

Trauma Awareness for Sponsors – Supporting Someone’s Wellbeing

Welcome – thank you so much for joining! My name is Sophia and I am one of the Training Service Leads at Buckinghamshire Mind. So, really warm welcome to today’s session, which is supporting someone's wellbeing trauma awareness responses.

Over the next 90 minutes, and we may be quicker than that, we're going to explore the impacts of trauma, some common reactions to trauma and how we can effectively as hosts support someone and ultimately learn about where we need to go when someone needs some more support for their mental health.

The purpose of this workshop is to provide some space to explore some common questions that we might have or some kind of worries. Hopefully it's going to be a gentle reminder that you're not expected to be a mental health expert. This is all about signposting and directing someone.

The reasons why someone might develop a mental health problem are complex and there isn't a blueprint to trauma. Individuals will have different reactions and process it differently. There isn't one-size-fits-all. Which also means there is not perfect way to support someone. But connexion, empathy, kindness, listening and sharing our common humanity are all things we can do that can and will make a difference to people that we're supporting. That's the good news.

So in terms of who we are, Buckinghamshire Mind are part of a network of local minds delivering mental health services in their communities across England and Wales. We are very much grassroots and led by the communities that we work in. We're independent, and although we're charities affiliated with national Mind, we provide services that are tailored to the needs of the specific community. At Buckinghamshire Mind, these include services such as counselling, wellbeing groups, peer support, employment support, children and young people services, older adult services, crisis support and training. We work in conjunction with national mind to stand up for mental health and all of those services mentioned are available to the Ukrainian refugees, and any refugees, that you are supporting.

Today, the aims that we're going to be exploring are understanding what trauma is, common reactions, how to support someone experiencing trauma. We're going to do a whistle stop tour of what PTSD is. We are also going to look at how we have a conversation about someone's mental health supportively, and that is the really key word there. We are also going to examine the importance of looking after our own mental wellbeing which is just as integral as the people we're supporting. We're also going to give you some insight around what to do in some ways experiencing a mental health crisis and also give you signposting to

organisations to people that could help support in that scenario. And ultimately, as aforementioned, recognise that we don't need to be mental health experts, but we can and are having a really positive impact.

And whilst this recording is an interactive, there will be lots of areas where you can connect to other hosts that will mention later on in the workshop that you'll be able to reflect with an hold space with as well.

So, I would just like to draw your attention to this quote here. The first thing to recognise is just how much of a key role you're already playing in supporting your guest's wellbeing by doing what you are doing. Providing them with security and stability in opening up your home and supporting them in the community.

The people that we're supporting might have experienced significant challenges and trauma which may in turn impact their mental health. But it's important to note, if this is the case, from a treatment point of view, therapeutic interventions wouldn't be effective until someone's basic security and stability such as housing, healthcare and education. Supporting people to feel safe, secure and settled is playing on vital role in supporting their mental health.

This is a quote from one of our partners in Oxford Health NHS Foundation Trust, Dr Elena Roswell. She's is a consultant clinical psychologist there and she's right on that point - you're already doing an awful lot to help support someone's mental health. As we've said, you don't need to be a mental health expert to make a difference to someone's mental health, that's the really good news. Quite often, supporting someone's mental wellbeing just looks like this:

I was on my sofa.

It was at his house.

It was after work.

I was in the living room.

I just made two cups of tea.

I took my boots off, sat down.

I told one of my oldest friends.

I wasn't really sure what I was supposed to be talking about.

What words will I use and how will I say this.

Oh my goodness, what's going to be revealed here.

There's this stigma attached to not only mental health but how we approach talking about mental health.

He sat and listened.

I saw his honesty as a strength.

I felt relieved, so relieved.

There's no grand statements or gestures.

I send her a picture on Facebook, and she knows then that I'm thinking of her.

There are some days when I wake up and I won't feel as sparkly as I usually feel and without me even saying anything he will bring me a cup of tea.

He's just the same person.

It's just normal.

Whatever way you feel comfortable and whatever environment just start that conversation.

Go for a walk with you mate, go for coffee.

Just the smallest thing can make the biggest difference.

Small things can make a big difference when it comes to mental health.

So it's time to change online to discover the small things you can do.

