

# 2ND ECOLOGY & EVOLUTION IRELAND CONFERENCE

THURS 10TH - SAT 12TH JANUARY 2019 GALWAY

Plenary speakers:

Dr. Lynn Dicks  
University of East Anglia

Prof. Richard Thompson  
University of Plymouth

Prof. Emma Teeling  
University College Dublin

Dr. Tom Reed  
University College Cork

Key Dates:

Abstract submission & Registration: October 2018

Registration closes: November 2018

Exact dates will be announced shortly

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## ACCESSIBILITY NETWORK

# MENTAL HEALTH IN ACADEMIA



Dr Lesley Batty | drbatty1@gmail.com

**The rate of mental health issues within academia is higher than that of the general population. Here, two members from different career stages share their experiences and offer some advice on how to get support.**

In 2017 Times Higher reported the prevalence of mental health issues in academic staff, with 43% exhibiting symptoms, two times that of the general population. I am one of those people, finding myself with a long term mental health disability leading to a major breakdown in 2015, necessitating a re-evaluation of the way I work.

Whilst work was only one contributing factor, I think many of us are finding that the increasing commercialisation of HE and highly competitive environment can be detrimental to mental health, particularly for those with an existing condition. We need to think about what makes it such a pressured environment and to challenge some of the accepted norms of working across the whole sector that compromises wellbeing and that all-important work-life balance.

I think part of the issue we have now is the idea that we should be accessible 24 hours a day. I'm sure we all have colleagues who seem to be able to survive on a few hours' sleep a night and live and breathe their work which is great if they enjoy that, but this has become something of an expectation of everybody, which is

unrealistic. It is hard to define where the pressure comes from, maybe it is societal, peer pressure or the lack of boundaries within the typical academic job. For young academics, the shortage of posts and the race for that elusive permanent job, adds to this issue significantly.

There is no magic bullet here and each person will need to find the things that work for them, but here are some actions I have taken that have helped me to stabilise my mental health and wellbeing.

The most important thing is to talk to someone – find a colleague or professional to share your concerns with. It was a significant challenge to admit that I was struggling or that something had upset me. I have managed to avoid some potential melt-down moments by sharing them with a trusted colleague.

Make sure you create your own boundaries that effectively separate work from home life. I never look at emails outside core office hours and I also avoid taking physical work home with me. My home is exactly that, and I can focus exclusively on other parts of my life that help me keep

perspective. I also have routines in place that help me switch off before I go home: making a list of tasks for the next day, clearing my email inbox, parking a distance from my building so I have to walk, all help me to clear my mind.

Make space in the day for a break and get out of the office. If you are unwell, don't feel guilty about it, take the time to get yourself in a better place otherwise you are storing up a bigger issue.

These may seem obvious and there is a lot more to managing your mental health than these, but it's a start and the more openly we talk about it, the more inclusive our working environment will be.

**For anyone in need of support, the Mind website is a great resource ([www.mind.org.uk](http://www.mind.org.uk)) or if you are in immediate distress call the Samaritans on 116 123.**

## ACCESSIBILITY NETWORK

# I'VE GOT 99 PROBLEMS AND PHD IS ONE



Chanida Fung | PhD researcher and Graduate Teaching Assistant, University of Reading

## What would you think if I told you I had a mental health problem?

Mental health is a lot more prevalent than you may think. In the UK, roughly one in four people experience mental health problems every year (McManus *et al.*, 2009). In the case of PhD students, one third are at risk of being affected by a common mental health disorder (Levecque *et al.*, 2017).

The topic is a tough and sensitive issue, and is only starting to be discussed more openly. In universities there has been a recent effort host talks and workshops on the topic in the undergraduate community. The next big step now is to push this support system to those higher up the academic scale, from postgraduates all the way up to professors, and to start talking more openly about it within the workplace.

As a current PhD student, this is something that is important and personal to me. I raise my hand to say that I fall within that 32% of PhDs with a mental health problem, and have both anxiety and depression.

Before my PhD, I encountered a few students who opened up about the struggles of doing a PhD. Although, quite like breaking a leg, it didn't occur to me how they actually felt until I was going through it myself. I had mentally prepared myself for the workload and the challenges of teaching, but the one thing I never thought to prepare for was the loneliness. Because, the truth is, doing a PhD can be a lonely process. You're striving to produce novel research and to answer a question that no one has asked before and, in the

process, you're essentially becoming an expert in that one thing you are trying to answer. This also means that you know more than your supervisors at times, and that's a scary thought. This void of being not quite a student and not quite an academic can lead to imposter syndrome; the feeling of being a fraud and doubting ones abilities.

Work worries however, were just one side of a coin. Other personal worries started to pile on; worries about money, personal issues, and relationships to name a few. I debated whether I should seek counselling but my thoughts always ended with 'man up and deal with it'. The pile of worries became so high that my anxiety had manifested to the point where I couldn't handle it any longer.

