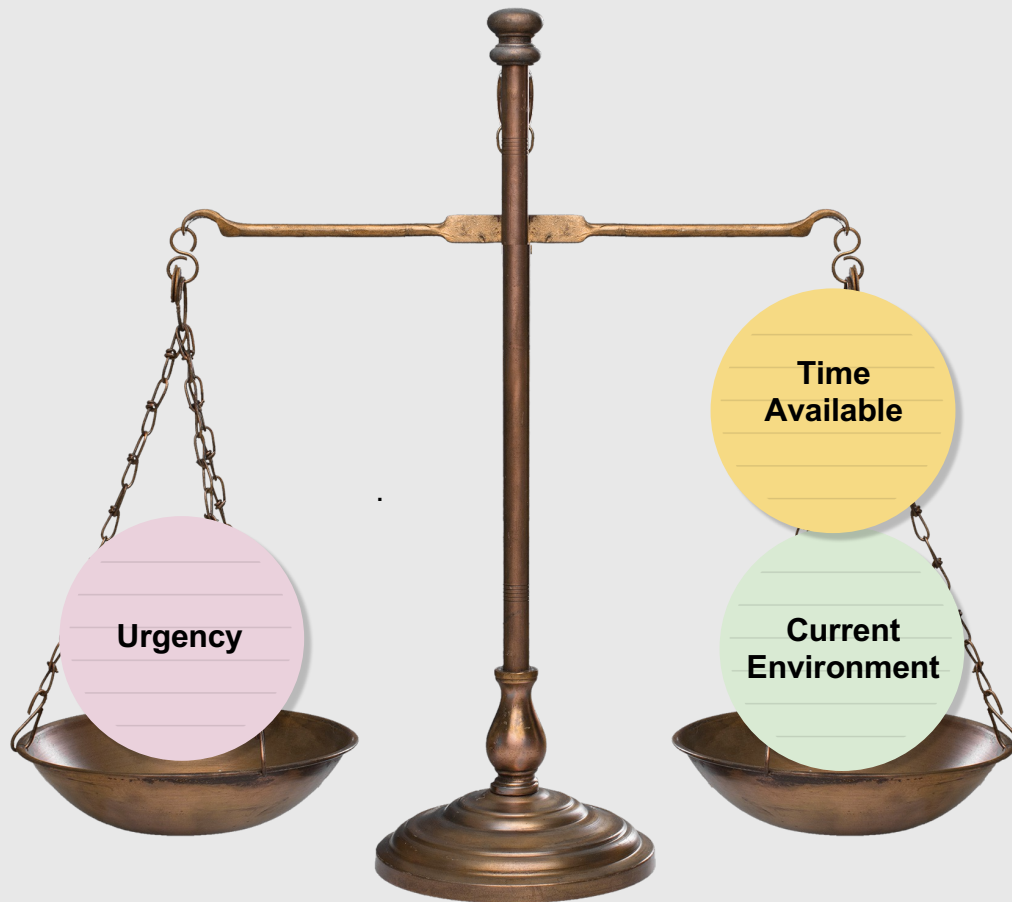
'Tell me more about...'
Avoids glossing over important points

What factors should you consider if approached informally by a student for support?



- How much time can I give this student?
- Is the setting we are currently in an appropriate place to have a conversation, which may include the discussion of sensitive or upsetting material?
- Am I the right person to give the student what they need?
- Do I need to get someone else involved?

Always remember the balance



Dismissing a student's need for help due to lack of your time, may:

- Cause them to withdraw
- Create feelings of being silenced, not worth help or trapped
- Impact on their help-seeking behavior
- Cause further deterioration
- Place them or others at significant risk

If struggling with time use these

- *“It is very noisy in here, give me five minutes and I will find a more private location”.*
- *“This sounds really important, let’s find some time to talk in a more private location where we won’t be interrupted”.*
- *“I can see this is important to you. I’ve got a full 30 minutes at 4 o’clock, I can commit that time to you and we can talk about what’s happening for you and what options you have”.*
- *“I’m just about to go into a meeting, however I want to dedicate the time that your situation clearly deserves – can you come back at 3 o’clock and I’ll make sure we aren’t interrupted”.*

What to do if a PGR is in a mental health crisis!

