

2023/2024

Bristol Old Vic
Theatre School

GUIDE TO



STUDENT SUPPORT

If you have a problem...

...talk to a member of staff!

All staff are committed to helping you complete your studies, and you should feel free to talk to any member of staff if you have a problem. They will treat your conversation as confidential and will either offer help to solve the problem or advise you to talk to somebody more able to help with that problem.

If you have a problem with...	In the first instance, contact...	If they are not available...
<p>Mental health, wellbeing, counselling, disability support, diagnostic and needs assessments, Disabled Student Allowance (DSA), learning support, council tax and any other issues which are affecting your studies</p>	<p>Julia Heeley Student Support Manager Email: julia.heeley@oldvic.ac.uk Tel: 0117 980 9247 Mob: 07921 744298</p> <p>or</p> <p>Eve Bentley-Hussey Higher Education Administration & Student Support Assistant Email: eve.bentley-hussey@oldvic.ac.uk</p>	<p>Your Personal Tutor or Head of Course - see your Course Handbook for the name of your Personal Tutor.</p>
<p>Equality, diversity & inclusion</p> <ul style="list-style-type: none"> - Advice and support related to identity - Feedback on EDI work or issues across the school - Guidance on your rights under the Equality Act (not legal advice) - Reporting discrimination - Supporting your allyship journey - Any questions relating to EDI 	<p>Charlotte Claydon EDI Manager Email: charlotte.claydon@oldvic.ac.uk</p>	<p>Julia Heeley Student Support Manager</p>
<p>Issues with your studies including your progress on your Course, assessment, student feedback, course documentation and assessment deadlines and Personal (Extenuating) Circumstances</p>	<p>Your Module Leader</p>	<p>Your Head of Course/ Your Personal Tutor</p>

<p>Student Finance including UK/EU student loans & US Federal Loans</p>	<p>Marchia Abokie Admissions Manager</p> <p>Email: marchia.abokie@oldvic.ac.uk</p>	<p>Julia Trow Head of Finance</p> <p>Email: julia.trow@oldvic.ac.uk</p>
<p>Student Finance including student fee queries, bursaries and scholarships, financial assistance requests (including hardship funds), DBS checks</p>	<p>Julia Trow Head of Finance Email: julia.trow@oldvic.ac.uk</p>	<p>Jackie Gait Finance Officer Email: finance@oldvic.ac.uk</p> <p>or</p> <p>Marchia Abokie Admissions Manager Email: marchia.abokie@oldvic.ac.uk</p>
<p>Health & Safety</p>	<p>Chloe Maropoulos HR & Business Operations Manager</p> <p>Email: chloe.maropoulos@oldvic.ac.uk</p>	<p>Steve O'Brien Head of Production</p> <p>Email: steve.obrien@oldvic.ac.uk</p>

See **Part C Section C Student Support Arrangements** detailing the **role of the Personal Tutor** and the **General Information Handbook for Students**. **Julia Heeley** (julia.heeley@oldvic.ac.uk) coordinates all aspects of **student support** and is happy to discuss any student support queries or requirements you may have.

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Introduction to Student Support at Bristol Old Vic Theatre School

The Bristol Old Vic Theatre School (BOVTS) is a large and lively community of staff, students, industry professionals and specialists from many different cultural and educational backgrounds.

Adapting to drama school life or to a new environment can at times be challenging. However, there are help and resources available if you have questions or encounter difficulties and this handbook is intended to guide you to the right people or sources of information.

Please take time to read this and refer to it whenever needed and make use of the support available to you. Do not hesitate to utilise these resources, **even if you think you have a relatively minor concern. Student Support** for the programmes at BOVTS covers a variety of areas such as support for disabled students, academic support, student finance and health and welfare.

BOVTS welcomes applications from disabled persons, and judges applicants **solely** on their talent and potential to develop the skills required for their chosen profession. It is committed to admitting and supporting disabled students and warmly encourages applicants to disclose and inform BOVTS so that appropriate support can be put into place as early as possible.

In addition to your legal rights under The Equality Act, BOVTS recognises that everyone is an **individual** and it will do its best to develop your particular talents and skills and has found many imaginative and innovative ways to anticipate and respond to the needs of students with the talent and enthusiasm for the highest level of training in acting and technical theatre. You can also find out more about our inclusivity policies on the [School's Policies and Procedures webpage](#).

Medical Questionnaire and Access & Support Needs

After being offered a place, but prior to starting your course, you will be sent an online **support questionnaire**. This form is sent to everyone who has accepted an offer of a place and we encourage all students to complete this as honestly and accurately as possible so that BOVTS is able to give the correct information and advice and is better prepared to provide appropriate support and make reasonable adjustments to ensure full access to learning activities.

All our courses are rigorous and some of the classes are physically demanding. In order that we are able to provide the right level of support for individual students throughout all stages of the training period, it is important that we have full and accurate medical and support information on record.

When you answer some of the questions, you may be unsure about your exact support needs, as you will not know all details of your course. Please do not worry about this, as the aim of the questionnaire is to establish your support requirements in principle. There will be other opportunities to discuss this in more detail at any point during your course.

All information from your medical records is treated in the strictest confidence and will not be shared without your consent. This information is treated as personal and sensitive data in accordance with the Data Protection Act 1998 and is made available only to School staff involved with the organisation of your support arrangements. This may include your Head of Course, Tutors and the School's Student Support Manager and Administrator. In some situations, we will use this information to create a learning agreement or support plan outlining your needs with your consent.

Please remember that the decision to offer you a place is made on the grounds of your talent alone.

Accessibility for Wheelchair Users

We have considerable experience of working with and adapting our courses to students with a wide range of support requirements and we welcome applications from disabled students. We encourage you to disclose any relevant support information when filling in your application form so we can make reasonable and appropriate arrangements for audition or interview. We also encourage you to disclose any relevant information when completing your support questionnaire so we can help put support in place for you from the start of your training. This may include completing a PEEP or Support Plan with you detailing your access arrangements for school premises and external venues.

The basement and lower ground floor of the main School premises at 1-3 Downside Road are accessible to wheelchair users as there is a lift to both floors. The ground floor of Sheene Road is also wheelchair accessible.

Please contact the Admissions Manager for advice and further information with regard to application queries or support requirements (e: enquiries@oldvic.ac.uk) at audition or interview.

Please contact the Student Support Team for advice and information with regard to queries about support once you are registered at the School (e: julia.heeley@oldvic.ac.uk).

Student Support and Academic Services

Please see the following table for staff areas of responsibility with regard to **student support and wellbeing**.

Name/Job Title/Email...	Contact this person for...
<p>Ali Poynter Costume Tutor</p> <p>Email: ali.poynter@oldvic.ac.uk</p>	<p>Ali oversees the delivery of the Costume Construction Module of the Costume Course/s. She gives guidance and support on writing essays, and the construction and performance of devised pieces. Ali operates drop-in Tutorial sessions one afternoon a week and tutorials can also be booked outside of these hours. Ali is a Personal Tutor for the Costume courses.</p>
<p>Bronia Housman Head of MA Performance Design</p> <p>Email: bronia.housman@oldvic.ac.uk</p>	<p>As course leader, tutorials with design students are scheduled at the end of each term and module. In addition, there are regular tutorials during a design process to assess module progress. These can also be delivered by a visiting industry professional. 1:1 tutorials can be arranged by appointment to discuss academic or student support matters and any issues affecting student development. Angela is a Personal Tutor for the MA Design course.</p>
<p>Bryony Rutter Stage Management Tutor</p> <p>Email: bryony.rutter@oldvic.ac.uk</p>	<p>Contact Bryony for any general information about the course or with regard to any issues which are affecting you and your time at BOVTS. This could be personal issues which are affecting your work; any issues with class content you cannot resolve by talking to your teacher directly; any problems with your timetable; technical needs; or issues regarding progress on the course.</p> <p>Also contact Bryony if you have a query about anything related to assessment, student feedback or course handbooks. Bryony is also a Personal Tutor for first year Production Arts students.</p>

<p>Charlotte Claydon Equality, Diversity and Inclusion (EDI) Manager</p> <p>Email: charlotte.claydon@oldvic.ac.uk</p>	<p>Charlotte oversees all aspects of the School's EDI work, including chairing EDI committees, researching and recommending changes to policies and procedures, running awareness events, and delivering training.</p> <p>Charlotte is also available for 1:1 support. She can offer guidance on issues relating to your identity, supporting with your allyship journey, reporting discrimination, feedback on policies and procedures from an EDI perspective and advice on your rights within the industry (please note that she can not offer legal advice).</p>
<p>David Lane Head of MA Drama Writing</p> <p>Email: david.lane@oldvic.ac.uk</p>	<p>David is Course Leader of the MA Drama Writing and works 4 days a week (usually Tues - Fri). He runs practical workshops, writer development sessions, recruits freelance practitioners to work on the MA, and oversees the teaching, learning and assessment on the course. He works closely with the Head of Directing to facilitate collaborations with the MA Drama Directing. He also heads up recruitment and interviewing for the course. You can talk to David about playwriting, dramaturgy and development of new work and will usually find him in the Writers' Room.</p>
<p>Em Smith Head of MA Screen Acting</p> <p>Email: em.smith@oldvic.ac.uk</p>	<p>Em works within the Acting Department in close consultation with the Director of Acting Courses to deliver modern actor training on the MA Screen Acting course. This includes teaching classes, workshops, seminars and tutorials both face to face and online; the directing of extended text projects; the directing of second and final year shows and films. Emily also attends the audition recall days and contributes to the assessment of applicants.</p>
<p>Eve Bentley-Hussey Higher Education Administration & Student Support Assistant</p> <p>Email: eve.bentley-hussey@oldvic.ac.uk</p>	<p>Eve assists the Higher Education Administration & Student Support Manager with all aspects of student support and wellbeing such as counselling, Disabled Student Allowance (DSA), reasonable adjustments and support plans. Eve also attends the School Student Liaison Committee, Course Management Committee, Academic Board, ED&I, Student Support Committee, Safeguarding Meetings.</p> <p>Please get in touch with Eve about matters relating to student support. This includes: counselling; DSA applications; learning support; learning agreements; mental health/wellbeing support. She can also advise you on policies and procedures, appeals and complaints, student feedback or concerns related to administration support, student support or course handbook/module guides.</p>

<p>Frank Bradley Sound Tutor</p> <p>Email: frank.bradley@oldvic.ac.uk</p>	<p>Contact Frank for any general information about the course or to discuss anything that is causing an issue either in the course or outside it. Usually to be found in the GRS sound studio. Frank is a Personal Tutor for the middle year BA Production Arts students. He oversees the delivery of the Sound Module of Production Arts courses.</p>
<p>Jade Trendall Technical Courses Leader</p> <p>Email: jade.trendall@oldvic.ac.uk</p>	<p>Jade oversees the delivery of the Production Arts courses. You can contact her to discuss any issues with the course.</p> <p>Also contact Jade to discuss any personal issues which could be affecting your work on the course; any issues with class content you cannot resolve; any problems with your timetable; technical needs; or issues regarding progress on the course. You can also contact her if you have a query about anything related to assessment, student feedback, or your course handbook. Jade operates an open-door policy for drop-in feedback (subject to availability) to all year groups, as well as daily group tutorial sessions with Production Teams on shows and at least three individual tutorials at key points throughout the year. She is a Personal Tutor for final year Production Arts students.</p>
<p>Jill Blundell Head of Costume Programme</p> <p>Email: jill.blundell@oldvic.ac.uk</p>	<p>Contact Jill for any general information about the Costume course. You can also make an appointment with the Costume staff to discuss any issues which are affecting you. This could be personal issues which are affecting your work on the course; any issues with class. Any content you cannot resolve by talking to your tutor directly; any timetable problems; technical needs; or issues regarding progress on the course. Please also contact Jill if you have a query about anything related to assessment and student feedback.</p> <p>The Costume Department operates an open office policy for drop-in feedback (subject to availability) to all year groups, in addition to daily group tutorial sessions with Costume-Teams on shows and at least 3 individual tutorials with Head of Course and the Costume Making Tutor at key points throughout the terms. Jill is a Personal Tutor for the Costume courses.</p>
<p>Joe Stathers Lighting Tutor</p> <p>Email: joe.stathers@oldvic.ac.uk</p>	<p>Contact Joe for any general information about the course or to discuss anything that is causing an issue either in the course or outside it. Usually to be found in the VRS or the first floor Production Arts area. Joe is a Personal Tutor for the final year BA Production Arts students. He oversees the delivery of the Lighting and Technical Operation Modules of Production Arts courses.</p>

<p>Joël Daniel Movement Tutor</p> <p>Email: joel.daniel@oldvic.ac.uk</p>	<p>Joël teaches Actors Movement to students on the BA Acting Course, as well as any other relevant courses. He also works as movement director on second year and final year productions. Joël also works with Joe Leat to deliver Embodied Voice. He is the EDI advocate for incidents concerning race for all students of minority diasporas in the school and a personal tutor for 2nd year BA Acting students.</p>
<p>Jonty Grosberg Head of Music and Singing</p> <p>Email: jonathan.grosberg@oldvic.ac.uk</p>	<p>Jonty offers music and singing production support. Jonty is also a Personal Tutor for first year BA Hons Acting students.</p>
<p>Jonathan Howell Head of Movement</p> <p>Email: jonathan.howell@oldvic.ac.uk</p>	<p>Jonathan is responsible for all stage combat and period movement advice and support. He also refers students for physiotherapy appointments and offers movement production support.</p>
<p>Julia Heeley Higher Education Administration and Student Support Manager</p> <p>Email: julia.heeley@oldvic.ac.uk</p>	<p>Julia coordinates all matters relating to student support and wellbeing including: counselling; DSA applications; diagnostic assessments, learning support; learning agreements; support plans; mental health/wellbeing support. She can also help advise you on academic regulations, policies and procedures, appeals and complaints, student feedback or any issues related to administration or student support or course handbooks.</p>
<p>Julia Trow Head of Finance</p> <p>Email: julia.trow@oldvic.ac.uk</p>	<p>Julia is a member of the School's Senior Management Team (SMT). Julia can offer advice on student fee queries, bursaries, scholarships and financial assistance requests, including applications to BOVTS's hardship fund and DBS checks.</p>
<p>Marchia Abokie Admissions Manager</p> <p>Email: marchia.abokie@oldvic.ac.uk</p>	<p>Oversees admissions, US Federal Loans, scholarships and bursaries. Student records. Contact Marchia for: Scholarships & Bursaries. Contact Marchia about US Federal Loans, Student Hardship Fund applications and all other financial issues.</p>
<p>Meriel Pym Scenic Crafts Tutor/ Props Supervisor</p> <p>Email: meriel.pym@oldvic.ac.uk</p>	<p>Meriel oversees the delivery of the Scenic Crafts module on the Production Arts courses and can give advice and support on your Scenic Crafts Projects plus any problems with your workload or technical needs. She is a Personal Tutor for second year Production Arts students.</p>