Going to a counsellor was a crucial step towards talking openly to my supervisors about my worries and also liaising with a doctor about the problems I was facing. My doctor referred me to Talking Therapies to start Cognitive Behavioural Therapy (CBT), which helps you manage problems by tackling negative feelings and behaviours. The counselling and CBT steadied me for a while, until the second year blues hit; hard and fast. In terms of my work, my research felt like it was on a permanent standstill. I was completely unmotivated and was always questioning 'What was the point of my PhD?' and 'Why was I doing it?' I was lost in a negative spiral.

My visit to the GP confirmed that I had depression. The news hit me

hard – knowing that I had issues with anxiety was one thing but finding out I was depressed was a whole other level. I was in denial and adamant about not taking medication. It felt that taking medication was the final sign that something was truly wrong with me. The negative stigma was still stuck with me. However, openly talking about it with my friends, family, counsellor and GP made me realise that it was ok, and that sometimes you just need some extra help.

Depression can occur at any point in a person's life. Everyone is fighting their own battles, but the trick is to find a way to process and deal with these obstacles in a healthy way. Counselling and Talking Therapies was a big step forward in dealing with my issues outside academia, but the BES mentoring scheme and SPRINT (a career development programme for women in research) helped me deal with my complex academic worries that I felt that my counsellor sometimes didn't quite understand. Both programmes allowed me to have alternative advice and perspectives from researchers outside of my supervisory team. The SPRINT programme also allowed me to meet like-minded people going through the same struggles and worries, adding more cogs to my support network.

I'm lucky to have two understanding supervisors who are supporting me in navigating my way through these problems so that the quality of my research is not affected. PhD and academia is a lot to do with

passion for your subject, but equally as important is perseverance and resilience. Right now I'm on the up, and there'll be plenty more dips and peaks to come. However, I feel a lot more resilient now that I am more emotionally aware of myself.

Providing more staff and faculty training as well as more services dedicated to mental-health can help create a safe space to start those (maybe at first awkward) conversations, and start breaking the stigmas and prejudice surrounding mental health. Because, in order to create a well-rounded functioning ecosystem of research, we firstly need to take care of each of the individuals within it.

### OTHER RESOURCES:

Mind: <https://www.mind.org.uk>

Time to Change:

<https://www.time-to-change.org.uk>

### REFERENCES

Levecque, K., Anseel, F., De Beuckelaer, A., Van der Heyden, J. and Gisle, L. (2017) 'Work organization and mental health problems in PhD students', *Research Policy*. North-Holland, 46(4), pp. 868–879. doi: 10.1016/J.RESPOL.2017.02.008.

McManus, S., Meltzer, H., Brugha, T. T., Bebbington, P. P. and Jenkins, R. (2009) *Adult psychiatric morbidity in England, 2007 Results of a household survey, The Health and Social Care Information Centre, Social Care Statistics*. doi: 10.13140/2.1.1563.5205.

The BES Accessibility Network is open to everyone who feels they would find it useful and aims to support anyone who is managing any disability, physical or mental health issue, that impacts on their professional life. Please do contact Karen Devine [Karen@britishecologicalsociety.org](mailto:Karen@britishecologicalsociety.org) if you would like more details.

We are immensely grateful to Lesley and Chanida for sharing their perspectives. We are always seeking *Bulletin* pieces that inform and share experiences and authors are welcome to write anonymously. If you would like to write for us, please do get in touch.

## I THINK I NEED HELP, WHAT CAN I DO?

### TALK TO YOUR SUPERVISOR/LINE MANAGER

This can be daunting, but you might be surprised with what your supervisor has to say, and what worries can be alleviated by talking to them openly and honestly.

### PRACTISE MINDFULNESS

Mindfulness can help you stay more in the present and be more aware of your thoughts and feelings.

### CONSIDER COUNSELLING

Counsellors listen unjudgementally to your problems and prompt you to think in a way that can help fix or alleviate them. They can also help liaise with your GP and supervisors if needed, and is normally free for students at universities.

### TALK TO A FAMILY MEMBER OR TRUSTED FRIEND

Talking things out and even diary writing can help by letting your emotions out, and stopping yourself from getting caught up in your thoughts. However, if your worries and thoughts are still affecting you, it maybe good to consider the other methods to help cope in the long term.

### VISIT YOUR GP

The GP may refer you to undergo treatments such as Cognitive Behavioural Therapy (CBT) or offer a course of medication.

### PHONE A HELPLINE

The Good Samaritans helpline is free and available anytime if you need someone to talk to.  
Call: 116 123

### CONSIDER COGNITIVE BEHAVIOURAL THERAPY (CBT)

Your thoughts, physical sensations, feelings and behaviour are all linked. CBT works by trying to improve how you cope with one part of this network, which will help alleviate the rest. They can be held as one-to-one sessions, group session or through using self guidance tools such as Silvercloud. This service can be self prescribed (although the waiting list can be long) or referral through your GP.