There we go, so just a gentle reminder that you already doing an awful lot to help someone. OK so we're going to start off with the definition of mental health and mental wellbeing just to make sure that we're all on the same page. In terms of your mental health, just like physical health, everybody has mental health - it's something we all have in common. It's as normal as elbows - we all have elbows, we all have mental health.

The World Health Organisation defines mental health as a state of wellbeing which we can cope with day-to-day life, work productively, and this doesn't necessarily mean working or something we do to earn money, but also hobbies, passions, life etc, and that we are able to make a contribution to our community.

The way that Mind likes to discuss mental health is more of a spectrum. We all have mental health, and mental health spectrum ranging from positive mental health, this means generally able to think, feel and react in ways that we want to live our life, so then mental health problems to experience in mental illness. Our mental health might fluctuate along with spectrum depending on who we are, our background, personality, life experiences, resilience and our current situation environment. Some people live their lives with a long term mental illness, just as people live their lives with a long term physical illness. Other people recover from their mental illness after treatment, particularly if the cause was situational, such as traumatic events. Part of our overall mental health is our mental wellbeing. So your mental wellbeing is your day today emotional state, how we feeling in any given moment and how well we're able to cope with day-to-day life. A good way

to think of our mental wellbeing is that it is dynamic. It's constantly changing because we all experience periods of good and low mental wellbeing – that life, that's being human. When we have good mental wellbeing it doesn't mean that we're happy all the time, that's toxic positivity for trying to do that, rather that we cope with daily stresses, that we feel engaged with the world around us, that we experience positive relationships and we feel like we have some control over our life, sense and purpose. Sometimes our mental wellbeing is lower and the day to day becomes more difficult. That's when we might feel stressed or sad or not able to cope. So that's a little context around mental health and mental wellbeing overall, and how those two interact.

So, we're going to explore what trauma is now, and post-traumatic stress disorder. Trauma is something that we can have that kind of really big impact on our mental wellbeing and mental health and sometimes, not all the time, but sometimes, leads to post traumatic stress disorder. We are going to look at these, but just a reminder that we not expecting you to turn into clinicians or experts. The purpose of having this awareness isn't to diagnose or make any assumptions about someone's experience but might make us as hosts feel more confident to support someone who is perhaps struggling from trauma related experiences.

So what is trauma? The English Oxford dictionary defines trauma as a deeply distressing or disturbing experience, an emotional shock following a stressful events or physical injury. If you're like me and you're a bit of a nerd, you like to know the origins of word. It's actually of Greek origin, from the word that literally means to wound. There are lots of different types of traumas, common traumas include experiencing accidents, disasters, being deliberately hurt by other people. But no matter what the type of trauma it is typically characterised by the following things:

- 1) An inescapable stressful event
- 2) We are overwhelmed and our individual coping mechanisms kick in
- 3) The individual is rendered helpless

Not only are there different types of trauma, but also different ways in which they can be experienced. We might experience it first hand, or we might have witnessed or heard about it between what we call vicarious trauma. It might be one event or it might be repeated instances. What's really important to know is that trauma is an individual experience. What makes something traumatic for one person and not another depends on what happened in their past, what is happening in their life now, and what the experience actually is. And that's a really good way of remembering that we're all individuals and its going to affect us all slightly differently.

When it comes to our mind health, trauma puts us at risk in many different ways. It's important to note that none of these are guaranteed outcomes and these

will depend on a complex layer of different things, such as your genetics, personality, your individual resilience, social, cultural, and economic factors. The risk of experiencing challenges is increased as a result of experiencing trauma. You might notice in the bottom right-hand corner of this presentation that this is written by the Tavistock and Portman trauma centre, which is part of the NHS Foundation Trust. So, this has been written and reviewed by clinicians, just to give you some background as to where the information is coming from.

In order to understand the impact of trauma on a person, it can actually really help to look at the body's natural responses to experiences of threat, sometimes referred to as the fight or flight response. Sometimes referred to as flight or fight response, which may feel quite familiar, this is a built-in response that we all have. It allows us to survive when we are facing something that could be life-threatening. When we experience something we perceive as a threat, our stress response systems activate, leading to a number of important chemicals being released. The first ones are adrenaline and noradrenaline – this is part of the sympathetic nervous system. The next is cortisol, so that the stress hormones.