<p>Nik Partridge Head of MA Drama Directing</p> <p>Email: nik.partridge@oldvic.ac.uk</p>	<p>Nik is the Head of Course and leads the programme for the MA Drama Directing Course. Nik oversees all of the learning and activity that takes place on the course, including assessments, teaching, mentoring and support for the MA Drama Directing students.</p> <p>He works closely with colleagues across the school to deliver cross-course sessions and offer practical support as part of projects and productions. Any students wishing to find out more about the course, or who are interested in finding out more about directing can contact Nik.</p> <p>Nik is the Personal Tutor for the MA Drama Directing Course.</p>
<p>Paul Chesterton Director of Acting Courses</p> <p>Email: paul.chesterton@oldvic.ac.uk</p>	<p>Paul oversees all matters pertaining to the acting courses at BOVTS and other student matters. He is also a Personal Tutor for BA Hons Acting students.</p>
<p>Samreen Bhaidani Wellbeing Office/School Counsellor</p> <p>Email: sb7019.2007@my.bristol.ac.uk</p>	<p>Samreen offers student wellbeing support either as a counsellor or for 30-minute wellbeing sessions on Thursday evenings between 5:30-7:30pm.</p>
<p>Steve O'Brien Head of Production</p> <p>Email: Steve.obrien@oldvic.ac.uk</p>	<p>Has overall responsibility for planning, realising and delivering all BOVTS productions taking into consideration budgetary and physical constraints. Liaises with external venues and freelance staff. Is responsible for the H&S on all BOVTS productions. Works closely with the Technical Courses Leader, Head of Design and Head of Costume to understand students career needs.</p> <p>You can contact Steve for any queries relating to BOVTS theatre productions, production Health & Safety or production budget matters.</p>
<p>Stuart Harvey Director of Studies</p> <p>Email: stuart.harvey@oldvic.ac.uk</p>	<p>Oversees the strategic planning and the implementation of all academic aspects of the school.</p> <p>You can come and see Stuart if you have any queries about your academic journey. Or if you have any questions involving regulations, policies and procedures.</p>

<p>Sue Cowen Head of MFA Voice Studies Course</p> <p>Email: sue.cowen@oldvic.ac.uk</p>	<p>Sue is the Head of Course for MFA Voice Studies. Sue oversees all of the learning and activity that takes place on the course. Sue offers vocal production support across BOVTS. She is a Personal Tutor for the first year BA Hons Acting and MFA Voice Studies students.</p>
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In summary, there is a range of people you can speak to in school, including:

- Student Support Manager
- Student Support Assistant
- Head of Course/s
- Personal Tutor/s
- A fellow student
- Visiting Industry Professionals
- Any member of staff you feel comfortable talking to



In addition to the above, BOVTS employs a range of therapists, counsellors and registered psychotherapists who are available to help with any deep-seated personal problems on which Personal Tutors are not qualified to advise on.

If students wish to have an initial assessment with a therapist or counsellor, please contact Julia Heeley (Student Support Manager) either at julia.heeley@oldvic.ac.uk or on 0117 9809 247 or Eve Bentley-Hussey (Student Support Administrator) either at eve.bentley-hussey@oldvic.ac.uk. You can see either of them in-person or online for non-urgent appointments. A strict professional code of confidentiality is always maintained.

Confidentiality Statement

Under **The Equality Act (2010)**, a disabled student has the right to request that the nature of their condition is treated as confidential (this includes students who are experiencing mental health difficulties). In some instances, this might mean that reasonable adjustments such as allowing students time off to seek medical or psychiatric support or a period of adjustment to a student's timetable in order to discuss their health/wellbeing might have to be provided in a different way in order to ensure confidentiality.

Following good practice, the School will:

- ask a student for permission to pass on information necessary for making reasonable adjustments;
- when asking for disclosure of such information, explain how this information will be used;
- ensure that appropriate procedures are in place to keep sensitive information confidential.

Information should only be disclosed to others with the express consent of the student concerned or in exceptional circumstances when disclosure can be justified e.g., for the prevention of serious harm to themselves or others.

If a student with a disability wishes to keep the existence or nature of their condition confidential or partially confidential, the School needs to respect this decision. In most cases it is possible to support students with disabilities whilst maintaining partial and agreed disclosure of information.

However, in some cases requesting confidentiality may make the implementation of reasonable adjustments more difficult or impossible to arrange and students should be aware of this. In these cases, a student may be asked to sign a non-disclosure form to be kept securely and with restricted access. The School endeavours to develop a climate where applicants and students feel confident about disclosing a disability at any point during the application process or whilst studying, and are comfortable in talking to staff about any difficulties they face and understand that they can change their mind about disclosing and sharing information at any point.

Personal Tutors

We actively encourage students to develop a proactive and positive approach to their own mental health and wellbeing. We are preparing professionals to enter physically and mentally challenging professions and we work to enable students to sustain a physically and mentally healthy lifestyle. Every student is assigned a Personal Tutor who monitors their progress throughout the year in addition to having access to the Student Support and Academic Services Team.

All students have tutorials with their Head of Course or allocated Personal Tutor/s in which non-teaching issues can be discussed. A confidential tutorial can be requested of any member of the full-time teaching staff on your course.

Each year group/course has appointed members of staff as Personal Tutors. They are available to confidentially discuss any matters which may be troubling you, whether related to your training, or other personal issues outside the School.

For Acting Courses, the Personal Tutors are:

1st Years:	Sue Cowen Jonty Grosberg
2nd Years:	Joël Daniel Paul Chesterton
3rd Years:	Ali de Souza Paul Chesterton
MA Screen Acting:	Em Smith

For Production Arts Courses the Personal Tutors are as follows:

1st Years: Bryony Rutter
Jade Trendall

2nd Years: Meriel Pym
Frank Bradley

3rd Years: Joe Stathers
Charlie Parkin

For Costume Courses the Personal Tutors are:

- Jill Blundell
- Ali Poynter

For MA Drama Directing the Personal Tutor is:

- Nik Partridge

For MA Drama Writing the Personal Tutor is:

- David Lane

For MFA Professional Voice Studies the Personal Tutor is:

- Sue Cowen

For MA Performance Design the Personal Tutor(s) are:

- Bronia Housman

In addition to Personal Tutors, it is hoped that, if you have a problem or are feeling worried or unwell you will feel free to approach any member of staff.

The Student Support team coordinates all aspects of student support and are happy to discuss any student support queries or requirements you may have.

Student Counselling Services

Counselling/therapy is often provided by the following:

Samreen Bhaidani

Samreen Bhaidani is the School's part-time **Wellbeing Officer and Counsellor**. As the Wellbeing Officer, she is available from **5:30-7:30 pm every Thursday evening** during term-time. Students can self-refer for an appointment by emailing her direct sb7019.2007@my.bristol.ac.uk to talk about **all matters**.

Samreen is also a qualified therapist who brings a lot of experience, skills and knowledge and follows a solution-focused framework, a similar approach as CBT, but also has the scope to draw on integrative counselling models. **She can also provide 1:1 counselling** for a range of issues including anxiety, depression, education-related stress as well as issues related to sexuality and gender. **Samreen is passionate about equality and has undertaken research into the barriers to mental health services that exist for people from minority ethnic groups**. She can see students either in School or by Skype/Zoom/Teams.

Emily Zarkow, Cognitive Behavioural Therapy (CBT) Practitioner

In response to the increase in requests for support from students, the School has embedded CBT into the curriculum in the form of Stress and Mood Management sessions. It employs Emily Zarkow, a CBT Therapist who incorporates mindfulness, compassion-based therapy, solution-focussed and motivational interviewing techniques. Emily delivers small group sessions which are timetabled to encourage a therapeutic space where students can share experiences.

Other Mental Health Events

Wellbeing and Mental Health Presentations

Presentations on mental health and wellbeing take place with all first-year students as part of their induction week.

Mental Health Awareness Week

The Student Support Manager and Administrator run lunchtime drop-in sessions during Mental Health Awareness Week in October every year to provide information and resources to students. Students also make use of social media to raise awareness of different mental health issues.

World Mental Health Day

The School along with the [World Health Organisation](#) recognises and arranges event/s on World Mental Health Day on **10th October** every year. There are always useful advice/resources to download: www.mentalhealth.org.uk.

General Safeguarding Concerns

The School has a responsibility to safeguard and promote the welfare of all its staff and students and has a policy and procedures which provide a clear framework within which this will happen. Please see the School's [Safeguarding Policy](#) for further information.

If you have other concerns about a student who may be at risk of any form of harm or abuse, please email **Julia Heeley** at julia.heeley@oldvic.ac.uk or call her on 0117 980 9247.

Reporting Abusive Behaviour

The School is committed to embracing equality and diversity and takes incidents such as abusive behaviour seriously. Please contact Julia Heeley for details of support and how to report incidents.

Fitness to Study

Students should also be aware that there is the [UWE Fitness to Study Policy](#) which is a common policy designed to support the needs of students and ensure the greatest chance of success in their studies. It is a holistic policy that the School uses as a means of creating an understanding between a student and the School about any support needs the student may have, and what the School agrees to put in place for that student.

Other Support and Assistance

Students must register with a doctor and dentist as soon as they start their course. If you have a Clifton address, you are recommended to register with either of the following GPs:

The Whiteladies Health Centre

Whatley Road, Clifton,
Bristol BS8 2PU
Tel: 0117 973 1201

or

Pembroke Road Surgery

111 Pembroke Road, Clifton,
Bristol BS8 3EU
Tel: 0117 973 3790



You can find the nearest GP and Dentist to your Bristol address by visiting the NHS Choices [website at www.nhs.uk](http://www.nhs.uk). You will need to provide Julia Heeley, the Higher Education Administration & Student Support Manager, with details of your new GP **within two weeks** of starting your course.

It is also advisable, because of the closeness and intensity of the studies, and to prevent epidemics, that you ensure all your inoculations (meningitis, measles, mumps, rubella) are up-to-date.

Claim for help with health costs

As a student, if you are on a low income you may be eligible for help with prescription or dental charges or other health costs. Please click [here](#) to find out more.

Financial Assistance and Support

The Hardship Fund is provided by the School and is available to students in cases of severe financial need. Applications can be made throughout the academic year direct to the Admissions Manager, Marchia Abokie. Applicants must be able to demonstrate severe financial difficulties. Please contact Marchia at: marchia.abokie@oldvic.ac.uk.

Students are both students of UWE (University of the West of England) and BOVTS. Students may be eligible for Student Finance as well as financial aid provided by the UWE. Further information on financial assistance and support can be found [here](#).

Cupboard of Requirements

The Student Support Manager oversees a 'cupboard of requirements' of food/useful provisions from which students can take emergency provisions when required. The cupboard is located next to Julia Heeley's office at Downside Road and students are welcome to help themselves to supplies as and when required. They can also choose to replace/donate items once they are in a better financial position if they wish.

Support for Care Leavers

UWE and the School are committed to helping all students fulfil their potential whilst studying with us, regardless of background. Our schools welcome all applications and judge prospective students solely on their talent and potential to develop the skills required for their chosen profession.

If you are in care, have left recently, or are estranged from your parents, we understand that you may have some extra practical considerations to consider when making the progression

to Higher Education, and may have concerns about accommodation, financing your studies, and pastoral support. The School and UWE has a strong tradition of providing student care and support services and commit considerable resources to this purpose.

If you choose to let us know that you are a care leaver or estranged from your parents (which we encourage you to do), we will be able to offer you additional support, and you may be eligible to receive a non-repayable bursary. You will have a chance to disclose at the application stage, and again on your enrolment form. You can also talk to a member of staff at your school at any point during the academic year.

Of course, not all students will want or need extra support, but it can be reassuring to know it's there if you want to access it. Remember that if you are new to Higher Education, you will not have to pay anything upfront and you may be entitled to financial support from the UWE.

For more information about support offered to care leavers and those estranged from their parents by UWE please see [here](#) for more information.

Other Care Leavers Support Services

Please see below for other services that offer financial as well as wellbeing support and resources:

- [National Network for the Education of Care Leavers](#)
- [Buttle UK](#)
- [Stand Alone](#)
- [Become](#)

Accommodation

Michael Tew is employed by the School to assist you in trying to find suitable accommodation. Michael is located in the School's Admissions Office and can also be contacted by email: michael.tew@oldvic.ac.uk and further information can also be found [here](#). He will be happy to try to answer any queries you may have. It is advisable that you book accommodation early as availability cannot be guaranteed.

Council Tax

If you sign-up for a tenancy agreement for your student accommodation before you are formally registered as a student with us on the first day of term, you will have to pay Council Tax on that property for that period of time. However, there are some exemptions which may override this rule, but it is dependent on individual circumstances and it will be your responsibility to contact Bristol City Council Local Council Tax Department to clarify your position.

Once you are a registered student you will be eligible for Council Tax exemption. You will need to complete an online Council Tax exemption form for Bristol City Council when you move into a property. Failure to do so will result in you being liable for Council Tax. The School or UWE cannot accept responsibility for any non-payment of Council Tax. You can find further information [here](#).

General Health and Wellbeing for All Students

Physical Health

Regular exercise can be very effective in lifting your mood and increasing your energy levels, and it is also likely to improve your appetite and sleep. Physical activity stimulates chemicals in the brain called endorphins, which can help you to feel better.

It is very therapeutic to take part in physical activities, for at least 20 minutes a day. This could include:

- Walking at a reasonable speed and taking notice of what is around you
- Walking in a green environment (park or countryside)
- Community gardening
- Swimming or running
- Joining a competitive or team sport
- Joining a gym or group fitness classes



Your physical health can have an impact on your mental wellbeing. For example, if you have a long-term physical health condition, or experience chronic pain, this might make you more vulnerable to experiencing mental health problems such as anxiety or depression. Similarly, if you are experiencing other mental health problems, such as depression, this can also make you more vulnerable to experiencing problems with anxiety.

Personal Health

Some tips on personal care include:

- Wear training clothes to limber and physical classes/rehearsals (acting courses only)
- Wash training kit regularly and have spares.
- Tie long hair back.
- Bring a small hand towel into movement classes (acting courses only).
- Bring a towel, spare toothbrush, toiletries for showers.
- Use roll-on deodorants rather than sprays.
- Wash hands regularly to avoid spreading colds.



Nutrition/Hydration

We are bombarded with facts and figures about what we should and shouldn't eat. It seems that, every day, new research findings are published. We can end up confused - should we or shouldn't we eat chocolate, drink red wine or coffee? Is it better to be a bit overweight or a bit underweight?

It is even more difficult for students undertaking vocational training for professions in the arts and entertainment industry due to the lifestyle: long hours, gruelling rehearsal schedules, long periods of hanging around with nothing to do, late nights, and trickiest of all, being on tour.

It is important to therefore try to develop good eating habits while you're not under pressure: see what a difference it makes to your health both physically and mentally and try to then keep up the routines when the pressure is on.

You should aim to maintain a healthy, stable weight and eat sensibly. A balanced diet is not just about cutting out those foods that are bad for you; you may need to add foods that are lacking. You can find out more information [here](#).