- **Seek immediate help and support**
- A crisis is happening now and needs to be dealt with at once
- If supervisee is in immediate danger to themselves or others - contact emergency services
- Assess whether the supervisee has already engaged with other internal or external support services
- **Consult with others**

Mental Health Crisis include:

- Active suicidality
- Displaying signs of psychosis (delusions, hallucinations)
- Students may behave in a way that they may be a danger to themselves or others
- Panic attacks

Who to contact in an urgent situation?



Phone security

- Security staff is trained to provide first responders help
- Telephone: 024 7652 2083 or 02476 522222 (ext. 22222)

Wellbeing service

Provide support students

Staff can approach Wellbeing services for consultation and discuss referral procedure

Telephone: 024 7657 5570

Immediate danger

- Call 999 in case student suffers from an acute confused state or attempted overdose or self-harm

Mental Health crisis service

- 08081 966798
- (Hours of operation: 24 hours a day, seven days a week).
- Crisis service provides home treatment and will assess the students mental health

Tips for recognizing PGRS distress

| Minor Distress | Moderate Distress | Severe Distress | Mental Health Crisis |
|---|--|---|---|
| <p>Students experiencing some mental health distress may not display disruptive behaviours. However, some student behaviours can be an indicator that student requires help and support</p> | <p>Students in moderate distress may exhibit behaviours that indicate significant emotional suffering. These students may also be reluctant or unable to acknowledge a need for personal help.</p> | <p>Severely distressed students exhibit behaviours that signify an apparent crisis and necessitate emergency care. These problems are the easiest to identify.</p> | <p>A mental health crisis can display in a variety of ways. There is no one indicator that a person is experiencing a mental health emergency or may attempt suicide, but here are some signs to look for.</p> |
| <p>Behaviours may include:</p> <ul style="list-style-type: none"> ○ Change from good to poor academic performance ○ Frequent unexplained absences from class attendance or supervisions ○ Changes in interactions with tutors, colleagues or supervisors ○ Changes in their physical appearance, such as being unkempt, fatigued, unable to concentrate and display a range of changes in their mood. | <p>Behaviours may include:</p> <ul style="list-style-type: none"> ○ Repeated requests for special consideration, such as deadline extensions ○ Unusual or exaggerated emotional responses which are inappropriate to the situation ○ Other characteristics that suggest the student has trouble managing stress successfully are: depressed mood; swollen red eyes, lethargy; falling asleep in class; very rapid speech; and changes in how the student looks or dress | <p>Behaviours may include:</p> <ul style="list-style-type: none"> ○ Highly disruptive behaviour (e.g. hostility, aggression, or violence) ○ Inability to communicate clearly (garbled, slurred speech; unconnected, disjointed, or rambling thoughts) ○ Loss of contact with reality (hearing or seeing things which others cannot see or hear) ○ Stalking behaviours ○ Inappropriate communications (including threatening letters, email messages, or harassment) ○ Overtly suicidal thoughts (including referring to suicide as a current option or in a written assignment) ○ Threats to harm others | <p>The student may be:</p> <ul style="list-style-type: none"> ○ Unable to complete daily tasks like getting dressed, brushing teeth, bathing, etc. ○ Verbally saying, writing or insinuating that they'd like to kill themselves and/or talking about death ○ Withdrawing from friends, family and their typical social situations ○ Showing impulsive or reckless behaviour, being aggressive ○ Having dramatic shifts in mood, sleeping or eating patterns |

What you can do in non-urgent situation?

Non-urgent situation is any situation where there is no immediate risk to the student or other. However, the student may be depressed, anxious or stress; homesick, lonely or feeling isolated; experience relationship problems or low self-esteem.