So as you might know, adrenaline causes a fight or flight response. It gets our body ready to either run away or fight. When it is impossible to do either of these things in a situation, the third response is what we call freeze. If fight or flight are not available as options, freeze might be what happens. So what happens around that time, the rest of your body, the non-essential things like your digestion will shut down, blood will flow to your muscles and joints. That is why you get really, really sweaty, and is in case you need to fight or to grab something. Just a little, side note there.

Let's look at how trauma changes our physiology when these systems come into play. The fight or flight response prepares us for immediate action. It helps to shut down any bodily functions that are not necessary such as your digestion system, and helps to give immediate requirements and extra function to requirements we do need, such as oxygen, our muscles, our joints. And it can be really scary to experience these things. We might think that something is physically wrong, such as experiencing a heart attack. But this is a natural reaction to threat, and if the danger passes, all of this will settle over about 20 to 30 minutes.

So what happens after trauma? The fight or flight response is the body doing what it needs to do to keep us safe in that moment. But in this state, our memories get stored differently. This is in part due to the impact of cortisol, if you remember that's the stress response hormone. Cortisol has an interesting effect on the brain. Normally, if you think of it in this way, our memories are stored like a filing cabinet. If I was planning to go on a picnic tomorrow, for instance, it might make me think about the picnics I've been to in the past. I could go into my filing cabinet and go to the folder called picnics. There would probably be quite a

few picnics in there. I could take one out and remember who I went with, where we went and what the day was like. I could even then stop thinking about picnics and close the cabinet. This kind of memory being formed involves many different parts of the brain, including parts that help us put the memory into context and give it a timeline.

Traumatic memories might be more easily compared to a conveyor belt. Imagine the luggage conveyor belt at an airport. A trigger is something that is linked to the event or a reminder of what happened, pushes you onto the conveyor belt. Once you're on it, the conveyor belt is the traumatic experience happening all over again. It's not that you're imagining it - you're back in it and you can only get off when you have got to a point where it's possible to fall off and stop reliving the experience.

With the conveyor belt kind of memory, it's always happening in the present. There's no sense of time or contexts and nowhere to have to think about it without the risk of reliving it. It's very common to experience memories like this following traumatic experience. Typically, other things that can happen after trauma include being hyper alert in the first few hours or days. This leads to strong feelings of being anxious or unsettled or maybe irritable or wound up. Anything outside the ordinary will initiate the fight or flight or freeze response again, so people can be triggered quite easily.

All of these things might lead to them potentially avoiding anything that could make it feel worse, reminders of the event, stopping having contact with certain people. And it's quite common that I might feel quite low in mood, preoccupied with feelings that they should have done more to help others, that hindsight.

In terms of early reactions trauma is common and normal experiencing these things: everything from tearfulness, feeling guilty or somehow to blame, and I really want to highlight the word normal. It's a really really normal reactions to an extraordinary event and we would all possibly go through this is we were in the same situation.

Flashbacks are conveyor belt memories, so these kinds of experiences are usually triggered by cues to the five senses, particularly smell. Smell is particularly powerful as a trigger because the smell centre in the brain is located very close to the memory centre. So, without even being aware of it one of these sensory experiences might trigger a flashback, pushing someone on that conveyor belt so they are then reliving the events.

An example of this might be someone who sees a terrible car accident who is then triggered every time they hear a screech or smell burning rubber, for instance. Just to be really clear what's really important to be aware of is that these are ordinary reactions to an extraordinary event and most people would have some of these reactions if not all. It can be really very helpful to let

someone who is going through this know that it is OK and it is how someone people respond to trauma, and it is very likely to settle over time. So that's a really key thing to remember.

OK, we're going to explore the different journeys after traumatic events. As we've said previously, we're all different and everybody might have a slightly different experience or processing period. This diagram helps us think about those different journeys after traumatic events over a period of time. So we know that the early responses are experienced by most people and if we look at the resilience and their recovery journeys these responses settle over time. This is really important when we think about helping people in the first few weeks after a traumatic event. With the right conditions, most people find that things settle, so that's the really good news.

Then if you look at the chronic journey, the journey shows that some people things don't settle. So if this is true long after the event, then these are the people who might be given a diagnosis of PTSD. There is another group - some people may find that everything settles down for a while, then once or even sometimes years later they develop all the symptoms again, and this is what we would call delayed onset PTSD. It can after occur after another trauma - a bereavement or sometimes more everyday events like changing jobs or moving house, that kind of upheaval.