Your diet should contain the following:

- meat, fish, eggs, beans (main source of protein)
- fruit and veg (five a day)
- grains (rice, wheat, pasta)
- milk and dairy
- healthy fats (nuts, oils, avocado)
- fatty and sugary food (puddings and chocolate as a treat!)



In addition, you should make sure you drink enough water to keep hydrated!

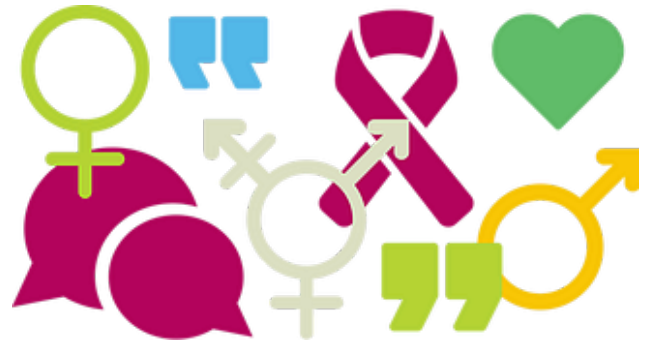
Share recipes, tips and ideas for shopping on a budget and preparing meals - preparing food for the day ahead also saves money!

Sexual Health

Sexual health is more than birth control and protecting yourself from sexually transmitted diseases – it's about making positive choices for both you and your partner.

Understanding sexual health

According to the Health Protection Agency, more than one-third of new cases of sexually transmitted infections (STI) are in young people aged 16 to 24. As students are within this high-risk group it is important to understand [student sexual health](#). You may find the [sexual health self-assessment tool](#) helpful in finding out if you are putting your health at risk.



Contraception

Whether you're single or in a new relationship, the message is clear: if you're sexually active, the best way to reduce the likelihood of getting an STI is to always use contraception. Find out about the different types of [contraception](#) available.

Sexually transmitted infection (STI)

Anyone who has sex can be at risk of catching an STI. Up to 70% of women and 50% of men who have an STI don't display any symptoms, and there are serious consequences if infections are left untreated.

If you think that you have an STI, don't panic. Go to your doctors' surgery or [local sexual health clinic](#) and get tested, and treated if required. You can find out more about [symptoms and types of STIs](#) on the NHS website.

Getting advice

If you have any concerns or would like to talk things through further, plenty of support and help is available from your GP or local sexual health clinic. Some of the services available are:

- chlamydia screening (by appointment or drop-in available) and other STI testing
- contraception, including the pill, condoms, emergency contraception, implants, coils and injections
- emergency contraception
- pregnancy testing

Further support is available from:

- [Brook confidential sexual health advice](#)
- [NHS Sexual Health Services in Bristol](#)
- [CareConfidential – pregnancy and abortion counselling](#)



Sleep

Getting enough sleep is very important. Sleep can have an impact on mental health, as well as being a possible early indicator of the onset of mental health difficulties. There are clinically effective self-help apps to address sleep problems and these can often be more useful than medication. Google 'sleep hygiene' for advice on steps to take to prepare for a good night's sleep. NHS Choices also provides information and self-help advice. Your GP can discuss specialist treatment options with you. See [here](#) for some tips on good sleep hygiene.

Alcohol and Drugs

Substance misuse and addiction

“In rehab you’re an addict; on a stage you’re a tortured genius” (Mohr, 1999)

Using and abusing alcohol, drugs or other substances such as aerosols, is not simply a ‘choice’, but a complex response driven by many internal and external factors. Those who abuse substances have also been shown to demonstrate impaired inhibitory control, this may be due to drug-induced changes in the brain. This can result in higher levels of impulsivity and more risky choices. Your attitude about using/abusing can be critical to what you do, or don’t do about it.

Alcohol

Alcohol is a feature in many cultures and lifestyles today and most people enjoy alcohol in moderation. However, there are instances where, if too much is consumed, it can be harmful to you and lead to health problems. That’s why it’s important to understand the effects of alcohol on your body and consider your relationship with it. There's no guaranteed safe level of drinking, but if you drink below recommended daily limits, the risks of harming your health are low.

Drinking guidelines

Alcohol is measured in units. 1 unit = 10mL pure alcohol = ½ pint normal strength lager **OR** 1 small glass of wine **OR** 25mL of spirits. There is more information about [alcohol units](#) on the NHS website and a [drinks meter](#) available to help you think about alcohol use and compare consumption to others.

Guidelines for sensible drinking are:-

Men - no more than 3-4 units per day

Women - no more than 2-3 units per day

2 days a week are alcohol-free, so that the body has a chance to rest



Calculating your alcohol intake

Calculating the number of alcohol units that a drink contains is not as simple as you might think as it can vary a lot between types of drinks and different brands. The BBC [Newsbeat's Booze calculator](#) can help calculate your alcohol intake.

Looking after yourself

If you are going out for the night and you know that you'll be drinking alcohol, it is important to remember to keep yourself safe. Read Bristol Rules [helpful tips](#) on how to have a safe night out.

Drugs

Drugs are substances that have an effect on the body and brain and there are many legal and illegal drugs that all have varying effects on your body. So-called 'recreational drugs' are detrimental to mental health, memory and energy. More information is available about the most common [drugs and their effects](#) on the NHS website.

Getting advice

You may also find support services such as [Talk to Frank](#) and [DrugWise](#) in answering any questions or concerns you may have about drugs and alcohol. If you have any concerns about alcohol or drugs or would like to talk things through further the School can offer support and guidance.

Bristol Rules

A new campaign, Bristol Rules, has been launched to raise safety awareness for those enjoying Bristol's nightlife. The campaign focuses on five themes, offering insights into drugs and alcohol harm reduction, women's safety, looking out for your friends, river safety and stopping harassment. Visit the [Bristol Nights website](#) for safety at night resources and support.

Smoking

Smoking is detrimental to **physical** and **vocal health**. The NHS offers a free Local Stop Smoking Services and studies show that **you are four times more likely to quit with help**. This service is developed by experts and ex-smokers and delivered by professionals. Your local Stop Smoking Service provides expert advice, support and encouragement to help you stop smoking for good. It offers free one-to-one support along with stop smoking medicines, which are available for the cost of a prescription. Click [here](#) for more information about this service.

Other Support Services

Support Services/ Contacts	Description of Service	Contact Details
ADFAM http://www.adfam.org.uk/	Adfam is the national charity working to improve life for families affected by drugs and alcohol. Drug and alcohol use can threaten and ultimately destroy family relationships and wellbeing. We empower family members and carers, support frontline workers and influence decision-makers to stop this happening.	By telephone: 020 3817 9410 (please note this is not a helpline) By email: admin@adfam.org.uk
Alcoholics Anonymous https://www.alcoholics-anonymous.org.uk/	If you need help with a drinking problem either phone the national helpline free, or email us. It's one alcoholic talking to another.	Telephone: 0800 9177 650 Email: help@aamail.org
Ok Rehab https://www.okrehab.org/	OK Rehab specialises in local drug and alcohol rehab and addiction treatment.	Telephone: 0800 326 5559 Email: info@okrehab.org
With You https://www.wearewithyou.org.uk/	They'll work with you on your own goals whether that's making small changes, stopping drugs or alcohol completely or just getting some advice. You can also get in touch if you're worried about someone else's drinking or drug use.	Online chat: Monday to Friday 9am-9pm, Saturday & Sunday - 10am to 4pm.

Injury and rehabilitation

At some point during your programme of study you may sustain an injury. It may be minor and require a short period of rest but might be more severe and require specialist attention. In either case, you should notify your head of course and relevant tutors as soon as possible. They will help you work out how to deal with the problem and it is in your interests to follow the advice given. They may advise that you seek specialist treatment.

Please bear in mind that the timescale involved in obtaining treatments and further investigation (x-rays, scans etc) on the NHS can be lengthy and the referral period can be an *extremely slow process*.

The Head of Course and course tutors will support you through your rehabilitation period. Health and wellbeing are integral to the School programmes and there will be injury management provision during your time on the programme; this may include physiotherapy.

Accident Procedure

Should your injury be a result of an accident at the School, you must inform a member of staff who will take the appropriate action, including contacting the duty First Aider to attend and completion of an entry in the Accident Book which can be found at Reception.

Neurodiversity

[Neurodiversity](#) is a concept where neurological differences are to be recognized and respected as any other human variation. These differences can include those labelled with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, Tourette Syndrome, and others.

Challenges faced by the Neurodiverse:

- Self-esteem
- Motivation
- Metacognition
- Time to think
- Memory load
- Reading

Support for Students with Disabilities including Specific Learning Differences (SpLDs)

The School welcomes all students regardless of disability. It is our aim to provide appropriate support so that all students are able to achieve their full potential. Students with a disability will be provided with advice and support from the Student Support Team.

Julia's contact details are:

Email: julia.heeley@oldvic.ac.uk

Phone: 0117 980 9247.

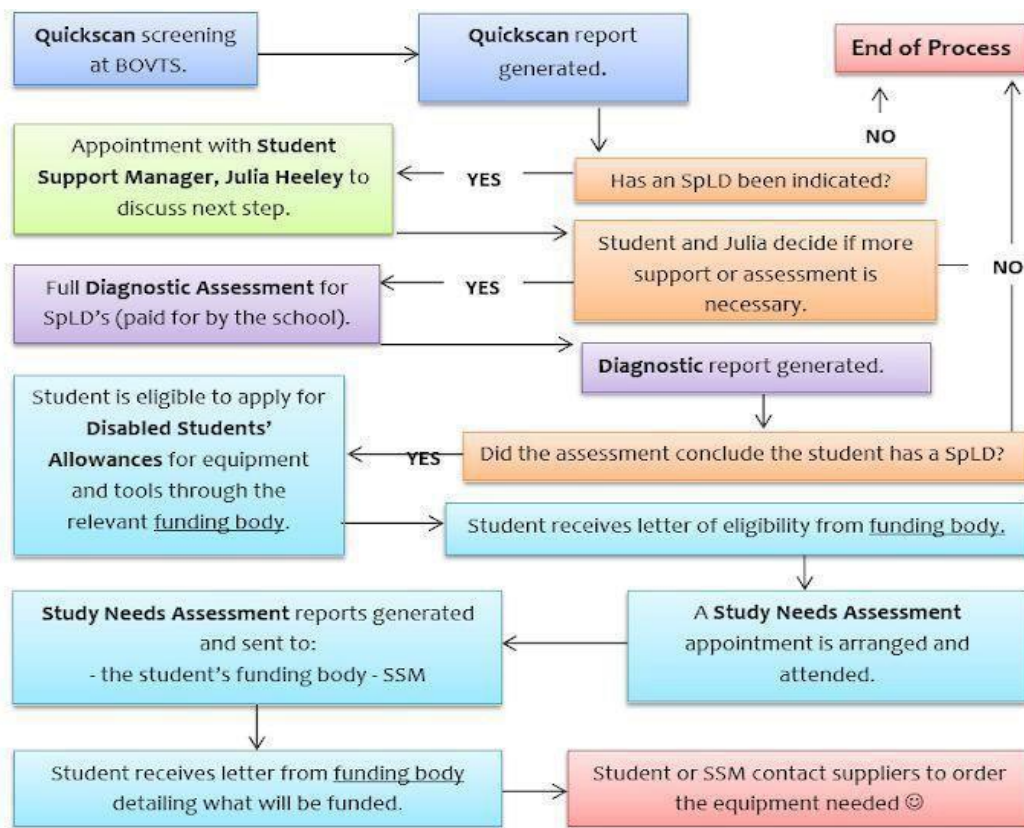
Office: First floor of No. 3 Downside Road (up the stairs from Studios 4 and 5)

Eve Bentley-Hussey's contact details are:

Email: eve.bentley-hussey@oldvic.ac.uk

If you have a disability or Specific Learning Difference ('SpLD') we recommend you contact the Team either prior to starting your course, or during your first few weeks at the School, to discuss any support requirements you may have.

Support Process for Students with SpLDs



QuickScan Screening

At the School we put a great deal of emphasis on supporting students during their time with us. Nationally there is a very high proportion of students who are neurodiverse and have SpLDs such as dyslexia or dyspraxia, in institutions which specialise in art, design or the performing arts.

During your time at the School, if you or one of your tutors suspects that you may have an undiagnosed SpLD, the School can arrange for you to take a short online, easy to navigate, questionnaire. This is known as QuickScan and it has proved to be a useful piece of screening software for students and staff. It will take around 10-30 minutes to complete and will help to identify your learning style and specific areas of learning strengths and weaknesses.

The QuickScan software would be introduced to you alongside information explaining the processes in place at the School to support disabled students, including those with SpLDs and mental health difficulties. Some of you will have already received a diagnosis of a SpLD and, if this is the case, please could you bring a copy of your recent diagnostic assessment into School, if you have not already sent this with your medical questionnaire.

On completion of the questionnaire, a report on your preferred learning style and any indicators of any SpLDs will be produced. It is likely that a number of students will have reports recommending further testing. If this is the case, students should make an appointment with the Student Support Team to discuss this. They may then arrange for you to complete a full diagnostic assessment, the cost of which will be covered by the School. As a result of an early diagnosis, some students will be eligible to apply for Disabled Student Allowance (DSA), which may result in being awarded equipment/software to aid them in their studies.



Visual



Auditory



Reading/Writing



Kinesthetic

Further information on DSA can be found below and at: <https://www.gov.uk/disabled-students-allowances-dsas>

QuickScan is a valuable tool in helping to screen for SpLDs. It is used in conjunction with other indicators, including student disclosure (as part of the interview and registration process), tutor feedback on practical and written work, and students expressing their concerns and any support requirements which may become apparent during their studies.

Learning Styles

Reflecting on your learning styles can be a valuable way of developing your use of study strategies.

Your QuickScan report will provide an indication of your preferred learning style or styles, which can be used to help you review your current strategies. It provides a starting point from which to raise your awareness and to think about how you:

- perceive or acquire information
- process information
- organise and store information

You may have been identified as having one predominant learning style or a combination. No one style is better than another. The most important factor is your awareness and development of your own approach to learning.

Visual Learning Style

This suggests that you learn best from what you see.

Learning preferences:

- observation
- visual presentations /demonstrations

- mental imagery
- thinking in pictures or images

Characteristics of this style:

- ability to plan thoroughly
- able to plan in a meticulous, neat and professional manner
- an avid reader
- can study for long periods of time
- a high level of concentration

Study tips:

- use highlighters to identify key information
- use flowcharts, mind maps and colour coding to help you plan
- try visualisation to remember awkward spellings, difficult words, specific terms, definitions and formulae
- replace words with symbols or initials.

Keywords:

See, watch, imagine, picture, visualise, draw, look, display, clear sight.

Auditory Learning Style

This suggests that you learn best from what you hear.

Learning preferences:

- information presented verbally
- opportunity for discussion.

Characteristics of this style:

- able to assimilate facts form discussions
- may read quickly and fluently
- adept at summarising information

- good at presenting logical argument
- like to articulate a problem or difficult concept.

