

Stress and Anxiety in PGRs



Guidance for Supervisors

Hello!
We are...



FRANE

Psychologist, Trainee Applied
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Table of Contents.

01 - PGRs pressures

To understand the pressures which PGRs experience during PhD

02 - Mental Health

Define mental health, and understand what common mental health problems are

03 - Sign and symptoms

Focus on stress and anxiety signs and symptoms to look out for

04 - Students at risk

Understand what is your role is in protecting PGRs' mental health

05 - What to do...

... in case you do spot PGR signs of stress and/or anxiety, and how to intervene and support PGRs.

06 - Look after yourself

Lastly, we will talk about looking after your mental health and wellbeing.

01

Pressures during the PhD

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

Let's review some pressures during PhD.

Personal and academic isolation

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

Balancing conflicting demands

To many things on the plate, 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

Perfectionism

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

Workaholism and chronic stress

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

Being ahead or behind plan

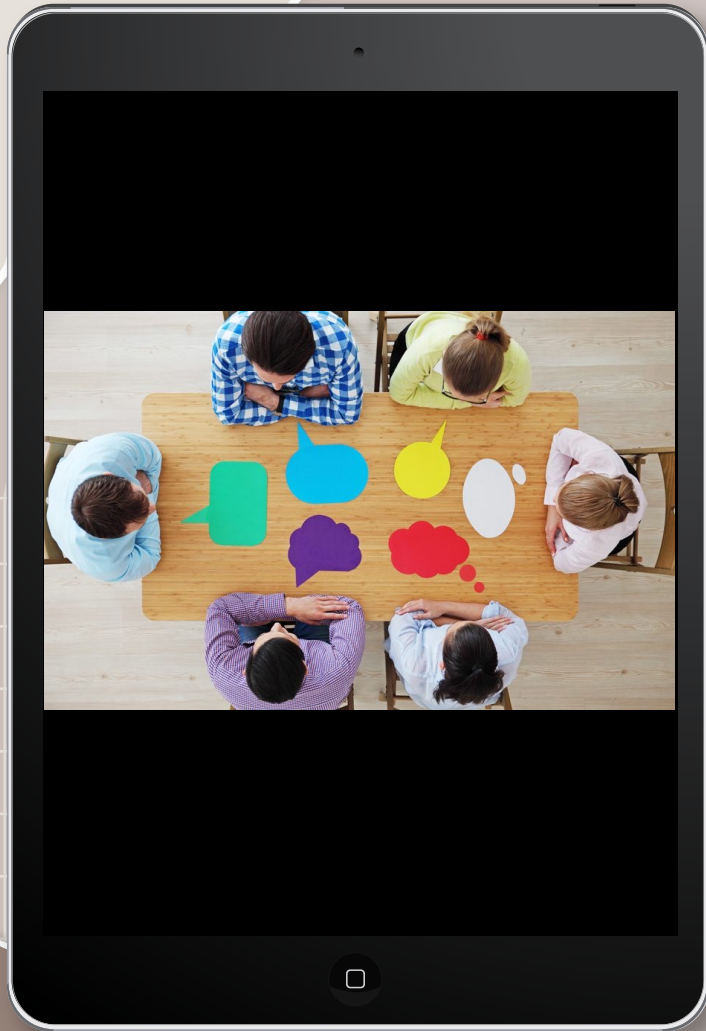
Balance is needed between working ahead and being behind.

Field of study

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

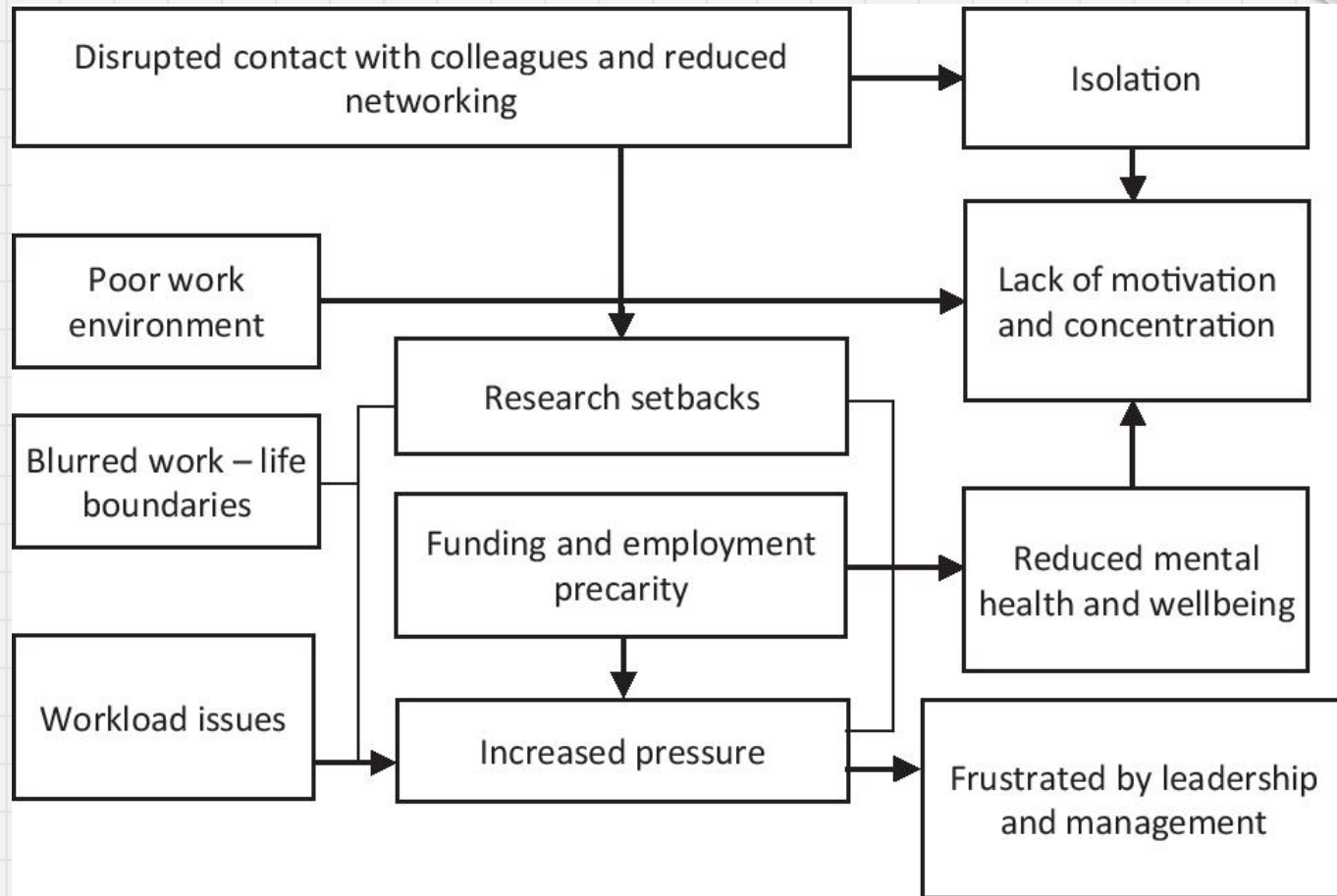
Social network/support

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



What particular pressures do you think PGRs might be experiencing?