The student accepting your help or help from others

The student not accepting your help or help from others

Decide who is the most appropriate person to help

Signposting to others

Supervisor providing help

Are you clear what the student's needs?
If so, refer or signpost student directly
If you are unsure then seek further advice or assistance from colleague or Wellbeing service

Make sure that you have time and skill to help student
You are able to:
o Listen to student's concerns
o Offer practical advice
o Provide reassurance
o Show your empathy and concern during conversation
o Follow up your conversation at another time
o Signpost student

You can make it clear that you will try to help as much as you can if the student changes their mind
Seek advice from Wellbeing service
Continue to monitor situation and further developments
You can alert the student's Personal Tutor, Wellbeing service or other relevant people about your continuing concerns

In all situations

- Thoroughly document your decision making
- Debrief your senior colleague or line manager (need to know basis)
- Consult with Wellbeing service
- Make a record of the communication with the student and store it in secure way in line with the University guidelines and GDPR

What you should do in urgent situation?

The situation is considered as urgent if the student may be at risk of harm to themselves or others, and if you are concerned for one or more of the following reasons:

- The student may be at risk of serious self-harm
- The student is violent or threatening violence
- The student has completely stopped with normal functioning
- The student seems disorientated and out of touch with reality
- The student is behaving out of their usual character
- The student expresses suicidal thoughts or visible signs of self-injury

The student accepts your help

The student will not accept your help

During office hours
Signpost the student directly to their GP and make contact with Warwick Wellbeing service (0247655570)
Inform other appropriate staff (such as Personal tutor or line manager)

During office hours
Contact Wellbeing services for an advice
If the student in the University accommodation, contact the Residential team for advice and further assistance

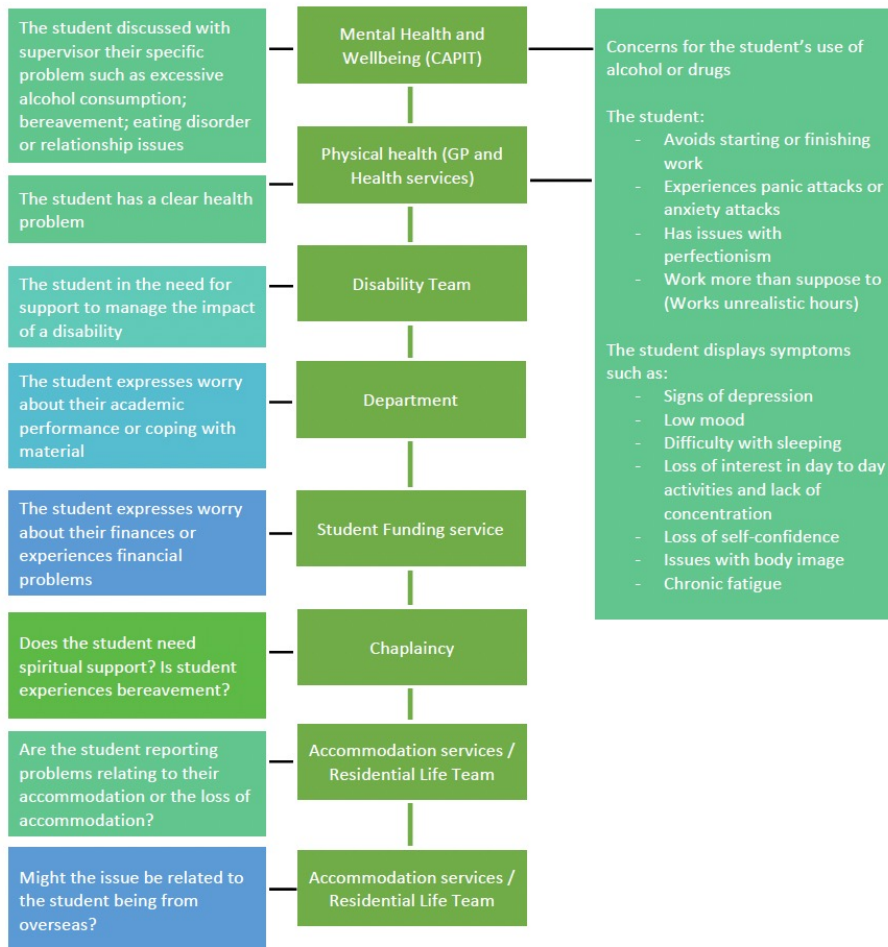
Out of office hours
Call the student's GP, if the surgery is closed, contact NHS 24 (111) or contact Mental Health Crisis Service (0300 200 0011) or the Campus Security (024 7652 2222).
Inform other appropriate staff (such as Personal tutor or line manager) and Wellbeing services next day.