Study tips:

- verbally rehearse information
- try reciting facts to yourself (or even sing them)
- use mnemonics
- use verbally based 'peg and hook' systems
- discuss your learning with others
- put notes onto tape

Keywords:

listen, hear, talk, debate, recite, discuss, formulate, dialogue, repetition.

Kinaesthetic Learning Style

This suggests that you learn best from what you do.

Learning preferences:

- like to place events or information within a dramatic or real context
- practical involvement.

Characteristics of this style:

- like to get to grips with the subject by experiencing the event
- create opportunities for practical activity
- prefer to work in short bursts
- intersperse reading with physical activity.

Study tips:

- work in short, intense periods
- take regular breaks
- reading should be selective

- place information into an emotional or even theatrical context
- mentally review your learning whilst taking exercise.

Keywords:

sensation, do, touch, feel, move, act, take, experience, emotion, dramatic.

Common Specific Learning Difficulties (SpLDs)

Dyslexia	Mainly affects accurate reading and spelling skills.
Dyspraxia	Mainly affects skills involved in the organisation of movements and thought processes including hand-eye coordination, balance, manual dexterity
Dyscalculia	Mainly affects the ability to acquire arithmetical skills

Please also see Appendices E to G that contain checklists for the above of common scenarios that apply to people with these SpLDs.

Dyslexia

“Dyslexia is a specific learning difficulty which mainly affects the development of literacy and language related skills. It is likely to be present at birth and to be lifelong in its effects. It is characterised by difficulties with phonological processing, rapid naming, working memory, processing speed, and the automatic development of skills that may not match up to an individual’s other cognitive abilities. It tends to be resistant to conventional teaching methods, but its effects can be mitigated by appropriately specific intervention, including the application of information technology and supportive counselling”

- (British Dyslexia Association, 2007)

Dyslexia is the most common disability affecting our students.

- Dyslexia is not just about spelling and reading. Dyslexic adults may not have significant difficulties with literacy.
- Common difficulties include phonological processing, working and short-term memory, visual processing, reading speed and comprehension, concentration and personal organisation. Organisation and time management are often the main areas of difficulty. 10% of the population are dyslexic. In drama schools this is more likely to be **20%-30%**! Dyslexia is complex and not everyone has the same strengths and difficulties.

Common difficulties for dyslexic students

A discrepancy between their verbal ability and their written work .	Understanding and remembering what they read.	Remembering names and verbal instructions .
Knowing what they want to say (or write) but not being able to find the right words .	Poor short-term memory for names, instructions and information.	Unsure of left/right and sequences such as the alphabet.
Lack of self-confidence and fear of failure.	Remembering equipment , appointments and work.	Organising work and personal life . Keeping things tidy and knowing where things are.
Producing clear, well-structured written assignments with accurate spelling, punctuation and grammar.	Time management - arriving at class on time, meeting deadlines.	Understanding the timetable and being aware of changes.
Learning work securely - they may learn quickly but are likely to forget quickly too. There may be a time gap between hearing information and understanding it.	There may be a time gap between hearing information and understanding it.	

Dyslexic students may experience increased feelings of frustration, stress, isolation and exhaustion.

As an **acting student** this may affect:

Reading scripts: Especially sight reading	Learning scripts: Lines, cues, lyrics	Scanning scripts: Many dyslexics will find this difficult
Following spoken instructions: Delay between hearing and understanding	Speech performance: Problems with initiation	Organisation: Forgetting equipment for class, being on time

As a **technical and production student** this may affect:

All new learning: Especially if it involves sequential tasks	Inputting information accurately: Sound and lighting boards	Maintaining focus and concentration: In class and in shows
Following spoken instructions: Difficulty processing and remembering	Handwriting: Completing any tasks or records that need to be handwritten	Organisation: Of self and others & Time management

Dyslexia and Higher Education

Many dyslexic students will have been successful at school and are not expected to have any noticeable problems at university. However, the demands of a Higher Education course are such that most dyslexic students will need advice and support at some stage of their course.

Useful websites/resources

The British Dyslexia Association - www.bdadyslexia.org.uk

International Dyslexia Association - <https://dyslexiaida.org/>

Dyslexia Scotland - www.dyslexiascotland.org.uk

Dyslexia Action - www.dyslexiaaction.org.uk

Dr Gavin Reid - www.drgavinreid.com

The Dyslexia Shop - www.thedyslexiashop.co.uk

The Dyslexia Research Trust - www.dyslexic.org.uk

Indigo Dyslexia Centre - www.4dyslexics.com

The Adult Dyslexia Centre - <https://www.adc.org.uk/>

Being Dyslexic - www.beingdyslexic.co.uk

Dyspraxia

Dyspraxia is a common but under-identified disability affecting many people. Developmental dyspraxia is an impairment or immaturity of the organisation of movement. It is associated with problems of perception, language and thought. The term dyspraxia comes from the word praxis, which means 'doing', 'acting'. It includes what to do and how to do it. There is increasing evidence that dyspraxia and ADD are commonly found together.

A wide continuum of dyspraxia characteristics exists but generally dyspraxia in adults is associated with **problems in fine and gross motor skills, a weakness in maths and reading comprehension**. Problems with perception of space, time and social relationships (interpreting body language, under and over reactions) are common and most dyspraxic adults are very disorganised and untidy. **Dyspraxic students** may experience feelings of **frustration, stress, isolation and exhaustion**.

It may appear at first that professional performance-based training and dyspraxia are an unusual combination but this is not so. Many dyspraxic students have succeeded in improving their gross motor coordination skills. However, the cognitive characteristics of dyspraxia – difficulties with attention, memory and perceptual skills - will always remain. Most dyspraxic students will need support with their organisation and time management.

Dyspraxia is a common but under-identified disability affecting students:

- **Dyspraxia is not just about movement.** Many dyspraxic adults have overcome any obvious problems with movement.
- Dyspraxia is about difficulties with the organisation of movement, language and thought. There are often difficulties associated with the perception of space, time, social behaviour and the senses.
- Organisation and time management are usually the main area of difficulty.
- Dyspraxia is complex and not everyone has the same strengths and difficulties.

Common difficulties for dyspraxic students:

- **Remembering equipment**, appointments and work
- **Organising work and personal life.** Keeping things tidy and knowing where things are.
- **Managing time** effectively – arriving at class on time, meeting deadlines.
- **Understanding the timetable** and being aware of changes.
- Being **frequently misunderstood** by peers and tutors.
- **Learning work securely** – you may learn quickly but are likely to forget quickly too.
- **Prioritising tasks** that need to be done.
- There may be a **time gap** between hearing information and understanding it.
- **Expressing yourself clearly** on paper and in discussions

As an **acting student** this may affect:

<p>Reading scripts: Especially sight reading</p>	<p>Learning scripts: Lines, cues, lyrics</p>	<p>Movement & Fighting classes: Exercise that involves hand-eye coordination and balance</p>
<p>Behaviour: Maintaining focus and concentration</p>	<p>Speech performance: Problems with initiation</p>	<p>Organisation: Forgetting equipment for class, being on time</p>

As a **technical/production student** this may affect:

All new learning: Especially if it involves sequential tasks	Inputting information accurately: Sound and lighting boards	Maintaining focus and concentration: In class and in shows & Behaving appropriately in class
Following spoken instructions: Difficulty processing and remembering	Tasks involving fine motor skills: Drawing, using tools etc & Tasks involving balance and coordination	Organisation: Of self and others & Time management of project work

Useful websites/resources

- Dyspraxia Foundation - www.dyspraxiafoundation.org.uk

Dyscalculia

Dyscalculia, or mathematical learning disabilities, is an SpLD which affects around 6% of the population. Individuals with dyscalculia are not unintelligent, but struggle to learn mathematics, despite having an adequate learning environment at home and during their education. Dyscalculia is assumed to be due to a difference in brain function.

Dyscalculia affects individuals over their lifespan. In secondary school they are likely to struggle to pass maths and science courses and often find their career options to be more limited as a result. In adult life, they may earn less, and have difficulties managing their everyday finances.

Many people think "because it's in the brain it can't be changed". This is not true! The brain is very adaptable and research has already shown that training programmes can increase functioning in brain areas involved in reading. The same is likely to be possible for dyscalculia.

There is still a lot we do not know about dyscalculia, because research is far behind the research on dyslexia. This situation has started to improve, especially recently.

Useful websites/resources

The British Dyslexia Association - www.bdadyslexia.org.uk

Dyscalculia Support Services - www.dyscalculia.org

The Dyscalculia Centre - www.dyscalculia.me.uk

Professor Brian Butterworth - www.mathematicalbrain.com

Diagnostic Assessments for SpLDs

What is the assessment for?

The School works with CF Psychology to assess students to find out if they have dyslexia, dyspraxia or indications of any other SpLDs.

The assessment will explore your strengths and weaknesses to give a profile that indicates whether your difficulties are due to dyslexia, dyspraxia or another SpLD. The assessment may also conclude that you do not have an SpLD (even if a previous screening has indicated that you may have).

The assessor (an educational psychologist) might recommend reasonable adjustments that need to be made to help you access the course e.g. extra time in exams, one-to-one study skills tuition, hardware (computer, printer, etc), assistive technology, etc.

If you are diagnosed with an SpLD, the (diagnostic) assessment report can be used to help you apply for funding such as Disabled Students' Allowance (DSA) so that you can access additional support for your studies.

What students need to do in advance of a diagnostic assessment?

Students will be asked to complete and return a questionnaire in advance of their assessment and need to ensure that this is done as it is of huge value to the assessment process.

For more information on diagnostic assessments you should:

Speak to **Julia Heeley, Student Support Manager** who will guide you through the process.

What is involved?

A range of tests will be undertaken in order to consider your strengths and weaknesses. These are not examinations and you do not pass/fail them. The tests look at a range of skills which include literacy and sometimes numeracy.

An in-depth discussion about your background, such as your previous education, family and any relevant medical conditions. The discussion will also explore other aspects of your lives such as your organisational skills, concentration and manual dexterity.

How long will it take?

The assessment usually takes between 2 to 3 hours.

What should you take with you?

- Any previous diagnostic assessment reports or information concerning study support and/or examination access arrangements (e.g. readers, extra time, etc.).
- Prescription glasses – if you wear them for reading.
- Coloured overlay - if you use one for reading.
- A pen that you are comfortable using and familiar with.

What will the assessor need from you?

The way that you approach the assessment is very important as the assessor will need to feel confident that you are able to give your best efforts. You need to feel well and able to do this on the day.

What happens after the assessment?

- At the end of the assessment, you will be given some verbal feedback.
- A written report will then be compiled and forwarded on to you and, if you have given consent, copied to the Student Support Manager so you can discuss this with her and talk about next steps.
- You are also welcome to contact the assessor directly to discuss the report further.
- You will then (if appropriate) be advised on the process of making an application for funding such as Disabled Students' Allowances (DSAs) to access the support available and discuss their options more fully.

Disabled Student Allowance (DSA)

UK students with disabilities (*including Specific Learning Difficulties and long-term mental health conditions*) can apply for the Disabled Students Allowance (DSA)

<https://www.gov.uk/disabled-students-allowances-dsas/overview>. DSA usually provides support for students with the specialist equipment and tools necessary to support you with your studies, including software, hardware and study skills support. Unlike a student loan, DSA does not have to be repaid. However, it is rarely awarded in the form of financial support.

Applications are made through Student Finance England (SFE), Student Finance Wales (SFW), or Student Awards Agency for Scotland (SAAS). In order to apply for DSA, Student Finance will require evidence of any impairment or disability. This may take the form of a doctor's or specialist's letter or, more often, a Report from an Educational Psychologist (Diagnostic Assessment Report) – see above which the Student Support Manager can arrange for you.

Once an application for DSA has been submitted, if eligible you will receive a letter of eligibility from your funding body. Once you receive this, please send or take a copy of this to the Student Support Manager and she will talk you through the next stages including arranging to have a needs assessment appointment which she will be happy to do on your behalf if you give consent.

You may also find this short film informative:

<http://www1.uwe.ac.uk/students/studysupport/disabilityservice/accesswestofengland/theassessmentprocess.aspx>

DSA Study Needs Assessment

Once you have received a letter of eligibility from your funding body you can arrange for a Study Needs Assessment appointment. The Needs Assessment Centre requires you (or the Student Support Manager or Student Support Assistant) to send them a copy of the letter or email you received from your funding body (e.g. Student Finance England or Wales) confirming that you are eligible for Disabled Students Allowances (DSA's). They may also request other information as well before the assessment which the Student Support Team are happy to assist you with. To find a Disabled Students' Allowance assessment centre please click this link [here](#) and enter in your postcode. Some assessment centres currently allow you to take the Needs Assessment online.

Study Needs Assessment appointment

- You should allow about two hours for an appointment.
- The Assessor will ask you about the disability-related difficulties that affect your studies.
- The Assessor may show you some software and/or other technology but you will not have to do any tests.

After the DSA Study Needs Assessment

Study Needs Assessment Report

The Centre where you have undertaken your needs assessment will email you, confirming that your report is ready to download within ten working days of your assessment.

DSA entitlement letter

- You should receive a letter from your Funding Body after about two weeks detailing what recommended support will be funded.
- You should contact your Funding Body, or ask the Student Support Manager to chase this up on your behalf if not received.

Once the letter has been received, you can either order any equipment awarded to you by contacting the recommended supplier/s or ask the Student Support Manager to order this for you.

Learning Support Agreements for Student with Disabilities/SPLDs

The School might sometimes suggest a specific learning arrangement for an individual student and in these circumstances, it is likely the student will be offered a Learning Agreement. This will set out a series of arrangements developed to ensure that the student's particular needs are supported.

Support Plan:

- For learning difficulties,
- Injuries,
- Illness
- Times of personal difficulty
- Written between the student and school,
- Describes the type of support required and how it will be provided.
- Practical and positive way of informing those teaching and working with students,
- With permission, copies given to people named in agreement
- Regular appointments to review plan and adjust if necessary
- You can request a review if you do not feel that the support you require is being undertaken, or is insufficient.

An example of a support plan can be found in APPENDIX A

In all cases, the Student Support Team and relevant Head of Course or Tutor will meet with the student to draw up the Support Plan. With the student's permission, relevant members of staff and sometimes other students will be informed of the decisions made at this meeting, so that appropriate adjustments can be made.

Study skills (including reading, note-taking and presentation skills)

Study skills support is usually arranged for students who have been awarded support through Disabled Student Allowance (DSA). However, if you are not entitled to DSA, the Student Support Team can discuss one to one study skills support for you if deemed appropriate.

Alternative assessment arrangements

Alternative methods of assessment are available to students who, through disability, would benefit from individual consideration in the form of reasonable adjustments, to facilitate their participation in the learning, teaching and assessment opportunities necessary to their successful completion of the programme. Teaching staff are aware of the need to consider how students might achieve the same learning outcomes, rigorously tested, through a different assessment process, and tailored to meet the individual needs of the student. We would encourage you to contact the Student Support Team to discuss what you might need.