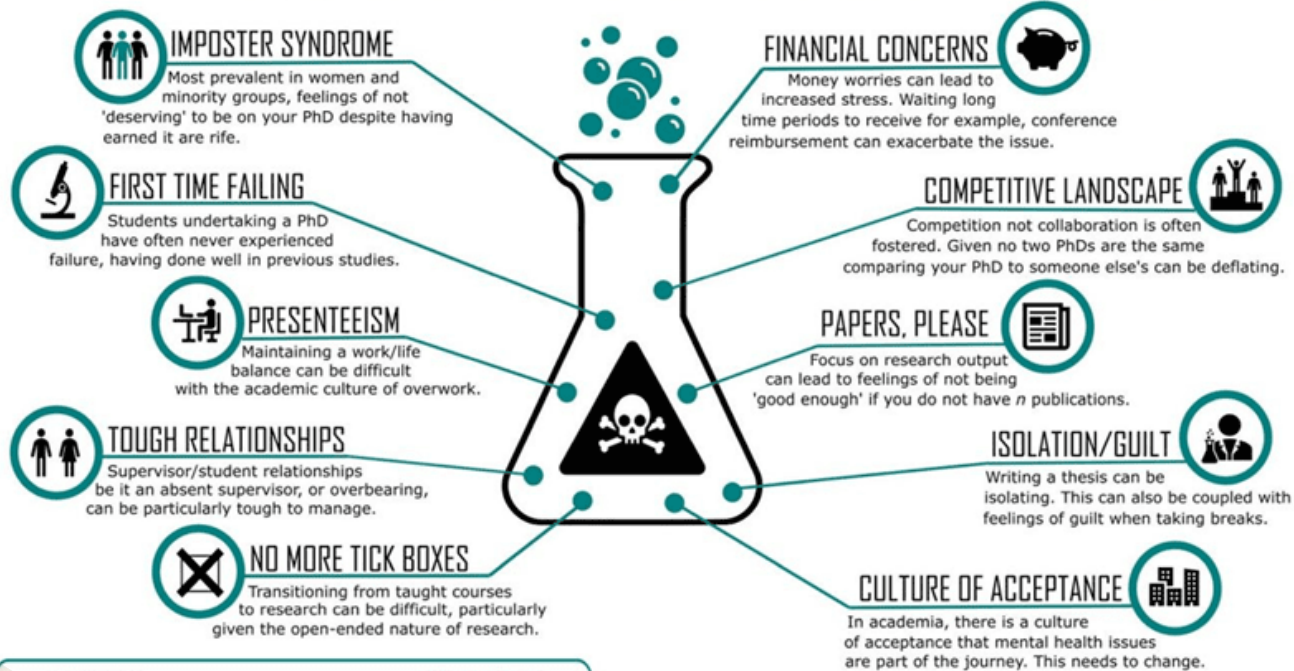
Have you encountered any of these pressures during your PhD journey?



MENTAL HEALTH DURING YOUR PhD THE TOXIC MIX

A study by the University of California, Berkeley, found nearly half of postgraduate students met criteria to classify them as depressed.¹

This poster explores the common stressors that PhD students may be exposed to during their PhD.



SELF-HARMING?
SUICIDAL THOUGHTS? CALL SAMARITANS NOW ON 116-123

Reference: 1. Graduate Student Happiness & Well-Being Report, 2014, University of California, Berkeley.

Part of the #mentalhealth series by Dr Zoe Ayres (@zjayres). Free to distribute.



Experiences of pressures as a PhD International student

Ehsan lived experience - case study!

*Ehsan lived experience -
case study!*





02

No health without mental health

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

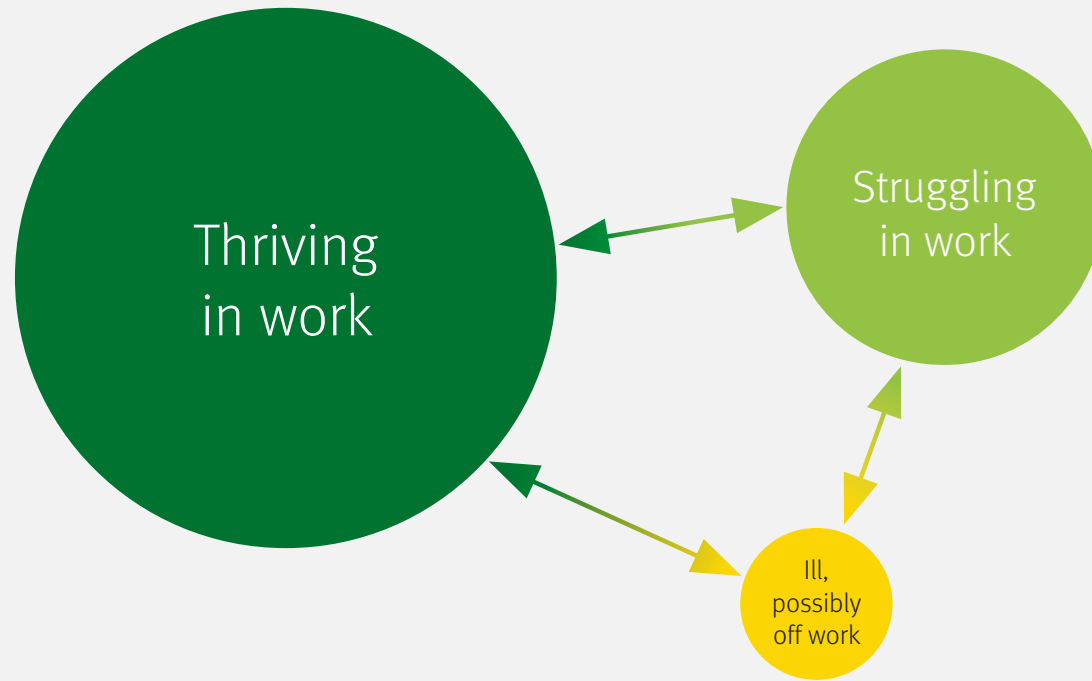
Did you know?

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

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.



03

Prevalence rates of anxiety disorders

This section provides information about the prevalence of anxiety-related disorders and helps you recognize the main signs and symptoms of stress and anxiety.