During office hours
Signpost the student directly to their GP and make contact with Warwick Wellbeing service
Inform other appropriate staff (such as Personal tutor or line manager)

- In all situations:**
- o Stay calm
 - o Engage with the student if possible
 - o Always prioritise your own safety and safety of others
 - o Ensure that you have available support (back-up)
 - o Debrief others on need to know basis
 - o Keep a written record

- Collect information such as:
- Name and registration number of students
 - Their residence
 - GP practice (GP name)
 - Any known medication
 - Details of incident
 - Family contact numbers

Internal signposting for student's mental health and wellbeing needs



Help is out there

Samaritans: call **116 123** free 24/7

Safe Havens: Out of hours mental health support in Warwickshire, available to anyone aged 16+. Email: warwickshiresafehaven@mhms.org.uk

PAPYRUS: Free service for young people. Call **0800 068 4141** 9am-10pm Mon-Fri /2pm-10pm weekends or visit www.papyrus-uk.org

Survivors of Bereavement by Suicide (SOBS) call **0300 111 5065** 9am-9pm Monday to Friday or visit www.uksobs.org

MIND Coventry and Warwickshire: Help and support for mental health problems. Call **024 7655 2847** or visit www.cwmind.org.uk

Change Grow Live Coventry: Free and confidential drug and alcohol service for adults, families and affected others. Call **02476 010241** 9am-5pm Mon/ 9am – 8pm Tue/ 9am – 5pm Wed-Fri or email coventry.info@cgl.org.uk

Compass: Substance misuse service for children and young people in Warwickshire. Call **01788 578 227** 9am – 5pm Mon-Thur/ 9am – 4.30pm Fri

The Recovery and Wellbeing Academy: Free courses and workshops to help people in their recovery. Call **0300 303 2626** or visit www.recoveryandwellbeing.cowwarkpt.nhs.uk

The Kaleidoscope: Suicide Bereavement Support Services. Call **0121 565 5665** or visit www.kaleidoscopeplus.org.uk

Veterans' Mental Health TIL Service: Call **0300 323 0137** 24/7

RISE: Emotional wellbeing and mental health services for children and young people. Call **0300 200 2021** 8am – 6pm Mon-Fri or visit www.cwrise.com

It Takes Balls To Talk: Campaign to encourage people to talk about mental health issues. Visit ittakesballstotalk.com


Download our Stay Alive app

Provides help and advice on staying safe in a crisis.

Available free at the App Store or Google Play



Always inform the student's personal tutor or supervisor,
and ensure to keep factual notes



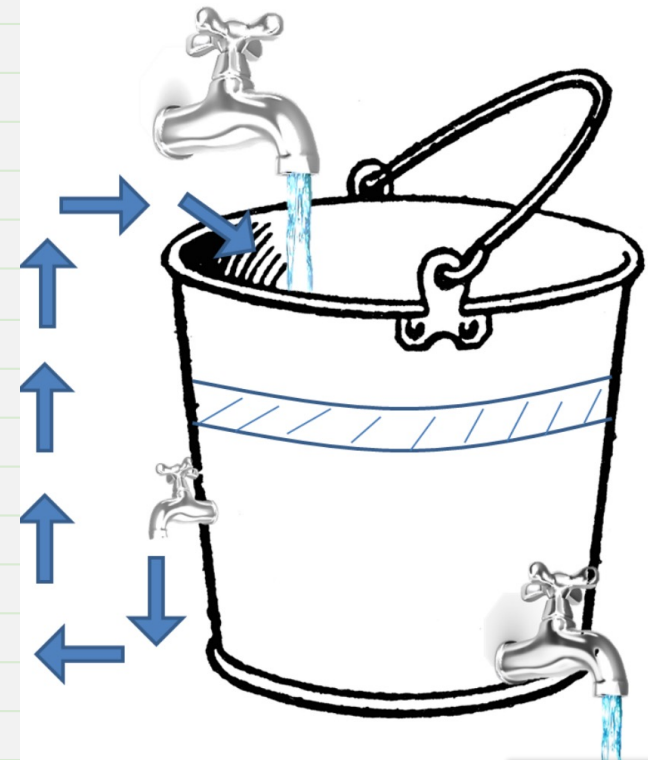
06

Looking after yourself

You cannot really help anyone unless you are looking after yourself.