Assistive Technology

There are a range of Assistive Technology materials and Apps which can help improve accessibility and strategies. These can help provide advice and support on the following.

Examples of Assistive Technology

- Referencing (generally not required for work at the School)
- Concept/mind mapping
- Time management
- Research and information gathering
- Text to speech, spelling, dictation, speech to text
- Working online and on the go
- Online collaboration

Text to Speech

- Claro - <https://www.clarosoftware.com/>
- Natural Reader - <https://www.naturalreaders.com/>
- Cereproc Voices - <https://www.cereproc.com/en/products/voices>
- Robobrainle - <https://www.robobrainle.org/>

Mindmapping

- Freemind - <http://freemind.sourceforge.net/>
- Inspiration - <http://www.inspiration.com/>
- XMind - <http://www.xmind.net/>
- iThoughts app - <https://itunes.apple.com/gb/app/ithoughtsx-mindmap/id720669838?mt=12>

Autistic Spectrum Disorder (ASD)

ASD is the name for a range of similar conditions, including Asperger syndrome, that affect a person's **social interaction, communication, interests and behaviour**. It is estimated that about 1 in every 100 people in the UK has ASD. There's no "cure" for ASD, but speech and language therapy, occupational therapy, educational support, plus a number of other interventions are available.

Read about [help and support available for people with ASD](#).

Signs and symptoms

People with ASD tend to have problems with social interaction and communication. Young people with ASD frequently experience a range of cognitive (thinking), learning, emotional and behavioural problems. For example, they may also have [attention deficit hyperactivity disorder \(ADHD\)](#), [anxiety](#), or [depression](#). Read more about the [symptoms of ASD](#).

Autism in adults

Some people with ASD have features of the condition as a child, but enter adulthood without ever being diagnosed. However, getting a diagnosis as an adult can often help a person with ASD and their families understand the condition, and work out what type of advice and support they need. A number of autism-specific services are available that provide adults with ASD with the help and support they need to live fully and find a job that matches their skills and abilities. Read more about [adults with ASD](#) and the [National Autistic Society](#) also provides information and advice for those with Autism and their loved ones.

Getting a diagnosis

The main features of ASD – problems with social communication and interaction – can often be recognised during early childhood. Some features of ASD may not become noticeable until a change of situation, such as when someone starts school or university. See your GP or

health visitor if you notice any of the signs and symptoms of ASD. Read more about [diagnosing ASD](#). [Adders](#) also offers support for those with ADD & ADHD.

Attention Deficit Hyperactivity (ADHD)

While everybody to some extent, and at certain times, occasionally has trouble **sitting still, paying attention, or controlling impulsive behaviour**, many others experience **impulsivity, hyperactivity, and inattention** at such mal-adaptively high levels that their daily lives at home, at school, at work, and in social settings are disrupted to a considerable and sometimes disabling extent. These people may have a common neurobiological disorder called ADHD. There is also a less common and more severe form of ADHD called Hyperkinetic Disorder.

Although ADHD is a neurobiological disorder, it is defined at a behavioural level. That means that the symptoms are based upon observations about how people behave:

‘impulsivity’ signifies premature and thoughtless actions; ‘hyperactivity’ a restless and shifting excess of movement; and ‘inattention’ is a disorganised style preventing sustained effort. These symptoms are shown by individuals to different extents, and are influenced by context as well as by the constitution of the individual. People with ADHD may also be **clumsy, unable to sleep, have temper tantrums and mood swings and find it hard to socialise and make friends.**

It is now known that many symptoms of ADHD continue into adulthood when hyperactivity may be experienced as internal restlessness. Undiagnosed ADHD in adults can have severe consequences including academic failure, substance abuse, criminal activity, failed relationships, troubled work relationships, and emotional difficulties such as anxiety and depression.

While most people diagnosed with ADHD can recall having problems during childhood, there have been some accounts recently of people experiencing ‘late-onset ADHD’ in that as adults they meet the diagnostic criteria but did not during their childhood. This raises the possibility that symptoms of ADHD might emerge at different developmental stages.

ADHD is difficult to diagnose so only experienced mental health professionals who have been trained to recognise ADHD can accurately assess and diagnose ADHD. Please see the Student Support Team if you would like to discuss this further. There is also a ADHD checklist of common behaviours and scenarios in Appendix H. The ADHD Foundation is also a source of helpful information: <https://www.adhdfoundation.org>.

Personal Academic Support

Various staff members at the School can help in different ways if you need academic support. If you need help with the content of classes or assessment work, you can ask your Head of Course, one of your tutors or your allocated Personal Tutor for an appointment or you can ask the Director of Studies, Stuart Harvey (e: stuart.harvey@oldvic.ac.uk) to arrange a tutorial with the relevant member of staff on your behalf. If you make an appointment, you can prepare for the meeting and discuss your concerns away from class. The Director of Studies, Heads of Courses, Module Leaders and individual tutors can all help you with understanding aspects of your training and can offer overall guidance or advice about your programme of study.



Mental Health and Wellbeing

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”
- World Health Organisation

1 in 5 of us will suffer from mental health problems at some point in our lives so it's important to know how to stay happy and healthy. **The term 'mental health' describes a sense of wellbeing**, the capacity to live in a resourceful and fulfilling manner and to have the **resilience** to deal with the challenges and obstacles which life presents.

- We all have mental health, just as we all have physical health
- Mental health relates to how we think, feel and react to things
- The 'Five ways to wellbeing' are steps that evidence suggests can improve wellbeing. Read about them [here](#)



Mental health and wellbeing describe your mental state – how you are feeling and how well you can cope with day-to-day life. This can change from day to day, month to month or year to year.

Mental health is a spectrum. People can have a mental illness, but be mentally well if they have successful coping strategies and support. Equally, people without a mental illness can have very poor wellbeing if they face challenging circumstances and do not have coping strategies in place.

If you have good mental health or wellbeing you are able to:

- feel **relatively confident in yourself** – you value and respect yourself and judge yourself against realistic standards (positive [self-esteem](#))
- feel and **express a range of emotions**, appropriately and proportionately
- feel **engaged with the world around you** – you can build and maintain positive relationships with other people and feel that you can contribute to the community around you
- **live and work productively**
- **cope with the stresses** of daily living and adapt and manage times of change and uncertainty

Mental health conditions that fall under the Equality Act (2010)

The School recognises the challenges faced by students entering Higher Education and that training in a conservatoire institution can place great demands on a student both physically and emotionally. Not only is the training we offer physically rigorous and demanding, but achieving the high level of artistry and creativity we seek can release many emotional and psychological issues for our students. In a busy schedule there is sometimes little time or space for quiet reflection. There can be times, therefore, when our students will experience mental health difficulties and will need support to enable them to participate fully in a training that places great demands on their physical and emotional energy.



If you know that you have a mental health condition, or history of mental health difficulties, we strongly encourage you to let us know as soon as possible. That way, you can meet with a relevant member of staff to make an ‘assessment of needs’ and draw up a support plan. Students with long term mental health difficulties are also eligible to apply for the Disabled Students’ Allowance.

If you are worried about your mental health, or that of a friend or classmate, or would like to disclose a condition, or would like more information, please contact the Student Support Team in the first instance.

Mental health

Mental health affects thoughts, feelings or reactions to things; these become frequently difficult to cope with

- They affect 1 in 4 people in any given year
- Common problems include depression and anxiety; rarer problems include schizophrenia and bipolar disorder
- Stigma around mental health can make it hard for people to access help

If you experience low mental wellbeing over a long period of time, you are more at risk of developing a mental health problem.

A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally.

If you already have a mental health problem, you are more likely to experience periods of low mental wellbeing than someone who hasn't. However, you can still have substantial periods of good wellbeing where you manage your life without becoming unwell.



What affects our mental health?

There are a range of factors that increase the risk of someone experiencing poor mental health, including:

What happens to us	<ul style="list-style-type: none">• e.g. Job loss• Bereavement
What we grow up with	<ul style="list-style-type: none">• e.g. Adverse Childhood Experiences• School life
What we're born with	<ul style="list-style-type: none">• e.g. Genetics• Physical health condition

Other factors which can affect our mental health can include:

- Childhood abuse, trauma, violence or neglect
- Social isolation, loneliness or discrimination
- Homelessness or poor housing condition
- Significant trauma such as military combat, being involved in a serious accident, or victim of a violent crime
- Unemployment
- Money worries
- Caring for a family member or friend
- Social disadvantage, poverty or debt
- A long-term physical health condition
- Smoking, drinking, gambling, drug misuse

Signs of mental health problems

It is important to evaluate these in terms of duration and severity of symptoms, having a cluster of symptoms and the impact it has on social function.

Common mental health issues for students

Stress Almost all students will experience some form of stress during their training.

Usually triggered by academic pressure or personal stress.

Anxiety Normal to be anxious in stressful situations.

People with anxiety often feel overly anxious or under pressure (*sometimes to the point of panic attacks*) Some people experience low-level anxiety all the time, regardless of the situation.

Depression Normal to sometimes feel down.

Categorised as depression when these feelings continue for over 2 weeks and recur regularly.

Or when the feelings have a significant negative impact on the student's quality of life.

Mental health issues for students training to be actors or in theatre production

"Your tool is yourself and your self is confused and lost. No other form of professional training is based so heavily on self-examination"

"Every time I received feedback on what I was doing I took it as an extreme criticism, rather than the simple observation that it was. It was as if I had a tape player in my head that converted what anybody said to me into the words 'you're horrible, you're awful, you're rubbish, I don't like you.'"

When confronted with thoughts like these, it is important to remember the following:

- Training can present particular challenges for students who are mostly in the vulnerable age groups 18 to 25
- It is often physically rigorous and demanding
- High level of artistry and creativity can release many emotional and psychological issues
- Busy schedules leaving little time/space for quiet reflection
- Collaborative work and failures for a performing artist or stage practitioner are often public.



Some statistics

- Victoria University in Australia (2015) - performing arts workers experience symptoms of anxiety **ten times higher** than the general population, and depression symptoms five times higher.
- Stewart-Brown et al. (2000) - the health of students in higher education and particularly their emotional health was poor in relation to age-matched peers
- Arts and Minds website - **85% of performing artists who admitted to mental health issues** were still able to work we all probably work with someone with a mental illness.

Stress or Anxiety?



Stress is generally a response to the threat of a situation.

Anxiety is a behavioural response to stress.

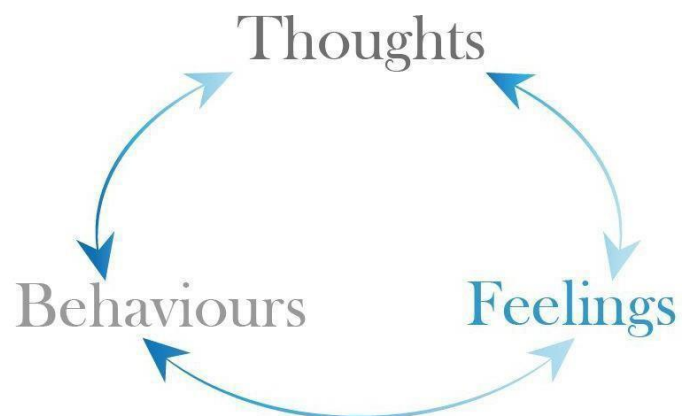
- Everyone experiences stress and anxiety – a natural reaction to some situations
- The fight/ flight response
- Low level stress can even be helpful
- But sometimes these feelings can become constant or overwhelming
- Recognising the signs can be helpful

Signs of Stress and Anxiety

- Thoughts e.g. ‘Something bad will happen’; ‘I can’t cope’; ‘I’m not good enough’
- Feelings e.g. tense, sweaty, heart racing, fast breathing, stomach ache
- Behaviours e.g. avoiding or escaping from things that trigger anxiety; using alcohol or drugs

A negative cycle

Our thoughts, feelings and behaviours continually affect each other.



Stress

We all know what it's like to feel stressed, but it is not always easy to pin down exactly what stress means. When we say things like "this is stressful" or "I'm stressed", we might be talking about:

- **Situations or events that put pressure on us** – for example, times where we have lots to do and think about, or don't have much control over what happens.
- **Our reaction to being placed under pressure** – the feelings we get when we have demands placed on us that we find difficult to cope with.

Stress can be overwhelming and sometimes you cannot see beyond the thick fog of stress.

There is **no medical definition of stress**, and health care professionals often disagree over whether stress is the cause of problems or the result of them. This can make it difficult for students to work out what **causes their feelings of stress**, or how to deal with them. But whatever their personal definition of stress, it is likely that they can learn to manage their stress better by:

- **managing external pressures**, so stressful situations don't seem to happen quite so often
- developing their **emotional resilience**, so they are better at coping with tough situations when they do happen and don't feel quite so stressed

Is stress a mental health problem?

Being under pressure is a normal part of life. It can be a useful drive that helps people take action, feel more energised and get results. But if they often become overwhelmed by stress, these feelings could start to be a problem for them. This can start to feel like a vicious circle, and it might be hard to see where stress ends and [mental health problems](#) begin.

Please also go to [Stressbusting](#) to find out more about causes, symptoms and treatments.

Stress is not a psychiatric diagnosis, but it is closely linked to mental health in two important ways:

- **Stress can cause mental health problems**, and make existing problems worse. For example, if students often struggle to manage feelings of stress, they might develop a mental health **problem like anxiety or depression**.



- **Mental health problems can cause stress.** Students might find that coping with the day-to-day symptoms of their mental health problem, as well as potentially needing to manage medication, health care appointments or treatments, can become extra sources of stress.

Why does stress affect people physically?

You might find that your first clues about being stressed are physical signs such as:

- tiredness
- headaches
- upset stomach

This could be because when we feel stressed emotionally, our bodies release hormones called **cortisol** and **adrenaline**. This is the body's automatic way of preparing to respond to a threat (sometimes called the '**fight or flight**' response (see **Appendix B**). If a student is often stressed then they are probably producing high levels of these hormones, which can make them feel physically unwell and could affect their health in the longer term.

The 'fight or flight' response

Like all other animals, human beings have evolved ways to help us protect ourselves from dangerous, life-threatening situations. When you feel under threat your body releases hormones, such as adrenaline and cortisol, which help physically prepare you to either fight the danger or run away from it.

These hormones can:

- make you feel more alert, so you can act faster
- make your heart beat faster to carry blood quickly to where it's needed most.

Then when you feel the danger has passed, your body releases other hormones to help your muscles relax, which may cause you to shake. This is commonly called the 'fight or flight' response – it's something that happens automatically in our bodies and we have no control over it.