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

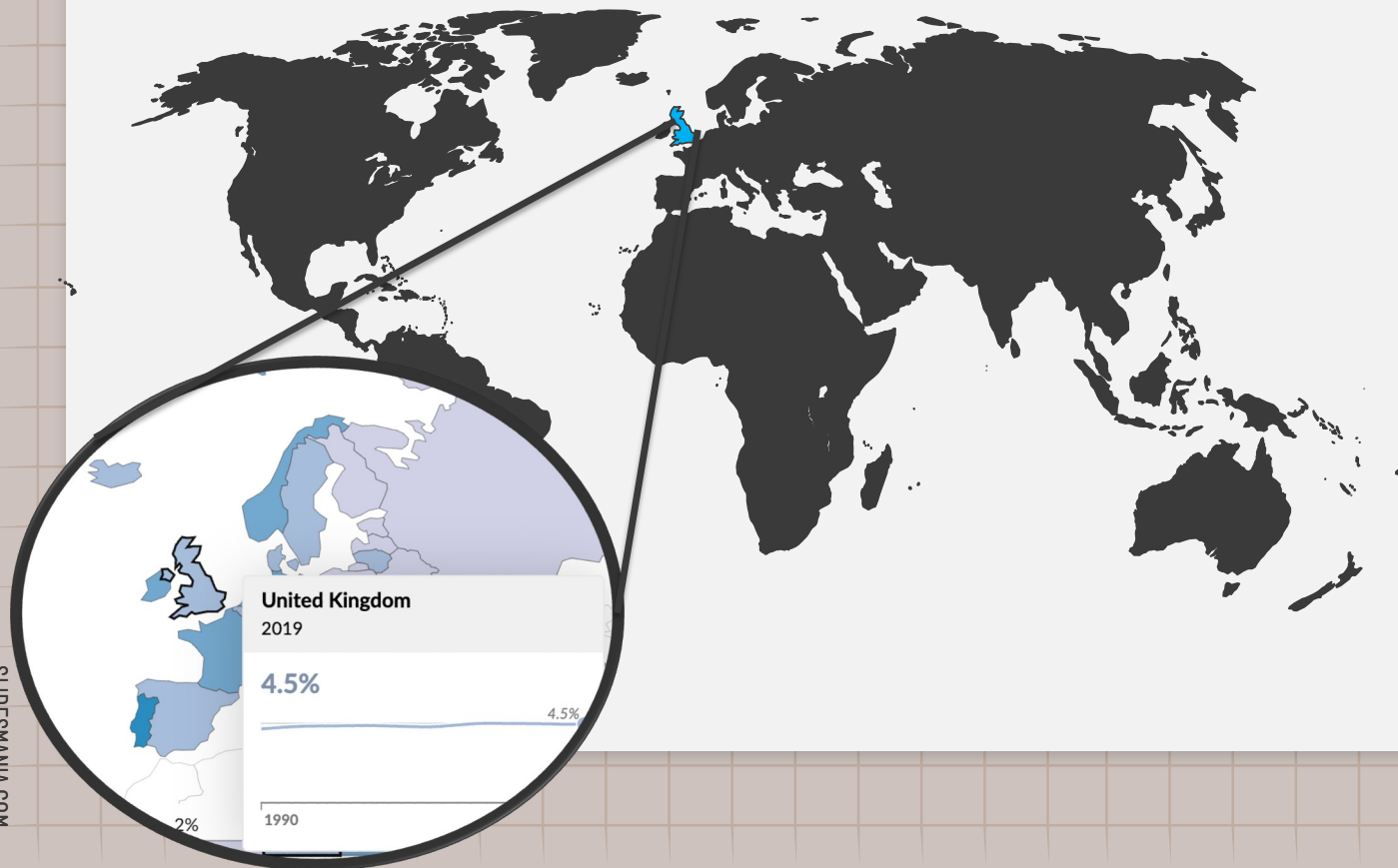
Interesting facts

- 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.

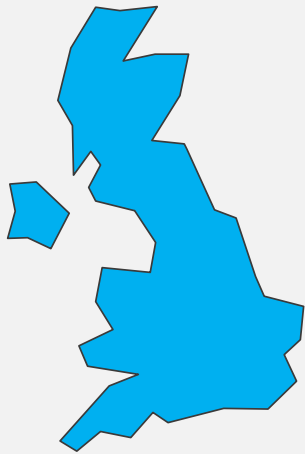
What about UK and its prevalence rates

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.

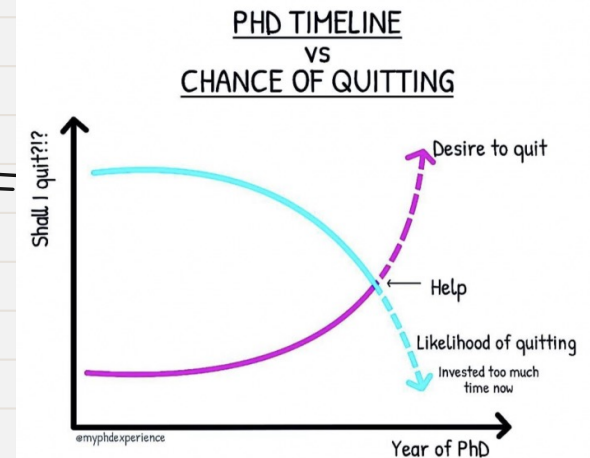
Source: Depression and anxiety 'the norm' for UK PhD students; Nature.com (2021)

"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

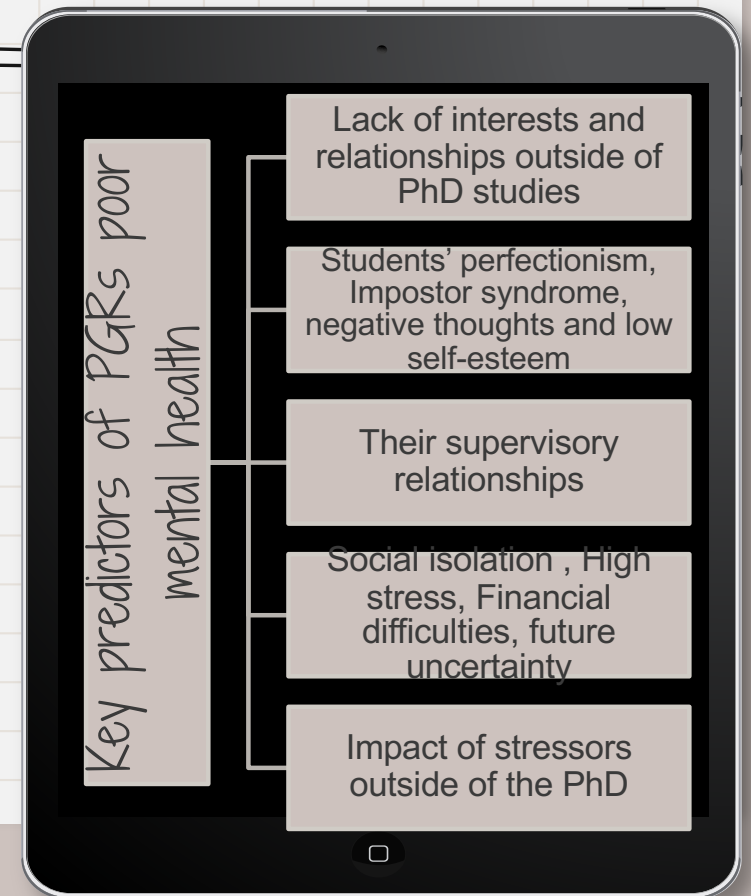
Ethnic and Minority groups

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)



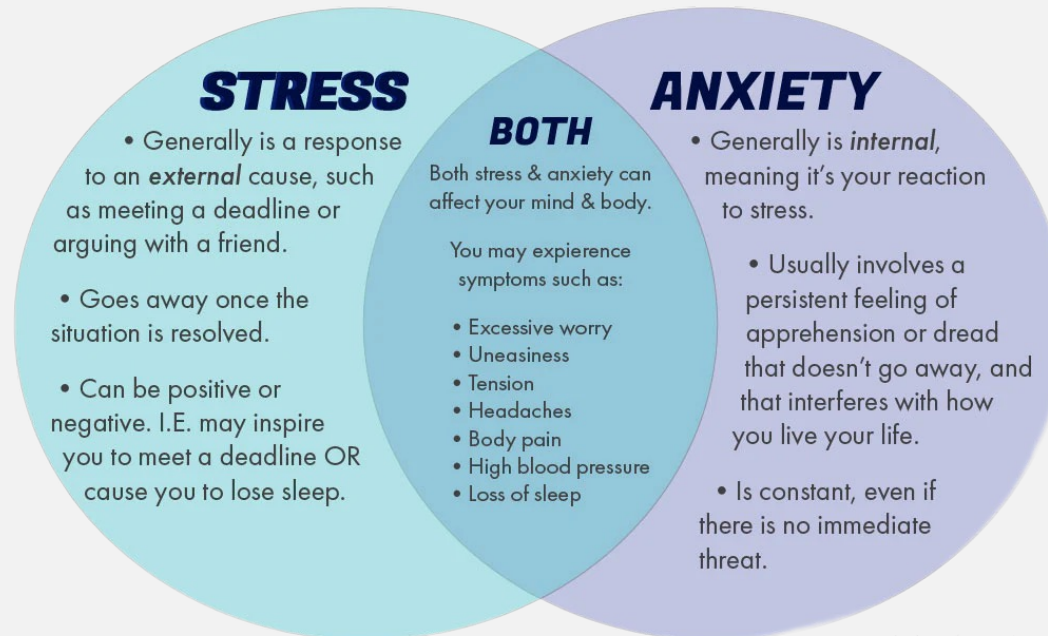
*Do you know the
difference between
stress and anxiety?*



Stress Vs. Anxiety

Is it stress or is it anxiety?