So let's now look at PTSD then, the psychiatric definition. We're going to take a quick look at what psychiatrists mean when they're diagnosed with PTSD, but remember the quote from doctor Roswell at the beginning of the session. If someone is experiencing PTSD, therapeutic interventions won't be effective until they are settled and have their basic needs met. But again, this awareness is designed to make us feel more confident in when to direct someone for support and what their experience might look like.

So when it comes diagnosing PTSD, psychiatrists take a history of what has happened and what people may be struggling with. They may ask someone to fill in some questionnaires, then they use a classification system that describes what symptoms are needed to make the diagnosis. For PTSD, they want the individual to describe more about the trauma, which could have been experienced in different ways. It may have been something that directly happened to that person, or they may have witnessed it happen to someone else. They might have learnt about terrible such as murder or there may be repeated exposure to the details of trauma that has occurred to others.

The requirement for a PTSD diagnosis - the first of the symptoms that we explored earlier have been present for more than one month. And remember, most people have some or even many of the symptoms early on. That's really normal - you should settle if they're on the resilience for the recovery journeys.

After one month, this is less likely. The symptoms need to be causing significant distress or interfering with the person's usual way of functioning.

The definition divides the symptoms into four broad categories which we already know about. So there's re-experiencing, so symptoms related to reliving traumatic events and they could include flashbacks, distressing dreams or nightmares, acting or feeling as if events are reoccurring, and intense physical distress. The next is avoidance. So avoiding anything that might remind them of trauma or avoidance of distressing memories, thoughts, feelings, maybe even avoiding people. The third is increased arousal. So what we mean by that is people struggling to sleep, irritability or outbursts anger, aggressive, reckless, or self-destructive behaviour, maybe difficulty concentrating, hyper vigilance or exaggerated startle response as well, so getting really easily spooked. And the last area is negative thoughts and mood. So self-blame, feeling separate or different from others and much less interest in usual activities.

I think it's important to note at this point as well that we may have some expectations, even if we are not aware of them, that we feel that people should be grateful that they've got the opportunity of being with us and safe. And it's a gentle reminder that the people we are supporting have been through a lot and whilst they are probably very grateful, it may not be displayed in a way that seems obvious to us. Just be gentle around that and not have too many high expectations. It's really important to think about someone's negative thoughts and mood might affect their behaviour.

So as we've said, the majority of people will be on the resilience and recovery journey and experience short term distress. Only a minority will go on to develop PTSD and this will be really influenced by a complex layer of all the risk factors such as family history of mental health illness and experiencing perhaps previous trauma. And so there are protective measures that the individual can put in place, and we can absolutely support them to put in place to reduce the risk of developing PTSD which we will talk about in a moment. So that's another little bit of good news that generally speaking most people won't develop PTSD.

Because most people will be on the resilience and recovery journey, where they recovered without a need for treatment, the only response to trauma is something called watchful waiting. Watchful waiting is the term used in the official government guidelines, that NICE, the National Institute for health and Clinical Excellence, for treating people with trauma related problem. So, it is a time emphasise is that often the best thing to do is to carefully wait and see how people are progressing on their own journey towards recovery. And perhaps that feels odd, not actively needing to do anything but just wait, but watchful waiting includes helping people understand this is a normal response. They may not need anything specific to be done but there are things they can do to help themselves.

At the top of the list is looking after themselves and then using their social network support, really, really key. So what we know is a strong social support network is a significant protective factor. When we say protective factor, what we mean by that is something that's going to really help that person's resilience and help look after them. So we might want to encourage or support our guests to build this network as they're getting settled. Although any community groups, are there any Facebook groups, are there any Ukrainian community centres near that we can signpost them to, because that's going to be a significant protective factor for helping and process the trauma they have been through.

So in terms of thinking about what we can do, the advice and support we might give to individuals in the earlier response stage, that can include reassurance that what their experience is normal, it's understandable and will usually reduce overtime. Trying to remember to take each day at a time. Let's not expect too much. Make use of the support around. Maybe for them maintaining contact with family and friends or social work groups is really important. You may find it helpful to seek further support such as voluntary agencies and including Samaritans for instance or perhaps express their reactions in a wider field that feels comfortable for them.