How you might behave

Difficulty making decisions

Biting your nails

Snapping at people

Unable to concentrate

Picking at your skin

Feeling tearful or crying

Eating too much or too little

Restless, can't sit still

- Smoking or drinking more than usual

- Avoiding situations that are troubling you

Common signs of stress and how you might feel

Overburdened

Neglected or lonely

Anxious, nervous or afraid

Racing thoughts

Unable to enjoy yourself

Like you have lost your sense of humour

Depressed

A sense of dread

Uninterested in life

Worried about your health

Irritable, aggressive, impatient or wound-up

How you might be physically affected

- Shallow breathing or hyperventilating
- Panic attacks
- Blurred eyesight or sore eyes
- Chest pains
- Tired all the time
- Problems getting to sleep, staying asleep or having nightmares
- Headaches
- Feeling sick, dizzy, or fainting
- High blood pressure
- Indigestion or heartburn
- Constipation or diarrhoea
- Sexual problems, losing interest, being unable to enjoy sex

Basic Stress Management

- Recognise your stressors and develop proactive strategies for dealing with them.
- Recognise your effective and less effective coping strategies and work to improve them.
- Be aware how stress affects your body, your thoughts, your feelings and your behaviour so you can recognise and manage these aspects.
- Be aware of any circumstances in your past that may be contributing to present difficulties, such as: difficult relationships, difficult events, change, or loss.
- There may also be current situations making things worse: look out for any signs of self-neglect, self-harming or self-sabotage, however small. Find effective ways of coping better.

If stress levels lead to extended and extensive symptoms of distress and anxiety, periods of absence from work, inability to cope with daily living, and serious problems in your relationships, it is time to seek further professional help. Recognise if this happens and act.

Be aware of any unhelpful habits, patterns or addictions and once you have decided to tackle them, then try to develop a realistic strategy for change. Seek help and support to keep you on track.



Can stress ever be beneficial?

- **Yes!** - The way the brain responds to pressure can push it into a 'sweet spot' allowing the brain networks to communicate better
- **Affected** by the presence of Noradrenaline in the brain which integrates memory, arousal, focus and awareness.
- **Rich, complex and changing environments** stimulate production of noradrenaline but modern youth can now be 'over- sheltered from adversity' and lack experience in controlling negative emotions.
- **Solution** - Re-writing the software code from potentially harmful stress to beneficial challenge

Anxiety

What is anxiety?

Anxiety is a word we use to describe **feelings of unease, worry and fear**. It incorporates both the emotions and the physical sensations we might experience when we are worried or nervous about something. Although we usually find it unpleasant, anxiety is **related to the 'fight or flight' response** – our normal biological reaction to feeling threatened. We all know what it's like to feel anxious from time to time. It's common to feel tense, nervous and perhaps fearful at the thought of a stressful event or decision you're facing – especially if it could have a big impact on your life.

Examples of times when you can become anxious include:

- **Sitting an exam**
- **Going to hospital**
- **Attending an interview**
- **Starting a new job**
- **Moving away from home**
- **Being diagnosed with an illness**
- **Getting married, or divorced, or a relationship break up**

In situations like these, it's understandable for students to have worries about how they will perform, or what the outcome will be. For a brief period, they might even find it hard to sleep, eat or concentrate. Then usually, after a short while or when the situation has passed, the feelings of worry stop. **When does anxiety become a mental health problem?** Because anxiety is a normal human experience, it's sometimes hard to know when it's becoming a problem but if feelings of anxiety are very strong, or last for a long time, it can be overwhelming.

The symptoms of anxiety

- Can be physical and psychological.
- Can feel different for different people.

Physical sensations can include:

- Nausea (feeling sick)
- Pins and needles
- Faster breathing
- Fast, thumping or irregular heartbeat
- Churning in the pit of your stomach
- Difficulty sleeping
- Tense muscles and headaches
- Feeling light-headed or dizzy
- Sweating or hot flushes
- Raised blood pressure
- Needing the toilet more or less frequently
- Panic attack

Psychological Sensations of Anxiety can include:

- Feeling tense, nervous and on edge
- Feeling like the world is speeding up/slowing down
- Feeling like other people can see you're anxious and are looking at you
- Feeling numb
- Having a sense of dread or fearing the worst
- Feeling your mind is really busy with thoughts
- Thinking over a situation again and again (*rumination*)
- Feeling restless and not being able to concentrate

Anxiety or Stress?

These conditions can be difficult to separate. Both incur the same chemical reaction (fight/flight syndrome). Stress is a response to a situation or pressure. Anxiety is the behavioural response to stress. If you have been diagnosed with an anxiety condition then [Anxiety UK](#) is a service that offers support. **Stress is not a diagnosable condition but anxiety disorders are.** Stress is necessary in our lives in order to build resilience and become motivated. The way we view and react to stress determines whether stress is beneficial or harmful.

Breaking the cycle - coping techniques for stress and anxiety

- Relaxation - slow breathing, progressive muscle relaxation, mindfulness. Audio files of relaxation techniques are available [here](#).
- Reframe unhelpful thoughts – recognise, challenge and replace them. Find out more in this [short video](#).
- Set a specific ‘worry time’ each day to help focus on other things the rest of the time
- Face things you want to avoid; slowly build up time in situations that cause you worry

Try a relaxation exercise

- Audio files [here](#).

Panic Attack

A panic attack is an **exaggeration of your body's normal response to fear, stress or excitement**. It is intense anxiety that is unpredictable and sudden in onset. The experience can be very frightening and people can think they are about to die. Of all the patients who present to A&E with severe chest pain, thinking they are having a heart attack, 25% are actually having a panic attack.

What is a panic attack?

- An episode of **high anxiety**, usually **peaks within 10 minutes**, often unexpected.
- People with anxiety issues are more prone to an attack.

Physical symptom

"I could feel all these physical symptoms building inside me, literally filling every part of my body until I felt completely light-headed and disembodied. I felt like I couldn't breathe, I just wanted to get out, go somewhere else, but I couldn't because I was on a train."

A panic attack is the rapid build-up of overwhelming physical sensations and symptoms, such as:

- A pounding heartbeat/raised pulse
- Chest or stomach pains
- Feeling faint/ dizzy
- Feeling unable to breathe
- Sweating
- Feeling unconnected to your body
- Shaking limbs, jelly legs
- Nausea (feeling sick)

During a panic attack you might feel very afraid that you are:

- Losing control
- Going to faint
- Having a heart attack
- Going to die

WHEN can panic attacks happen?

- It is different for different people:
 - Some might know situations and places that will trigger an attack.
 - Some might feel attacks come without warning and at random.

WHAT can you do?

- Consult books eg. *Feel the Fear and Do it Anyway* by Susan Jeffers
- Face up to your anxiety and break cycle
- Try a breathing exercise

HOW breathing affects feelings?

- Breathing is strongly linked to the way we feel.
- Relaxed = slow breathing
- Anxious = fast breathing

Breathing Exercises

- Breathe in through your nose and out through your mouth
- Keep the pace slow and regular
- Slowly tense and relax all the muscles in your body (starting at your toes and working up to your head)

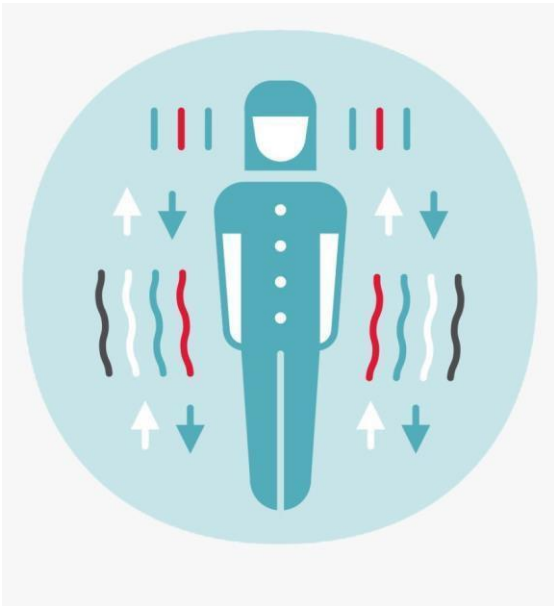
See **Appendix C** for more details and instructions on relaxed breathing



Muscle relaxation techniques

Much like deep breathing, muscle relaxation techniques can help stop your panic attack in its tracks by controlling your body's response as much as possible.

- Consciously relax one muscle at a time.
- Start with something simple like fingers.
- Move your way up through your body.
- Muscle relaxation techniques will be most effective when you've practised them beforehand.



- See this link for more information on the Jacobson Relaxation Technique: <https://www.healthline.com/health/what-is-jacobson-relaxation-technique>
- And this one for detailed advice on progressive muscle relaxation: <https://www.anxietybc.com/sites/default/files/MuscleRelaxation.pdf>

How to help someone through a Panic Attack:

- Find a quiet space away from people
- Encourage them to take slow, deep breaths
- Reassure them they will be okay
- Provide an activity to redirect energy

Medication

Medication can be part of the treatment offered by medical practitioners for some people with anxiety. If you think this applies to you, you will need to discuss this with your GP.

Low mood and depression

- Everyone feels low from time to time, especially after distressing events or major life changes.
- Someone might be experiencing depression if these feelings last for more than a couple of weeks and they no longer get pleasure from things for most of each day.
- Recognising the signs can be helpful.

A negative cycle– low mood



Coping techniques for low mood:

- Increase helpful activity – things you enjoy, physical activity, talking to friends and family
- Reframe unhelpful thoughts
- Get better sleep – find out how in this [short video](#)
- Healthy living – being active, cutting back on alcohol, having a healthy balanced diet. For more information see the [NHS One You](#) website

Depression

What is depression?

We often use the expression 'I feel depressed' when we're feeling sad or miserable about life. Usually, these feelings pass in due course. But, if the feelings are interfering with your life and don't go away after a couple of weeks, or if they come back, over and over again, for a few days at a time, it could be a sign that you're depressed in the medical sense of the term.

However, depression may appear for no obvious reason.

In its mildest form, depression can mean **just being in low spirits**. It doesn't stop you leading your normal life, but **makes everything harder to do and seem less worthwhile**. At its most severe, major depression (clinical depression) can be life-threatening, because it can make you feel suicidal or simply give up the will to live.

There are also some specific forms of depression which you can learn more about [here](#).

What causes depression?

Depression varies very much from person to person and can happen for one or more reasons.

Reasons for depression can include:

- Conditions affecting the brain and nervous system
- Some medical conditions
- Familial (runs in families)
- Sleep problems
- Loss
- Life events
- Side effects of medication
- Street drugs and alcohol
- Low blood sugar
- Anger
- Adverse childhood experiences
- Diet

Symptoms of depression may include:

- Persistent low mood, often worse in the morning
- Loss of interest in life and a lack of enjoyment of things you'd usually get pleasure from
- Feeling alone, even when surrounded by people
- Tiredness, exhaustion, and a lack of energy
- Feeling disconnected and unmotivated
- Loss of interest in sex
- Problems getting off to sleep/early morning waking/ inability to get back to sleep, problems getting out of bed in the morning.
- Self-doubt
- Suicidal thoughts
- Failing aspects of training/over-working
- Feelings of emptiness and worthlessness
- Feelings of guilt and despair
- Problems concentrating/remembering things

Bipolar disorder

Bipolar disorder, sometimes referred to as manic depression, is characterised by extreme mood swings. These can range from extreme highs (mania), to extreme lows (depression). Mood swings also have associated changes in sleep, energy levels, rate of speech and the ability to think clearly. **Bipolar UK** helps people living with manic depression or bipolar disorder, including resources and peer support – click [here](#) to find out more.

Symptoms of MANIA may include:

- Feeling very happy, elated or over-joyed
- Not feeling the need to sleep
- Feeling full of great new ideas, schemes or plans
- Feeling full of energy
- Feeling self-important
- Being delusional/ believing things that seem irrational to other people
- Inability to concentrate
- Poor impulse control and inability to consider consequences of actions
- Easily irritated or agitated
- Not eating

Self-harm

About 8% of the population engages in current, chronic non-suicidal self-injury. Of these, 80% do so for emotional regulation.

Incidents of deliberate self-harm are greatest amongst women, LGBT+ people and those who have experienced physical, emotional or sexual abuse during childhood.

Taking **drugs recklessly**, **engaging in unsafe sex** or **binge drinking** are examples of less obvious but **still serious self-harming behaviours**. Someone who self-harms is usually in a state of heightened emotion, distress and unbearable inner turmoil.

Cutting can leave you with permanent scarring and is a route for infection. If you damage nerves and tendons this can lead to a reduction in sensation and function.

Self-harm is not necessarily a sign that you have a mental illness, though often people will have an underlying clinical depression.

Support Services:

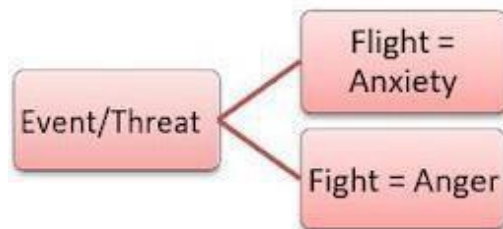
- [National Self Harm Network](#): Supports individuals who self-harm and their families.
- [Self-injury Support](#): Run by a Bristol charity, this national organisation supports girls and women in emotional distress – particularly women who harm themselves. Telephone, text, webchat and email support, for girls and young women under 25 who self-injure. Open Monday – Friday 7pm-9pm.



Anger

Anger is a normal emotion that can be both helpful and unhelpful. For example, anger could motivate yourself and others, however on the other hand it can lead to aggression.

Our body experiences the same physiological symptoms as anxiety. When our adrenaline increases our body reacts and puts us into a 'fight' or 'flight' mode. Anger is 'Fight' and Anxiety is 'Flight'.



Therefore, the same techniques that help anxiety can also help anger
e.g. doing a breathing technique, distraction, relaxation etc.

Managing Anger

For many people, feeling angry and operating on a 'short fuse' is a result of being overstretched, having too many demands being placed on them or being at the top of our stress beaker!

There are three useful questions to ask ourselves

1. Is my anger justified?
2. Can I do anything about what is causing the anger? (If 'yes' How? What? When?)
3. Is it worth it?

If 'no' to any of the above, try to let the anger go.