IS IT STRESS OR ANXIETY?



source: nhs.uk/stressandhealth

Stress:

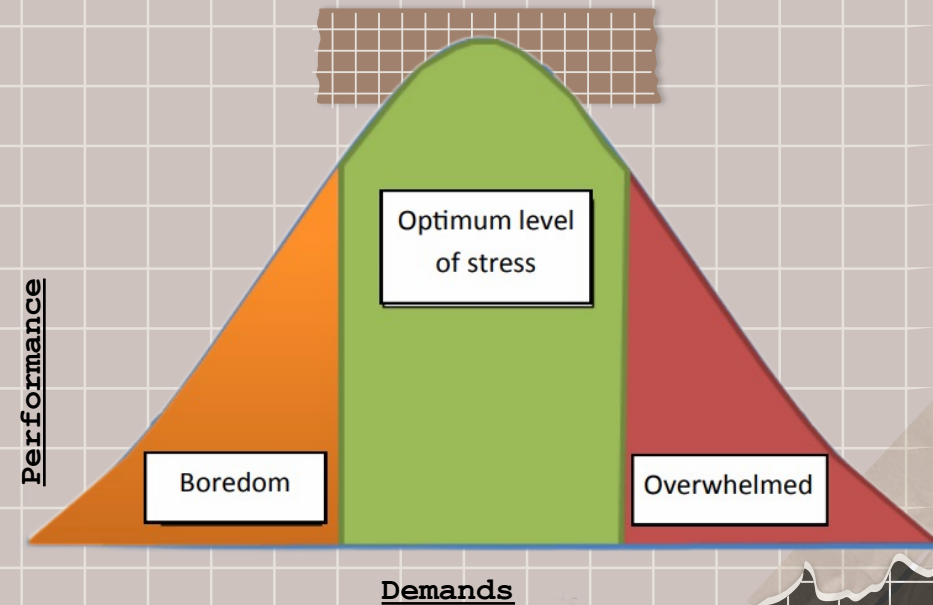
- Stress is any demand placed on your brain or physical body. Any event or scenario that makes you feel frustrated or nervous can trigger it.

Anxiety:

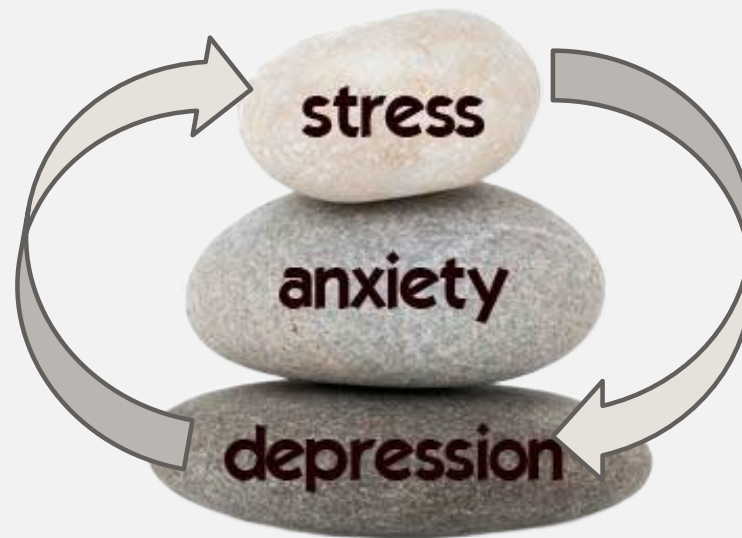
- Anxiety is a feeling of fear, worry, or unease. While it can occur as a reaction to stress, it can also happen without any obvious trigger.

- 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:

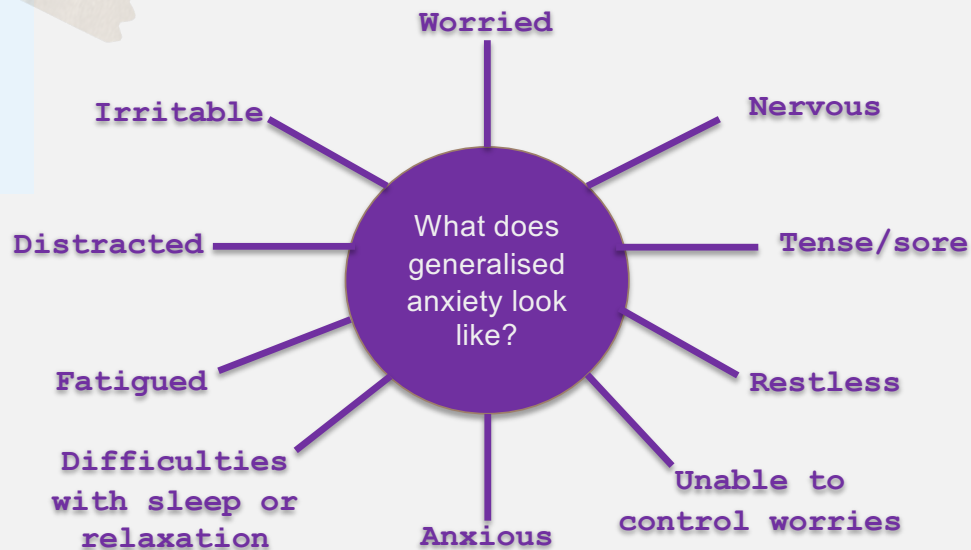


Do not ignore the stress

Do not undermine its impact and effect

What does Generalised Anxiety (GAD) Look like?