This links to research that was done on some kind of psychological debriefing where people are encouraged to talk about what happened very soon after and what they found was that for some people this added significantly to the trauma as they weren't ready to talk. Perhaps because they did not feel safe enough yet or they still felt too overwhelmed. So the general recommendation now is that this kind of debriefing should not be done which is exactly why therapeutic interventions they won't be offered at this stage as much later on down the line because it can potentially cause harm.

So instead, it is really important that someone who has been traumatised listens to themselves and does what feels best for them. This means talking only when they're ready and we've had some feedback from earlier sessions that there is a challenge around language barriers. So at the end of this workshop I am going to signpost you to some online resources that have translated worksheets on trauma and where to get help and advice in Buckinghamshire and Berkshire. That's in Ukrainian, Polish and Russian as well. So just to reassure you that we do have some resources translated.

So, here's how we can best help our guests as sponsors and hosts. Watchful waiting really is the best idea. You don't need to do or fix anything. This is about helping that traumatised person in their own recovery. So allow the survivor the space to talk if they wish to do so, but do not push them to talk before they're ready. Be aware they might initially be irritable, angry, flat, lacking concentration or hyper alert or perhaps in your perception come across as not very grateful. Again, it's about really giving that person space and being patient and

understanding very important. So, where possible, encourage the survivors to look after their physical health and keep to their usual routines as much as possible and be available in a nonjudgmental, open manner. Let them know that this will improve with time.

Other things to consider - respect that personal space, look out for warning signs (which we explore a little bit later on), help them find support and encourage them to build their own social network and really, really important, look after your own mental wellbeing. It's a big thing to open your home up to a stranger and it's important to recognise that that will have some toll on you. So being aware being self-aware of what you need to stay mentally and physically well is really important so you're not pouring from an empty box, as the saying goes.

So, what to look out for: if any of these factors are present in someone who has experienced trauma, professional help should be sought even in those early stages. So, when we talk about severe symptoms what we mean by that is that they last longer than one month. So the time frame is really, really key. Other things such as previous or existing mental health problems. If someone is already depressed or anxious or has other mental health problems, their capacity to manage traumatic events is going to be impaired, so that's something to look out for.

Persistent suicidal thoughts - we will look at this in more detail later, but again that's a sign that appropriate clinical help should be sought as soon as possible. Many people with trauma symptoms may turn to alcohol or drugs as a way of numbing, switching off what they are feeling. It's understandable, but it does put them more at risk of developing problems like addictions, so that it something to bear in mind. Lastly, if they ask for help, obviously that goes without saying. If the person is aware that these responses are normal and likely to settle with time and yet still feel they need help, that feeling should be taken seriously and that is really important.

So that was our trauma section, now we are going to talk about supporting with their mental health more generally. And this is not a moment to stress! We're not suggesting that we should be clinicians or able to diagnose problems. However, knowing that someone might be struggling with their mental health might help us to signpost someone at an early stage. It's not down to us to fix anything. The most important thing that we can do is sign post someone to professional help. The quicker somebody gets access to support the better all-around.

If someone is experiencing poor mental health, what might some of the physical signs be, what are the psychological and emotional signs, what are the behavioural signs? In terms of what you might see, it could be anything from fatigue, ingestion, headaches, appetite and weight changes, joint and back pain, changes in sleep pattern. You could be seeing visible tension, trembling, nervous speech, chest or throat pain, sweating or constantly feeling cold.

In terms of psychological symptoms, it could be anything or a few of these on this list, so anything from anxiety or distress, mood changes, differently relaxing, lapses in memory, an increase in suicidal thoughts, they may be responding to experiences and sensations not observable by other others, or illogical or irrational thought processes. So these are some of the things you might see as outward signs.

Then, lastly, behavioural symptoms. So again these are things around increase smoking and drinking and using recreational drugs, withdrawal, resigned attitude, you could be seeing things like overexcitement or euphoria, repetitive speech activity, uncharacteristic errors, apparent over reaction to problems or risk taking or maybe destructive or antisocial behaviour.

In terms of helpful approaches for supporting others, here are some key tips to help remind you with. So ask how you can help - the expert in this moment is the person's experiencing the trauma and negative feelings. They might already have an idea of what they know is going to help them and so ask the question how can you help. Be open minded – it is really important to approach this with a nonjudgmental attitude and not try to fill in a response with a judgement or you need to do this. Just try to be open minded.