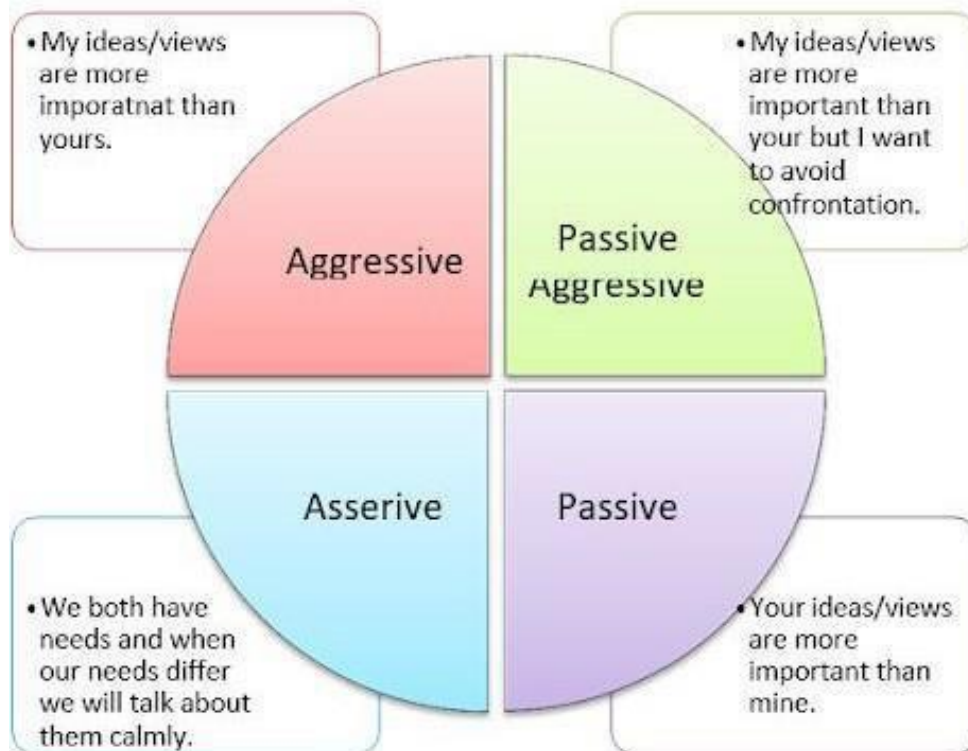
Communication

An important aspect to managing anger is learning how to communicate assertively.

Stress and anger can and do arise from an inability to be appropriately assertive.

Assertive communication is a useful skill to develop to deal with difficult situations.

Below are four types of communications styles; there is no 'right' or 'wrong' way in communicating, however some of us do find it hard to communicate in a way we would really like to and one that communicates our needs fairly and clearly.



Perfectionism

What is perfectionism?

Setting off and striving to meet very demanding standards that are **self-imposed and relentlessly pursued** despite causing problems. Self-worth is based almost exclusively on how well these standards are pursued and achieved.

Is Perfectionism Useful?

Positives

- Attention to detail
- Can attract praise and rewards
- Gives structure and control
- Can be a solutions for a fear of socialising

Striving for excellence is more beneficial.

Negatives

- High levels of injury for performing artists
- Avoidance of activities as never feel good enough
- Feeling a failure even when you have achieved
- Striving is more important than achieving
- Sleep disturbance
- Performance validated by technical accuracy rather than emotional communication
- All or nothing mentality

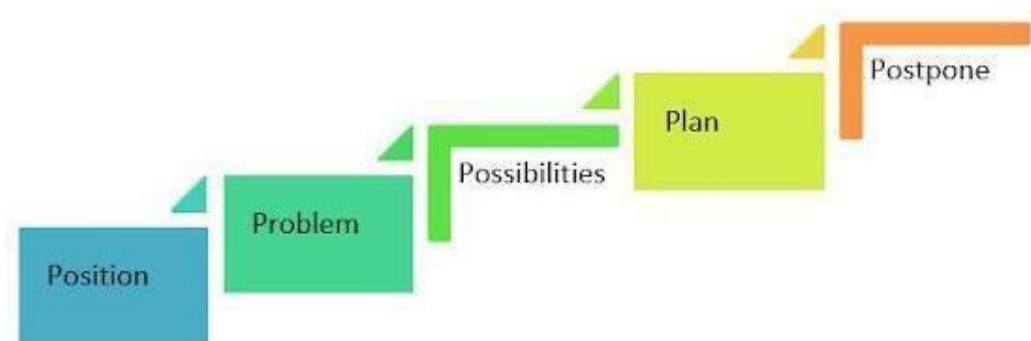
Low Self-Esteem

- May not be related to performing but past experiences – abuse, bullying, gender issues
- Can be accompanied by panic attacks before certain lessons
- Criticism is taken as evidence to reinforce negative self-beliefs
- Emotional outbursts in class can occur
- Eating disorders –most may display an unhealthy approach to what their body needs rather than a ‘full blown’ disorder
- Over working
- Perfectionist tendencies
- Depression - sleep disturbances



Taking positive action – The ‘5 Ps’

The 5 Ps is a technique for when we are just generally stressed, overwhelmed, don't know where to start and for dealing with life's problems.



Position - Pick a time to sit down and deal with your worries - your 'worry time'.

- In this time you allow yourself to worry as much as you want
- Same time each day is good
- Choose a time that works for you – ½ hour? Instead of TV? Bedtime? “clear your head ready for bed” ? Experiment!
- Use a notebook and pen – ‘worry book’
- Write down all your concerns – keep private or share?

Problem - Sort out the 'problems' from the 'worries'

- Is this a 'real' problem or 'just a worry'?
- Could it be improved by taking practical physical actions? Go somewhere, say something, write something etc.
- Can you use your legs, your hands, or your mouth to do something that might make a difference?

Possibilities - Brainstorm possible solutions.

- Write down any possible solution that springs to mind no matter how good or bad it sounds.
- If your critical mind starts to shoot ideas down before you have started, [“yes but” “what if?” “that won’t work!”] thank your mind for its input and put them aside until later.
- Just keep writing everything down until you can’t think of any more.
- If you run out of ideas, ask other people or think of how someone else might tackle it. Once you have exhausted all the possibilities THEN you can start to be judgemental and look at the pros and cons of each – then pick one that seems the best for you.

Plan - the steps involved:

- Break the task down into lots of small steps
- Make each step **SMART**
 - Small, specific
 - Measurable
 - Achievable
 - Realistic
 - Timed

Postpone - the worries till next time:

- Nothing you can do about it?
- Done all you can right now?
- Planned exactly what you will do and when?
- Sure?
- Sure you don't need to go back to step 1?
- Absolutely SURE?

Then close your book and leave it till tomorrow's worry time.

If your worries come back

- Thank your mind for its concern for you but remind it you have done all you can right now.
- Reassure your mind you will deal with it in your next worry time but you are busy right now "thanks for reminding me! I've got it down – no need to worry now –its taken care of"
- Write down any new worries for next time.
- Label your worries " Ah – worrying again", "worrying about X again", but don't get on the worry train!

Hints and Tips

- If it is too much – break into even smaller steps.
- Anything is better than nothing – however small.
- Don't expect to feel better too quickly.
- Get support from wherever you can.
- Keep a record of progress.
- Remember motivation comes *after* action.

Be kind to yourself, take credit for each step – reward yourself

Eating Disorders

What are eating disorders?

An eating disorder is a medical diagnosis based on your eating patterns and medical tests on your weight, blood and body mass index (BMI). Common eating disorders and other disordered eating diagnoses include:

- [Bulimia nervosa](#): bingeing and purging
- [Anorexia nervosa](#): not eating enough
- [Binge eating disorder](#): compulsive eating
- [Other specified feeding or eating disorder \(OSFED\)](#)
- [Other diagnoses related to disordered eating](#)

Food is one of the many mediums through which our emotions and distress can be expressed, so you may have a very difficult relationship with food which impacts on your mental health, but doesn't fit into any of the current categories of diagnosis. It's also possible to experience more than one eating disorder, or to experience some symptoms from each disorder.

If your problems with eating aren't easy for your doctor to categorise, they might not give you a specific diagnosis. But even if you don't have a diagnosis, or prefer to think about your experiences in a non-medical way, you may find it helpful to understand some of the feelings and behaviours that can be associated with specific eating disorders.

Other specified feeding and eating disorder (OSFED)

OSFED is a diagnosis that is becoming more common. In the past you may have been given a diagnosis of an eating disorder not otherwise specified (EDNOS).

However, this is now not usually used.

If you are given a diagnosis of OSFED it means that you have an eating disorder but you do not meet all the criteria for a diagnosis of anorexia, bulimia or binge eating disorder. This doesn't mean that your eating disorder is less serious, it just means that it does not fit into current diagnostic categories. You might experience any of the behaviours, feelings and body changes associated with other eating disorders.

Getting a diagnosis of OSFED can help you access treatment and support.

Other diagnoses related to disordered eating

- **Rumination disorder:** If you have rumination disorder you will regularly regurgitate your food (but you do not have a physical health problem to explain it). You might re-chew, re-swallow or spit out the food you regurgitate.
- **Pica:** If you have pica, you will regularly eat things that are not food and have no nutritional value (for example chalk, metal or paint). This can potentially be very harmful.
- **Avoidant/restrictive food intake disorder (ARFID):** If you have ARFID you will feel a very strong need to avoid food in general or certain foods because of their smell, taste or texture. The idea of eating can fill you with anxiety. ARFID does not tend to be connected to issues with body image – it is an anxiety about the process of eating itself.

- **Compulsive Exercising:** Compulsive exercising, or anorexia athletica, as another way to purge calories can be as serious as bulimia and anorexia. Please see below for further information:

Signs and symptoms may include:

- Working out with an injury or when unwell
- Not taking rest or recovery days
- Feeling seriously guilty or depressed when not able to exercise
- Working out for hours, beyond what could be considered usual or safe

Serious side effects may include:

- Dehydration
- Injury
- Reproductive problems
- Fracture
- Osteoporosis
- Amenorrhea (menstruation stops)
- Fatigue
- Loss of bone density

Treatment

Treatment can help you develop balanced and healthy eating patterns and help you face – and cope with – the underlying issues which may be causing your eating problem. **You shouldn't need a diagnosis to get treatment.**

This includes:

- [Talking to your doctor](#)
- [Online self-help programmes](#)
- [Talking treatments](#)
- [Medication](#)
- [Admission to a clinic](#)
- [Non-invasive brain stimulation techniques](#)



Talking to your doctor

Talking about your eating problems can be scary, but if you'd like treatment and support, the first step is usually to visit your doctor (GP). They should be able to refer you to more specialist services.

Online self-help programmes

If you are diagnosed with bulimia or binge eating disorder, or your eating problems have similar symptoms, you may be offered support through an online self-help programme at first. You should receive short support sessions alongside the programme. These may be face-to-face or over the phone. If you are finding it hard to complete, or don't find it helpful, ask your GP for more support.

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – recommends the following talking treatments for eating problems:

- **Cognitive behavioural therapy for eating disorders (CBT-ED)** This is an adapted form of CBT specifically for treatment of eating disorders, including anorexia. There are alternative forms of CBT for **bulimia nervosa (CBT-BN)** and **binge eating disorder (CBT-BED)**. [See pages on CBT](#) for more information.
 - For anorexia, you should be offered up to 40 sessions, with twice weekly sessions in the first two or three weeks.
 - For bulimia you should be offered at least 20 sessions, and may be offered twice weekly sessions at first.
 - For binge eating disorder you should be offered group CBT sessions at first. Tell your therapist or your GP if you do not find these helpful or if you would like individual therapy.

- **Family therapy:** this means working through issues as a family with the support of a therapist and exploring the dynamics or situations that might have prompted the feelings underlying an eating disorder. It can help your family understand your eating problems and how they can support you. Family therapy is often offered to people with anorexia, especially younger people.

Accessing talking treatments

You can access talking treatments through the NHS. Your GP should be able to make a referral. There can be long waiting lists on the NHS, so you may also want to consider seeing a therapist privately – but be aware that private therapists usually charge for appointments. You can find a private therapist through the [British Association for Counselling and Psychotherapy \(BACP\)](#). You may also be able to find free counselling services and support groups through the eating disorder charity [b-eat](#).

Additional treatments for anorexia

These are some additional treatments which you may also be offered to treat anorexia:

- **Maudsley Anorexia Nervosa Treatment for Adults (MANTRA).** This treatment helps you work towards recovery by helping you understand what keeps you attached to anorexia, and gradually learn alternative ways of coping. This should be done at a pace that suits you and your needs. You should be offered at least 20 sessions.
- **Specialist Supportive Clinical Management (SSCM).** This is not a type of talking treatment, but talking treatment may be included within it. During SSCM you will have weekly meetings where you receive support for weight gain, physical health checks, education and advice. You will also have a chance to

talk about key issues you are experiencing and think more about your symptoms and behaviour.

- **Focal Psychodynamic Therapy (FPT).** If other treatments have not worked, you may be offered eating disorder-focused psychodynamic therapy.

Medication

There are no drugs specifically for eating disorders, but you may be offered medication to treat some underlying factors (such as depression or anxiety).

Online Support Services

Support Services/ Contacts	Description of Service
<p>Centre for Clinical Interventions Resources and workbooks https://www.cci.health.wa.gov.au/resources/looking-after-yourself/disordered-eating</p>	<p>Provides a range of resources, including information and self-help, about disordered eating, eating disorders and related behaviours such as perfectionism, intense self-criticism and body dysmorphia.</p>
<p>BEAT https://www.beateatingdisorders.org.uk/</p>	<p>A leading charity for people with eating disorders and their families. Includes several helplines and email services for adults, students and young people and self-help resources.</p>
<p>National Eating Disorders Association (NEDA) https://www.nationaleatingdisorders.org/</p>	<p>Provides a self-diagnostic tool, a webs chat and various resources.</p> <p>NEDA are based in the USA but their online resources and diagnostic tool can be accessed by anyone.</p>

Getting help if you are struggling

If you feel persistently down, for a duration of two weeks or more, or feel that you can no longer cope, it is really important that you don't struggle alone. Often, just naming that you're having difficulties can bring a sense of relief and make your circumstances feel much more manageable. Many mild mental

health difficulties can be resolved simply by talking to a friend, member of your family or staff. Often mild problems will resolve of their own accord or respond well to talking therapies.



How you can help support someone

Whether you notice someone is acting differently, or they disclose to you that they are struggling, you can use these five steps to support them:

A – Approach the person, assess and assist with any crisis

L – Listen and communicate non-judgmentally

G – Give reassurance, support & information

E – Encourage appropriate professional help

E – Encourage self-help and other support



Things you can do to stay mentally well:

- Build healthy relationships
- Do something you enjoy
- Identify mood triggers
- Learn to accept yourself

Gender and Sexuality

Some of us identify ourselves as LGBTQ+, which means we may be lesbian, gay, bisexual, trans, queer or questioning – or we may define our gender and sexuality in other ways and there are many other variations of gender and sexuality, including (but certainly not limited to) pansexual, asexual, intersex and non-binary.

These are grouped together because although gender and sexuality are different things, they raise similar issues related to the perception of gender roles and prejudice in society.

You might feel some of these terms accurately reflect your identity, or you might feel that none of them do. Sometimes labels can be useful to help you assert your identity or to help other people understand you, but you may find that they are not good at reflecting the subtleties and variety of sexuality and gender.

LGBTQ+ Facts	<p>Stonewall's LGBT in Britain Health Report shows that LGBTQ+ people can be at a higher risk of experiencing a mental health problem than the wider population. If you are LGBTQ+ and have experienced mental health issues, you are not alone. You might find you experience:</p> <ul style="list-style-type: none">• depression• anxiety• suicidal feelings
	<p>The reasons for this are complex and not yet fully understood. However, mental health problems experienced by LGBTQ+ people have been linked to:</p> <ul style="list-style-type: none">• discrimination• bullying• homophobia, biphobia or transphobia

	<p>You might also experience rejection, negative reactions or hostility from family members, friends, strangers, employers or members of the religious community. This can have a big impact on your self-esteem and mean you might feel unable to be open about your sexual or gender identity at School, work, home or in the world at large.</p>
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Mind have some useful information on [depression, anxiety](#) and [coping with suicidal feelings](#).