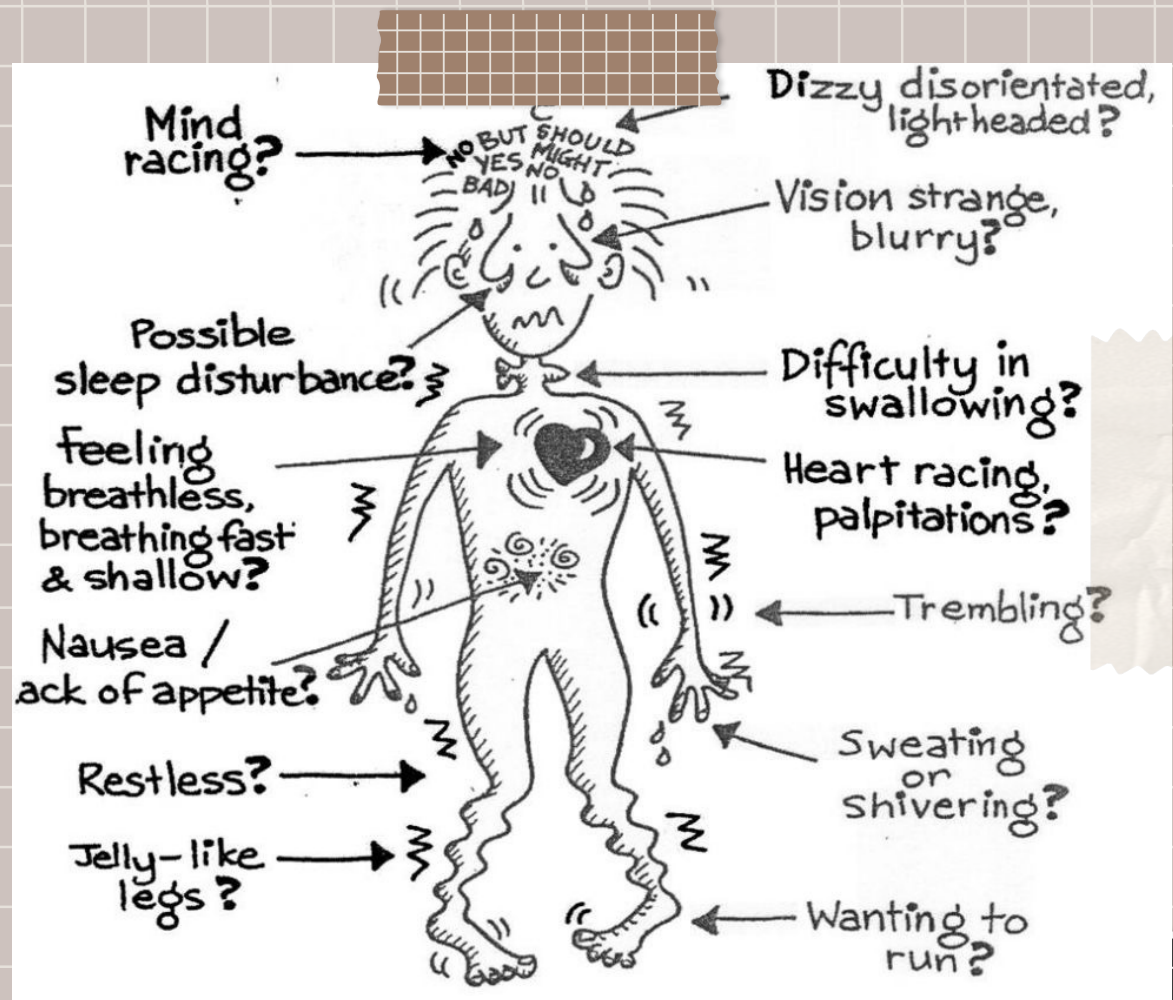
Excessive worry is the primary symptom of generalized anxiety disorder (GAD).



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.