It might help to not just talk about mental health. We are very good at talking about the weather in the UK aren't we. Try and have just casual conversations, normal conversations, anything you know about hobbies or what's going on can be really useful. It's really important to show trust and respect and goes without saying if they disclose something that is a safeguarding concern and you are worried about them, just keep the lines of communication open. Explain or discuss the next steps or if you can reach out for support so they were included in that open dialogue.

And last but not least its really important to look after yourself. You have to be a factor in all of this - your mental wellbeing and mental health. So I've got a little video for you now. It is about supporting others. The key thing we do is listen and show empathy. This is a video by Brene Brown who was an American researcher and storyteller. And in this video she explains the difference between empathy and sympathy.

So what is empathy and why is it very different than sympathy. Empathy fuels connexion, sympathy drives disconnection. Empathy is very interesting. Teresa Wiseman is a nursing scholar who studied very diverse professions where empathy is relevant and came up with four qualities of empathy. Perspective taking - the ability to take the perspective of another person or recognising their perspective is their truth. Staying out of judgement - not easy when you enjoy it as much as most of us do. Recognising emotion in other people and then communicating that. Empathy is feeling with people. And to me I always think of empathy as this kind of sacred space when someone is kind of in a deep hole and

they shout out from the bottom and they say I'm stuck it's dark I'm overwhelmed, and then we look and we say hey calm down I know what it was like down there, and you're not alone.

Sympathy is oh, it's bad huh, do you want sandwich. Empathy is a choice and it's a vulnerable choice because in order to connect with you I have to connect with something in myself that knows that feeling. Rarely if ever does an empathic response begin with at least. We do it all the time because you know what, someone just shared something with us that's incredibly painful and we're trying to silver lining it. I don't think that's a verb, but I'm using it as one. We're trying to put this a little lining around it.

So I had a miscarriage. At least you know you can get pregnant. I think my marriage is falling apart. At least you have a marriage. Johns getting kicked out of school. At least Sarah is an A student. But one of the things we do sometimes in the face of very difficult conversations is we try to make things better. If I share something with you that's very difficult, I'd rather you say I don't even know what to say right now, I'm just so glad you told me. Because the truth is rarely can a response make something better. What makes something better is connection.

OK, so, getting towards the end of the workshop now, so I'm going to explore what we do in what we call a mental health crisis. Sometimes someone might need emergency support for their mental health. So I am going to walk you through what to do if someone is experiencing a mental health crisis. It's basically when somebody's mental health is at breaking point and it can manifest in lots of different ways. But they might be experiencing thoughts of suicide or self-harming behaviour, extreme anxiety or panic attacks, psychotic episodes, anything from delusions, hallucinations or hearing voices, hypomania or mania (so that's over reactive or active behaviour) or perhaps you might be seeing what the behaviour that feels out of control or likely to endanger themselves or others.

And it can feel very distressing to witness somebody going through this but we're going to walk us through what you could do in that situation that going to help deescalate and ultimately keep you and that person safe. So it's two steps. Simple as that. In the first instance you need to check the physical safety of you or the individual. Are they safe and are you safe? Are they in immediate danger? If you are they aren't safe, call 999 for an ambulance or go straight to a and e. Our nearest a and e in bucks is a Stoke Mandeville hospital, which obviously will be slightly different depending on where you are in terms of area.

So if you're both safe, we've got some different options that we can include. So, you can help the individual call their GP to get an emergency and we know from a Bucks and Berkshire perspective that across the entire NHS, they have been briefed about Ukrainian refugees in particular at the moment. So they don't necessarily need to be registered with a GP – they bypass that in order to access support.

That's a really good bit of news, as I can appreciate that sometimes it can take a long time to register someone with the GP. The other option is contacting the NHS111 for quick medical advice and sometimes while 111 often actually they can be very good at getting an emergency appointment at the doctors so that is definitely worth exploring. You could also encourage them to call a 23/7 support line such as Samaritans or SHOUT, that's a free 24/7 text messaging services for times when people need immediate support.