Do not forget to look after yourself

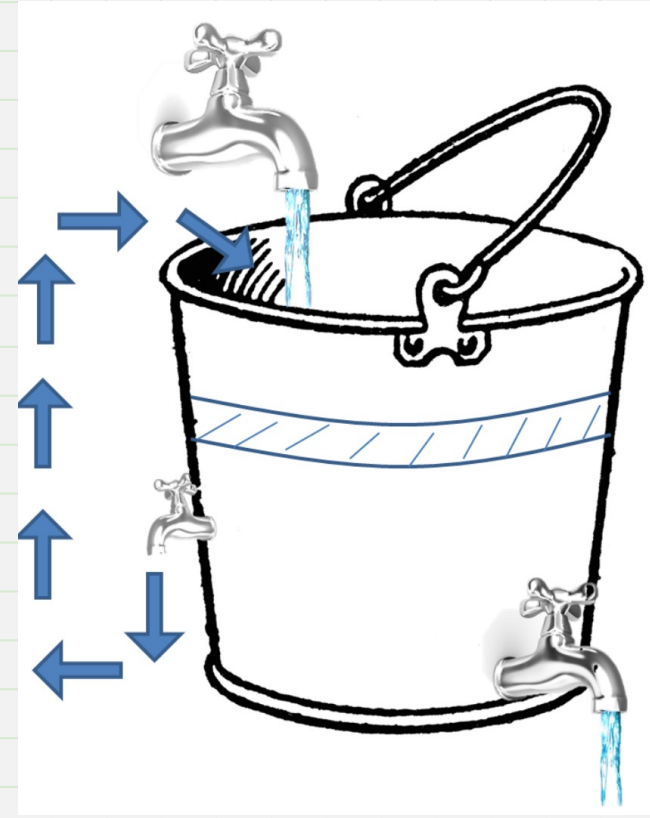
- Just because you support academic staff and students does not mean that you are superhuman and immune to stress/anxiety
- Conversations about mental health can take a toll on you
- Recognise your own maladaptive coping strategies
- Think about your own stress bucket
- Talk to others



Source: <https://www.talkplus.org.uk/resource-category/self-help/>

Helpful & unhelpful coping strategies and stressors

| | |
|-----------|--|
| Stressors | |
| Unhelpful | |
| Helpful | |



Staff Wellbeing Hub



🧠 Psychological and Emotional Wellbeing

Wellbeing resources at Warwick

How to take care of your psychological and emotional wellbeing

Mental health awareness training

Staff interest groups

🏃 Physical Wellbeing

Find ways to stay in shape physically.

🗨️ Social Connections

Staff groups involved in social inclusion

Ways to keep in touch with colleagues, friends and families.

🕊️ Faith and Spirituality

Share faith and spirituality with others.

🎨 Recreation and Creativity

Spark some creativity in your work and home life.

🏠 Thrive at Home

How to work well from home, and how to effectively manage during this time.

📅 Events calendar

See all our upcoming events


🚨 Help in an emergency

See our emergency contacts.

🤔 Coronavirus FAQs

Find advice about coronavirus.

Step-by-step (self-directed) self-help guides and workbooks



NHS Coventry and
Warwickshire Talking
Therapies:



The University of Exeter
- Student Wellbeing:



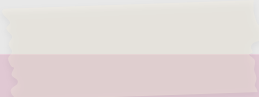
The University of Exeter
- Low-Intensity CBT
Workbooks




Step-by-step (self-directed) self-help guides and workbooks



Talking Space Plus



Cumbria and
Northumberland NHS



Center For Clinical
Interventions (CCI)





In summary

Thank you

Do you have any questions?