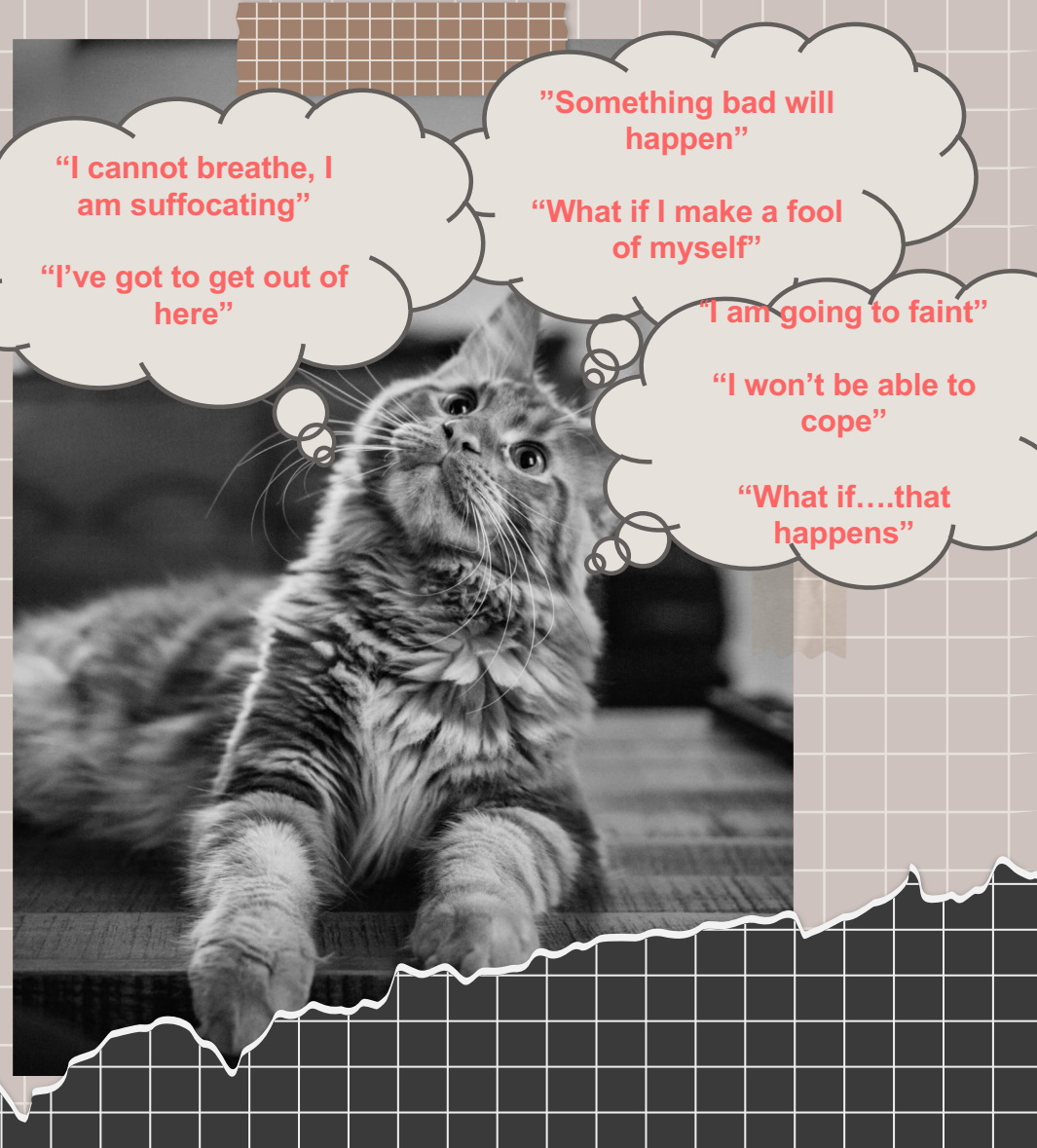
Physical Symptoms of Anxiety



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



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
Intensifies

Anxiety

Brief relief

Avoidance

Anxiety leads to avoidance and avoidance leads to more anxiety

Avoidance is a large part of what maintains anxiety

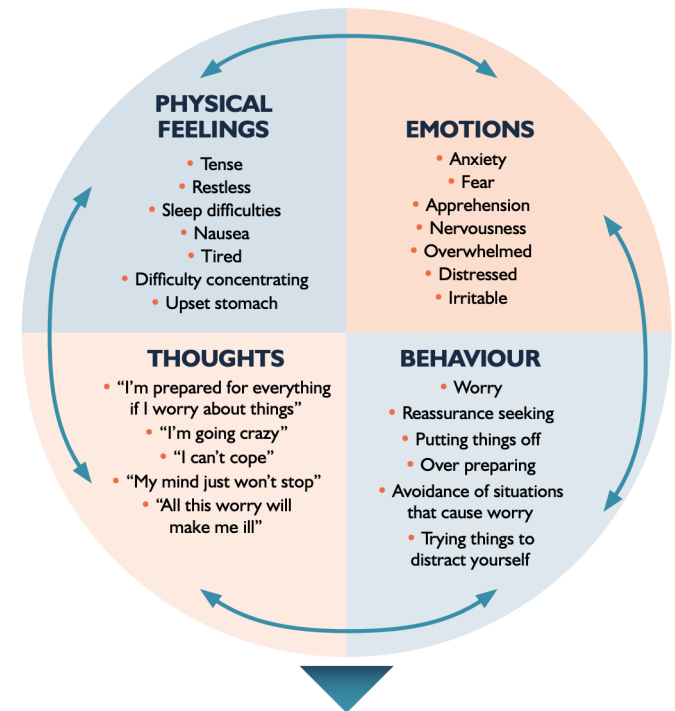
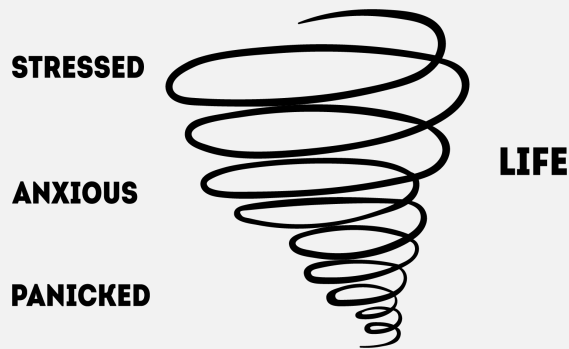
These behaviors will keep anxiety going

- 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.



Like a vicious cycle, each of these areas has a knock-on effect on the others and can impact on significant areas of life such as work, relationships and hobbies.

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.

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:

Role-model

To encourage and model good self-care from the start of the PhD student's journey

Be prepare to listen

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

Be aware

Be aware when your supervisee is struggling

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

Know when and where to refer

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



*What supervisor's role is
when PGR experiences
mental health
difficulties?*

Ehsan lived experience - case study!

*Ehsan lived experience -
case study!*



What can you do?

**YOU DON'T NEED TO BE A
MENTAL HEALTH EXPERT
TO MAKE A DIFFERENCE**

You don't need to be a Mental Health expert to make a difference.

Source: <https://vimeo.com/548798510>



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.

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

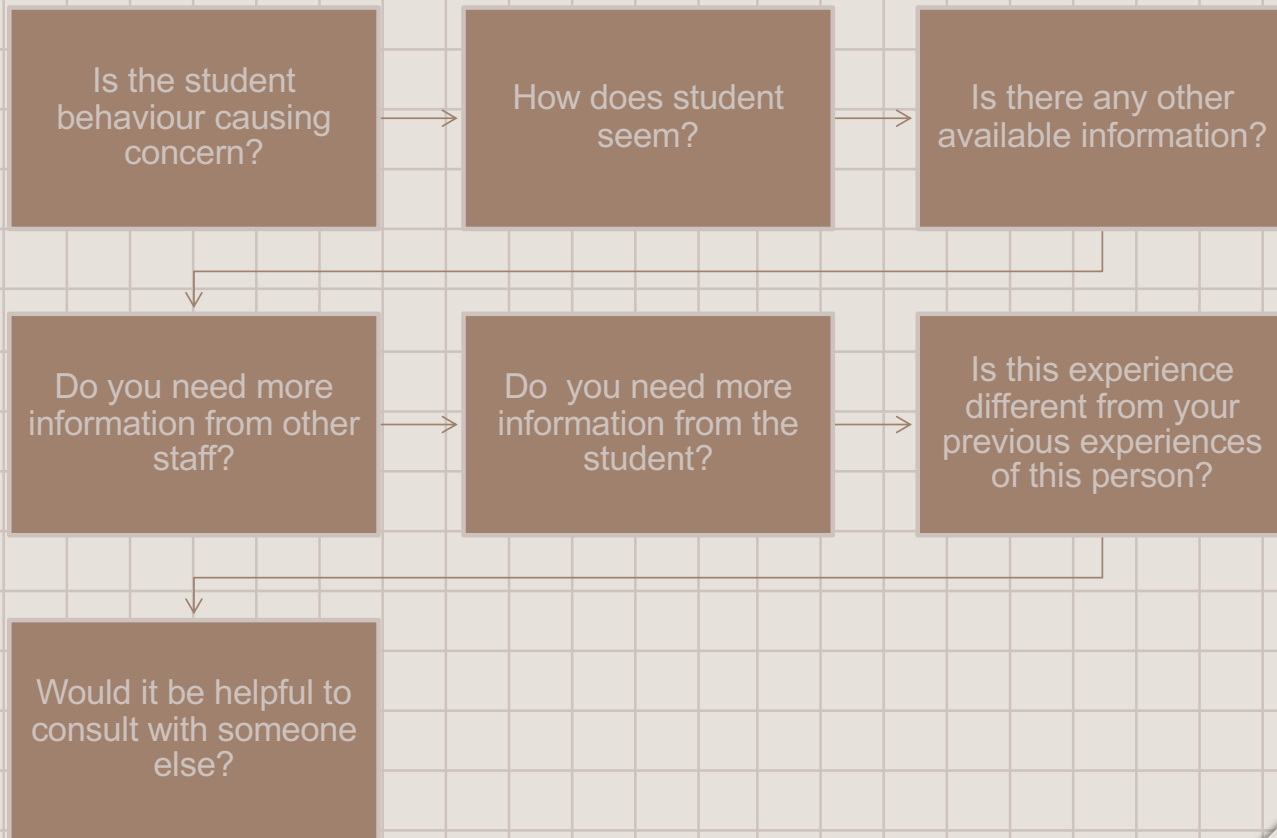
Assess the risk and respond to risk in ways that reduces the potential for harm to occur

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

Create a joint wellbeing plan

Ask students to jointly create a plan for their safety and wellbeing. The plan can contain information such as who they can contact and what sources of help they can turn to.

Assess the Risk and the student's needs



An example of safety plan

's Safety Plan Today's Date: _____

Step 1: Warning Signs of a Crisis

1. _____
2. _____
3. _____

Step 4: People I Can Call for Help

1. _____
Relationship: _____
Phone #: _____
2. _____
Relationship: _____
Phone #: _____
3. _____
Relationship: _____
Phone #: _____

Step 5: Ways That Supportive People Can Help Me Stay Safe

1. _____
2. _____
3. _____

Step 6: I Can Call These Very Important Phone Numbers

- ### I Have Great Strengths To Help Me Get By
1. _____
 2. _____
 3. _____

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things

1. _____
2. _____
3. _____

Step 3: Taking My Mind off of Things

PEOPLE I CAN GO TO:

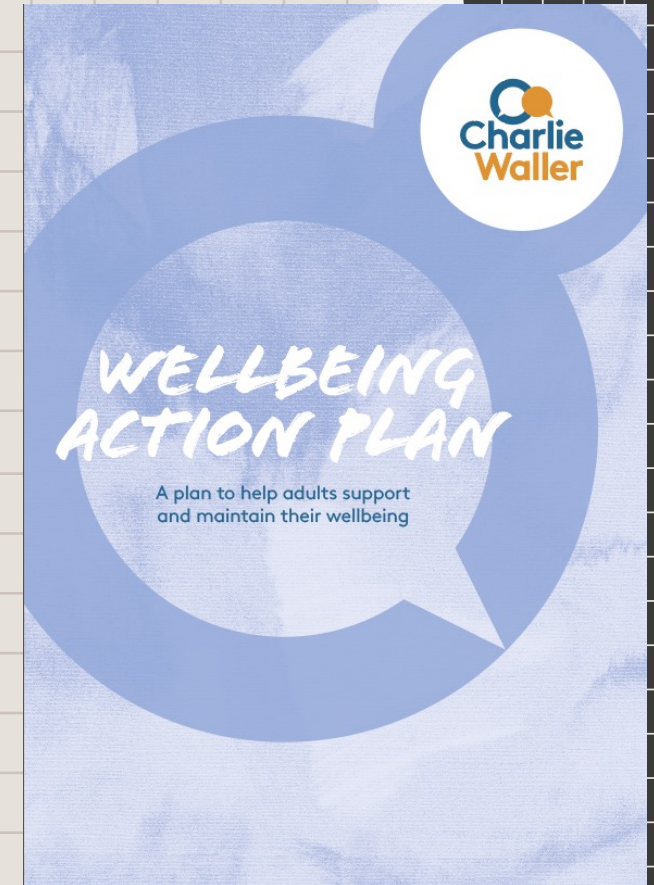
1. _____
Relationship: _____
Phone #: _____
2. _____
Relationship: _____
Phone #: _____
3. _____
Relationship: _____
Phone #: _____

PLACES I CAN GO TO:

1. _____
2. _____



Safety Plan | Adapted from an original work by Barbara Stanley and Gregory K. Brown
This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.



Visit:
<https://www.charliewaller.org/resources/wellbeing-action-plan-adult>

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

Importance of limits of confidentiality

You cannot offer unlimited confidentiality to any student; be clear about this

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

Importance of limits of confidentiality

You cannot offer unlimited confidentiality to any student; be clear about this

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

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

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...'

What can you do?



It is easy to panic when faced with a student's personal dilemma.

Source: <https://vimeo.com/548801944>

Barrier to active listening

- Worried about the time you have
- Preoccupied with something else/getting distracted
- Feeling out of your depth/overwhelmed
- Being too close to what they are talking about
- Bringing in your own personal experiences
- Rushing in to offer solutions

In the moment

- Reply and show your supervisee that you are taking them seriously
- Be direct
- Offer options rather than a single suggestion
- Try to engage them in making a plan for getting immediate help
(for example seeing GP or visiting a Well-being center)
- Create together a wellbeing plan

Questions to Reflect

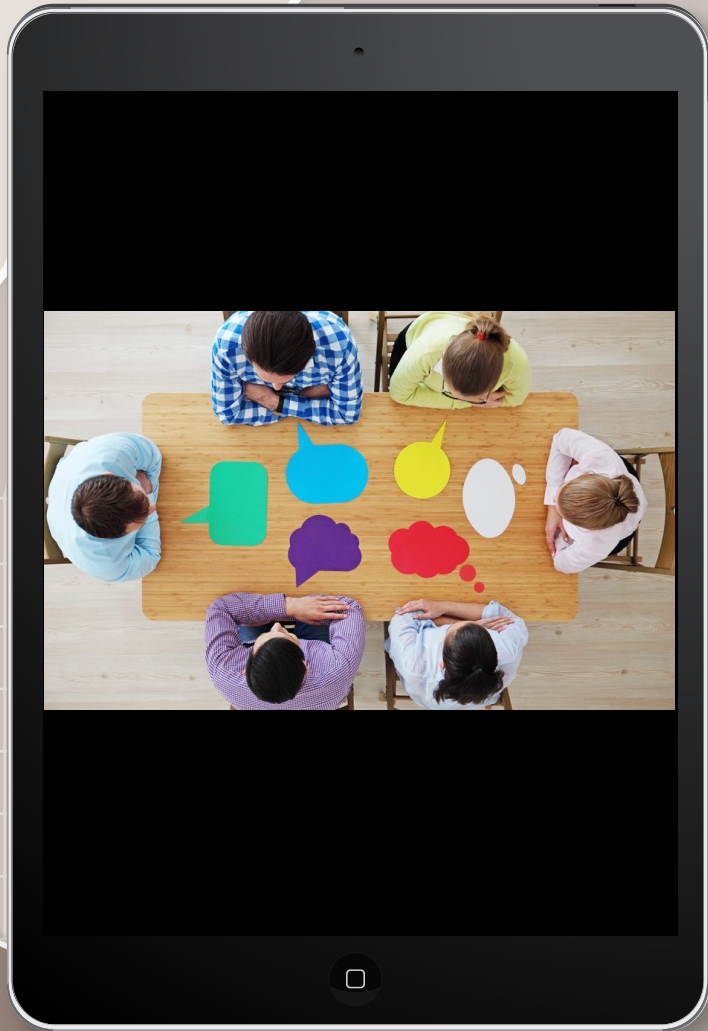
- How do I manage when I'm distressed?
- How easy is it for me to ask for support?
- Can I talk about my feelings with relative ease?
- Do I trust people to listen to me without judgment?
- Can I tolerate someone being upset without trying to fix it?
- How aware am I about my prejudices?

What can you do?



by guiding them to University services or other online resources.

Source: <https://vimeo.com/548803290>



*What would you do if
you supervisee in a
mental health crisis?*

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

You can make it clear that you will try to help as much as you can if the student changes their mind

Signposting to others

Supervisor providing help

Seek advice from Wellbeing service

Are you clear what the student's needs?

Make sure that you have time and skill to help student

Continue to monitor situation and further developments

If so, refer or signpost student directly

- You are able to:
- Listen to student's concerns
 - Offer practical advice
 - Provide reassurance
 - Show your empathy and concern during conversation
 - Follow up your conversation at another time
 - Signpost student

You can alert the student's Personal Tutor, Wellbeing service or other relevant people about your continuing concerns

If you are unsure then seek further advice or assistance from colleague or Wellbeing service

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)

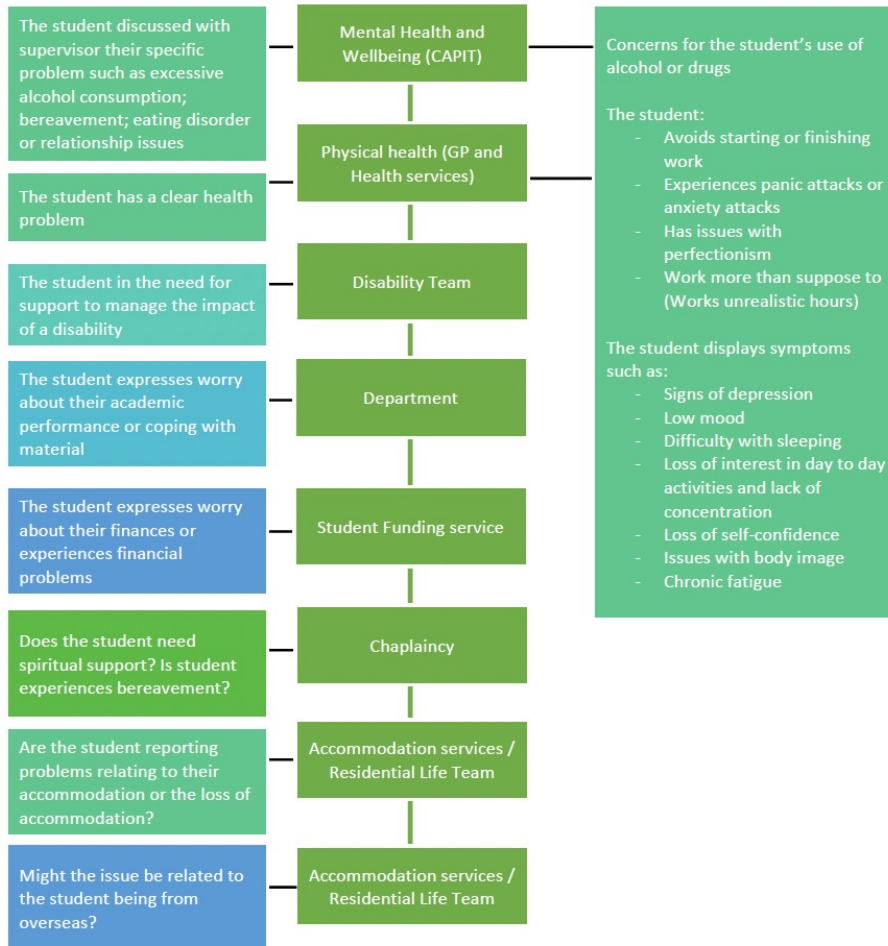
In all situations:

- Stay calm
- Engage with the student if possible
- Always prioritise your own safety and safety of others
- Ensure that you have available support (back-up)
- Debrief others on need to know basis
- 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@mhnm.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 follow up with students
after conversations about their
mental health and check how
they are doing!*



What supervisor can do from a PhD student's perspective?