We are currently talking to the Samaritans because they don't have translators there but you could be potentially helping at the end of the line with that person to make that call and we are looking into what other translation services are available that you could use in conjunction to that, just to be mindful of that. And also you can help them to contact their local mind or the local organisations that can help so that would be for instance like we said or simply healthy minds we're going to explore some of the other useful areas of support shortly.

So we help you to understand and where to go for help in the local community but most importantly to feel safer and to create safety plans if he struggles to himself safe due to thoughts of self harm or ending life so this is all about our service books mind safe haven so the way to think of it it's like a na for mental health it's crisis support for anyone living in books aged 18 or over that's going to be OK 'cause we chose a slightly different I've got the accounts and the children and young people's mental health service for the NHS so safe haven is open seven days a week 6 council midnight provide listening and signposting an and that can be both face to face groups with the option for one to one discussion it can be effective any phone or video support call and I don't think mentally what happens is a person accessing that service will create a safety plan with support worker transport work an ensure that I have the links in something here to help them feel supported and connected and so you can see on the right hand side there is the size height and length men you can see we've got a site in Aylesbury with slightly different opening times and then High Wycombe which is open seven nights a week as well and that's the details for that also an OK so that's another avenue of support there's also lots of external sources of support so as we've said already GPD NHS Samaritans healthy mind books these are actually hyperlinks you can click on Stanley taken directly to the site should be PDF of this workshop as well where you'll be able to nice links that should be there alongside this record OK then let's just quickly go to looking after our mental wellbeing now this is at the end of the session but it's not because it's an afterthought is because we want you to leave with this sunny mind looking at your own wellbeing is just as important as looking after other peoples so the first thing that we want to highlight is something called compassion fatigue you are wonderful caring supportive people and wonderful caring supportive people often find it hard to put themselves first what compassion fatigue tells us is that if we don't look after ourselves we won't be able to look after others

so actually priority Anne and you might have heard the oxygen mask analogy you know she'd taken a flight before you would have had the safety instructions it should fit your own oxygen mask before helping others waiter important and it's a well worn cliché design but it's true in life as well in order to help others we must first look after ourselves there is nothing self indulgent or selfish about looking after wellbeing his voice or and it helps us to everything yeah that you want to do so in terms of look after ourselves and help to support network really important to have boundaries So what I mean by that is maybe there's a room in your house that is kind of off limits the maps where you can kind of decompress little bit and get some space maybe there's a few evenings in the week or die in the weekend where you go off and do something just with your family or just you and like making time for hobbies having those kind of marriage is really important make sure you have someone to talk to it can be really helpful if you have attended these strong recessions to connect to the people that were also on the workshop you are going through what you're going through look at to wellbeing so that's all the stuff we know we need to do eating well nutritious wholesome foods getting our exercise in having time to do the hobbies and things that we enjoy as well as giving yourself some time to rest being kind to yourself I always think to treat yourself care not as some kind of reaction to a stressful way as an integral part from routine such as Russia meetings insert how important and necessary diary should be OK so this brings us to the end of the workshop and just to highlight some extra areas of support so at mine is always someone to turn to national moment haven't info line which is open between those days and those times that's the number there and you can ask any kind of question you might have around mental health and that will be on hand I can provide legal advice as well so really great resource there in terms of Buckinghamshire mind and help support here's Adam towers and if you have any specific questions about his training it's trying out books line.org.uk or if you would like to be emailed a copy of a PDF of this workshop then that's who to contact I'm trying out books mind.org.uk in terms of specific support for a sponsor these are some absolutely bright resources to explore community impact books that have resources both from you guys for sponsors and also some translated areas on their website for Ukrainian refugees with advice and support pack an is also a comprehensive talking from reset so reset is the official partner behind from Chrome steam an my create toolkit for you guys and with lots of huge really useful guidance on aspects such as and thinking about how about exposing relationships integration support and preparing property then Buckinghamshire council also we need support page for a Ukrainian refugees in Brooklyn share and you guys as well and have everything from guides and training Polish washer to help people integrate into the Manchester service had what to expect in box where to get help for different aspects of living in the county so really musical not brings us to the end of our workshop so thank you so much for attending in as I have for mention it if you have any questions concerns or would like to know a little bit more about

where to get support and please drop us a line at training@books.mind.org.uk and best of luck with everything we are here if you need and very, very happy to answer any questions that you might have you say much.