Ehsan lived experience - case study!

*Ehsan lived experience -
case study!*



BE PROFESSIONAL

SUPERVISOR

Be aware that all PhD candidates are different, with their own individual story, culture, competences and needs.



PHD CANDIDATE

Be aware that all supervisors are unique human beings with their strengths and weaknesses.



BE COMMITTED

SUPERVISOR

Be aware that doing a PhD is a lengthy process that requires long-term commitment from both sides.



PHD CANDIDATE

Be aware that the PhD journey will be lengthy and not always easy, and that your initial motivation can be hard to maintain.



BE AVAILABLE

SUPERVISOR

Be aware that your regular availability is key to the success of the project.



PHD CANDIDATE

Be aware that the success of your project is a joint responsibility.



BE CONSISTENT AND CLEAR

SUPERVISOR

Be aware that the (perception of) research progress should be addressed. It is crucial to be open about your expectations from each other.



PHD CANDIDATE

Be aware that being honest about your progress and your expectations is key to the success of your project. Use wisdom and tact to address possible issues.



BE TIME AWARE

SUPERVISOR

Be aware that realistic planning is essential for a PhD candidate.



PHD CANDIDATE

Be aware that planning is one of the harder things to do in research and that the original plan is almost certainly going to change.



BE WILLING TO RECEIVE FEEDBACK

SUPERVISOR

Be aware that for any professional relationship to work, feedback must be a two-way exchange.



PHD CANDIDATE

Be aware that receiving feedback is very helpful for your progress.



BE WILLING TO GIVE FEEDBACK

SUPERVISOR

Be aware that a PhD candidate needs regular feedback that must be professional, objective, constructive, and balanced.



PHD CANDIDATE

Be aware that feedback on supervision can always be helpful.



BE AWARE OF STRESSORS

SUPERVISOR

Be aware that as a supervisor you are a role model for the PhD candidate, and should set a good example in terms of stress management.



PHD CANDIDATE

Be aware that your life involves more than your work.



BE FUTURE-ORIENTED

SUPERVISOR

Be aware that a PhD student might need stimulation to think about a career after graduation.



PHD CANDIDATE

Be aware that you need to think about your career after graduation.



These are the golden rules for PhD supervision from the Leiden University and the LUMC to guide your actions as a supervisor or PhD candidate. You can also use these to structure independent guidance committee meetings and organize discussions within your team or department.

CONTACT FSW GRADUATE SCHOOL

• gs-office@fsw.leidenuniv.nl • [Graduate School website](#)



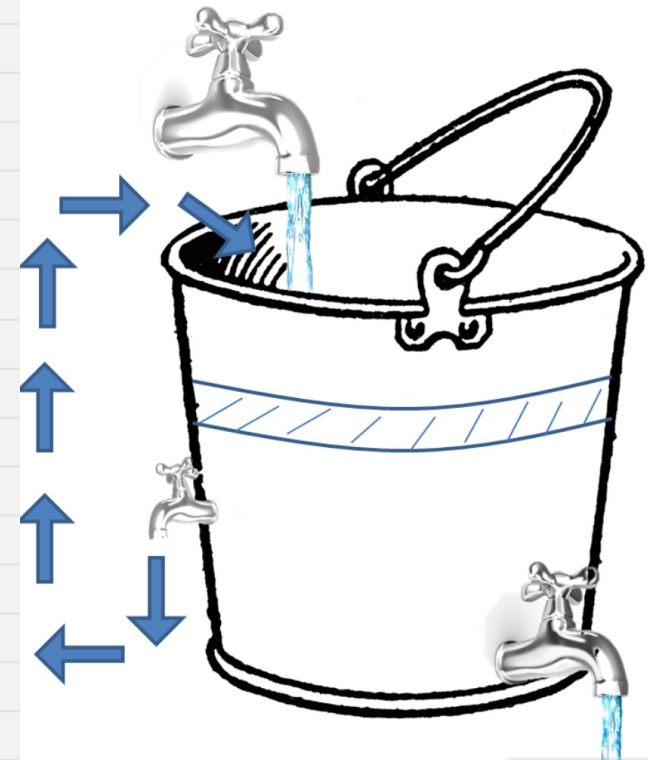
06

Looking after yourself

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

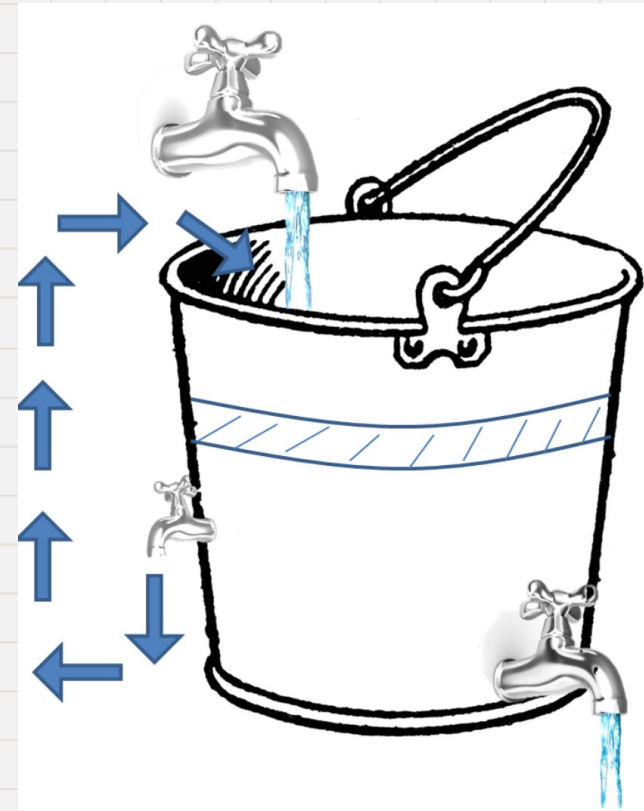
Do not forget to look after yourself

- Just because you are a supervisor 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



Helpful & unhelpful coping strategies and stressors

Stressors	
Unhelpful	
Helpful	



What can you do?

Supporting Academics

Tip 4: Your Wellbeing

Brought to you by:



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

Faith and Spirituality

Share faith and spirituality with others.

Events calendar

See all our upcoming events

Physical Wellbeing

Find ways to stay in shape physically.

Recreation and Creativity

Spark some creativity in your work and home life.

Help in an emergency

See our emergency contacts.

Social Connections

Staff groups involved in social inclusion

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


Thrive at Home

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

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?