Please also see on the next page, some useful contacts for details of national organisations who offer mental health advice, support and services to LGBT+ people, including helplines.

Key links and sources of support

Support Services / Contacts	Description of Service
<p>Local Mind services, such as MindLine Trans+</p>	<p>Local Minds deliver mental health services across England and Wales, with some offering specific support for LGBTQ people. Mindline Trans+ is run by Mind Somerset and is available on Friday evenings.</p>
<p>Albert Kennedy Trust Email: contact@akt.org.uk</p>	<p>Supports young LGBTQ people (16-25) who are made homeless or living in a hostile environment, by providing appropriate homes through supported lodgings, fostering and other specialist housing</p>
<p>Bivisible</p>	<p>BiVisible is a social group for all bi+ people in Bristol. They offer an online facebook group as well as monthly meet-ups.</p>
<p>Gires (Gender identity research and education society)</p>	<p>Information for trans people, their families and the professionals who care for them.</p>
<p>GMFA</p>	<p>GMFA develops a wide range of health websites, community building events, campaigns, booklets and events.</p>
<p>Imaan Email: info@imaan.org.uk</p>	<p>Supports LGBTQ Muslim people, their families and friends to address issues of sexual orientation within Islam.</p>
<p>LGBT Foundation Helpline: 0345 3 30 30 30 Email: info@lgbt.foundation</p>	<p>This Manchester-based charity offers a wide range of LGBTQ services plus a national helpline.</p>

<p><u>MindOut</u></p> <p>Email: info@mindout.org.uk</p>	<p>MindOut is a mental health service run by and for lesbians, gay men, bisexual and trans people. Based in Brighton and Hove, they provide local services as well as a number of national initiatives, including their Online Support Live Chat service.</p>
<p><u>Pink Therapy</u></p>	<p>Online directory of qualified therapists who have adopted a positive stance on minority sexual and gender identities.</p>
<p><u>Regard</u></p> <p>Email: secretary@regard.co.uk</p>	<p>Provides information and support to LGBTQ people with disabilities.</p>
<p><u>Switchboard LGBT+ Helpline</u></p> <p>Helpline: 0800 0119 100 Email: hello@switchboard.lgbt</p>	<p>Provides information and support through a confidential helpline. The helpline is available 10am - 10pm everyday - which you can contact by calling or instant messaging. They also have a Web chat function available from 2:30pm everyday.</p>

- [Students' Health Service](#) offers sexual health help
- [Bristol Sexual Health Services](#) welcome LGBT+ people and run a specialist gay men's clinic on Wednesday afternoons.

Other support services on offer:

- [Off the Record \(OTR\) - Freedom](#) - Freedom is OTR's gender and sexuality social action project. One group is for 13-18 year olds and the other is for 18-15 year olds.
- [Asexual Visibility and Education Network](#) - hosts the world's largest online asexual community as well as resources on asexuality.
- [Trans Pride South West](#) - running events and signposting to support for Trans individuals in the South West.

- [Bristol and South West Polyamory Social Group](#) - an online social group for all polyamorous people. They also run regular events in Bristol.
- [Bristol Queer People of Colour Socials](#) - creating spaces and community for Queer People of Colour in Bristol with monthly socials.
- [Changes Bristol](#) (LGBTQIA+ Wellbeing Group) - an online support group for LGBTQIA+ individuals in Bristol on Tuesdays 6:30pm - 8:30pm.
- [Gendered Intelligence](#) - a charity aiming to improve the understanding and support of gender diversity through training and resources.
- [Galop](#) - National LGBT+ Domestic Abuse Helpline: 0800 999 5428 /0300 999 5428
- [The Gender Trust](#) - the largest Registered Charity helping adults throughout the UK who are Transsexual, Gender Dysphoric or Transgender. Provides information, advice and training.
- [Stonewall](#) - provides an information, support and referral service for lesbians, gay men, bisexual and transgender people throughout the United Kingdom.
- SOLA (Survivors of Lesbian Partnerships Abuse) - offers advice and support for survivors of lesbian partnerships abuse. Helpline: 020 7328 7389 (ask for SOLA).
- [Switchboard](#) - offers general LGBTQ support. Provides an information, support and referral service for lesbians, gay men, bisexual and transgender people throughout the United Kingdom.
- [London Friend](#) - London's oldest LGBTQ+ charity. Provides services including: Counselling ; Support Groups ; Social Groups ; A library on LGBT issues ; Free information on HIV and AIDS and other Sexually Transmitted Infections.
- [Trans London](#) - discussion/support group for all members of the 'trans' community, whatever their gender identity (or identities) and whatever stage in their 'transition' they have reached (if at all).
- For more information on local and national support organisations check out [Bristol Pride's directory](#). You can also contact our EDI Manager, Charlotte Claydon for advice and signposting via charlotte.claydon@oldvic.ac.uk

If your friend isn't open about their sexuality or gender identity, or they haven't 'come out' to you, there are still things you can do to be supportive. Gay marriage, gay bishops and LGBT+ celebrities always seem to be in the news, so there are many opportunities to casually mention how you are supportive of LGBT+ rights, how being LGBT+ is normal, etc.

If a friend tells you they are LGBT+, the best thing to do is to accept what they say, offer reassurance that it won't affect your friendship, and be clear that you'll support them and be there for them. There's a great list of ways to offer support on the [Irish Belong To website](#). You can also chat with our EDI Manager who can give guidance.

Sexual Assault Support

Rape & sexual assault: information and definitions

Rape Crisis define **rape** as "an act of violence and domination and anger. It uses sexual acts including penetration as weapons".

They also explain that The Sexual Offences Act 2003 defines it as, *without consent, the penetration by a penis of the vagina, anus or mouth of another person*. A person consents if he or she agrees by choice, and has the freedom and capacity to make that choice.

They define **sexual (or indecent) assault** as "an act of physical, psychological and emotional violation, in the form of a sexual act, which is inflicted on someone without consent". It can involve forcing or manipulating someone to witness or participate in any sexual acts other than those which amount to rape. The [Crown Prosecution Service](#) website states that "the elements of the offence of sexual assault are:

A person

- (A) intentionally touches another person
- (B) the touching is sexual
- (B)** does not consent to the touching, and
- (A)** does not reasonably believe that (B) consents

And notes that, "*Where there is sufficient evidence, penile penetration of the vagina, anus or mouth should*

be charged as rape and penetration of the vagina or anus with any part of a person's body or other object should be charged as assault by penetration."

In other words, if you didn't know what you were doing and you didn't want to do it, it is rape or sexual assault. For instance, being drunk, stoned, tricked or forced means you didn't know or couldn't choose. And if you didn't struggle or fight back that doesn't prove anything either. It's still rape or sexual assault.

If you have been sexually assaulted or raped, this guidance provides information on the things that you might want to consider to help you make an informed choice about what to do, both in the near future and perhaps later on.

You may have very mixed feelings about what happened, and whether to tell anyone. People who experience rape and sexual assault can react very differently, and you should not feel under any pressure to act in any specific way. The aim of this guidance is to support you in helping you reach an informed choice about what you might want to do, and to provide you with information about things you might want to consider.

Checklist of initial steps to consider

1. Are you in a safe environment?
2. Do you want to take some time to think things through?
3. Time limits to be aware of
4. Police procedures
5. Who can you talk to?
6. External Agencies

1. Are you in a safe environment?

If the assault has just occurred, you might want to consider whether you feel safe where you are. If you or others feel at risk or consider the situation to be an emergency, you can call the Police or an ambulance on 999.

2. Do you want to take some time to think things through?

If the situation is not an emergency, you may want to take some time to think things through, or to talk to someone you trust. You might want to contact a friend or a member of staff for support. Each person's reaction to sexual assault or rape can differ as will the effect that it has on you. You might be in shock so trying to be somewhere that feels safe and warm might help.

3. Time limits to be aware of

- If you suspect you were given any type of drug, it is best to be tested within 24 hours.
- If you want emergency contraception, the medication should be started within 72 hours.
- If you would like HIV prophylaxis, the medication should be started within 36 hours.
- Any forensic evidence collected can be stored whilst you decide what to do next.

4. Police procedures

It is important that you reporting at a police station or attend a Sexual Assault Referral Centre (SARC) although this can be a lengthy process and can be upsetting. So bringing a supportive friend or relative along might be helpful and is encouraged. If at all possible it is best not to change your clothes and, if so, it might be worth bringing a set of spare clothes as the Police might need to keep them as evidence.

If you wish to contact the Police but don't feel it is an emergency, you can call 101. When you call 101, the system will determine your location and connect you to the police force covering that area. You will hear a recorded message announcing the police force that you are being connected to. The recorded message will then give you a choice of which force to be connected to. Calls to 101 are answered by police officers and staff in the control room of the local police force. This ensures that staff with local knowledge can answer and deal with the calls and respond appropriately.

The line is staffed 24 hours a day by trained operators. You can request to talk to the Rape Investigation Team

directly, but it might take longer to speak to them. If you speak to the Operator, they should be able to best assess who is available at the time.

The police can take you to your nearest Sexual Assault Referral Centre (SARC) where you can have a forensic medical examination and get medical and emotional help.

5. Preserving evidence

To help get the best quality forensic evidence, the SARC recommends that you try not to eat, drink, smoke, wash, change your clothes, go to the toilet or clear up the area where the assault took place. However, if you have done any of these things, don't worry – it is often still possible to get some forensic evidence, so this should not stop you reporting.

- If you believe you were drugged, or your drink spiked, you can have urine or blood tests done to prove this, the sooner the better.
- If you choose to do so, when you give your statement to the police, try not to leave anything out, however embarrassing or painful it may be. If you can't remember something, it is okay to say so.

Don't be afraid to tell the truth about things like how much you had to drink, or using recreational drugs, because if the truth comes out later it may harm the chances of prosecution.

6. Who can you talk to?

If you experience an incident of sexual harassment, sexual assault, or rape during your time as a student here, you are strongly encouraged to tell someone about your experience and seek support from your School.

Many people do not wish to report immediately, but decide after a while that they want to do so. This is perfectly acceptable and there are steps you can take to make this easier. If you are not sure what to do, you can go to the SARC or Rape Crisis. They can talk you through the different options available to you. SARC can store forensic evidence for you until you make up your mind about reporting.

If you wish, they can keep DNA results on record and let you know if it matches with other reported assaults, still with no obligation on you to report. The SARC also provides medical and emotional help, which you can access without reporting to the police.

Another option is to report anonymously to the police. It can put the perpetrator on the police radar. They might not be arrested, but it can help make another reported case stronger.

If you do not wish to see anyone, information on the Rape Crisis website states that it is possible to preserve some evidence yourself. They recommend putting your clothes (including e.g. sanitary pad) in a clean bag in the freezer can help preserve evidence, as can brushing your teeth and then freezing the toothbrush.

7. External Agencies

Rape Crisis focuses particularly on the needs and rights of women and girls, and on providing specialist services within women-only safe spaces; however, they of course recognise that boys and men also experience sexual violence, and that the impacts of sexual violence on the lives of boys and men are no less devastating and can be just as wide-ranging and long-term.

Over half of Rape Crisis Centres provide specific support services for men and boys who have experienced sexual violence as a child and/or as an adult. Some can also offer support to male partners, friends and supporters of sexual violence survivors.



Somerset & Avon
rape & sexual abuse support

Women & Girls 0808 801 0456

Men & Boys 0808 801 0464
www.sarsas.org.uk

Rape Crisis Centres that do not provide direct services for men or boys will be able to give you information about relevant local support organisations. Survivors UK provides a dedicated web-based helpline and other services for adult men (aged 18+) who want to talk about rape or sexual abuse. If you need to talk to

a specialist service, you can contact:

#5MillionMen National Male Survivors Helpline: 0808 800 5005

Find out more about this service at the Safeline website - <https://www.safeline.org.uk/>

Find information about other sexual violence support services that are not members of Rape Crisis England & Wales - <https://rapecrisis.org.uk/>

Other Support Services

Rape Crisis rapecrisis.org.uk	National organisation offering support and counselling for those affected by rape and sexual abuse. See website for local groups or contact directory enquiries.	Helpline: 0808 802 9999 (12-2:30 pm and 7-9:30pm)
Victim Support Rape and sexual assault	Services are confidential, free and available to anyone who's been raped or sexually assaulted, now or in the past. They can help, regardless of whether you have told the police or anyone else about the attack. Volunteers can visit you at home (if you want us to, and if doing so will not put you at further risk) or somewhere else if you prefer. If you don't want to see anyone face-to-face, you can also talk to them on the phone.	Support line: 0808 168 9111
RASAC (Rape and Sexual Abuse Support Centre) rasasc.org.uk	National helpline for survivors of rape and childhood sexual abuse, their families and friends. Provides emotional and practical support.	National Helpline: 0808 802 9999 (12-2.30 & 7-9.30)
Sexual Assault Referral Centres (SARCs)	Contact a local Sexual Assault Referral Centre for immediate medical and emotional support – find your local SARC via the NHS webpage in the contact details box to the right:	http://www.nhs.uk/Service-Search/Rape-and-sexual-assault-referral-centres/LocationSearch/364
The Survivors Trust http://www.thesurvivorstrust.org/	Rape and sexual abuse can happen to anyone regardless of their age, gender, race, religion, culture or social status. Living with the consequences of rape and sexual abuse can be devastating. We believe that all survivors are entitled to receive the best	Helpline: 0808 801 0818 Find support: http://www.thesurvivorstrust.org/find-support/

	possible response to their needs whether or not they choose to report.	
Women Against Rape womenagainstrape.net (Based in London, but nationwide organisation)	This is the joint website of Women Against Rape and Black Women's Rape Action Project . Both organisations are based on self-help and provide support, legal information and advocacy. We campaign for justice and protection for all women and girls, including asylum seekers, who have suffered sexual, domestic and/or racist violence.	Women Against Rape email: war@womenagainstrape.net Black Women's Rape Action Project email: bwrap@rapeaction.net Telephone: 020 7482 2496 (Monday-Friday 1.30-4pm)
Survivors UK – Male Rape and Sexual Abuse Support survivorsuk.org	They offer emotional support by our Chat Service and SMS and will do their best to point you in the right direction.	Chat Services: Mon – Fri 10:30am-9pm Sat – Sun 10am-6pm SMS: 020 3322 1860 Whatsapp: 074 9181 6064 Email: info@survivorsuk.org Other Support Services: Online Helpline
The Bridge - South Gloucestershire and Somerset SARC https://www.nhs.uk/ServiceDirectories/Pages/GenericServiceDetails.aspx?id=8361159 (Sexual assault referral centre)	The Bridge is a Sexual Assault Referral Centre (SARC). We offer medical care, emotional and psychological support, and practical help to anyone who has been raped or sexually assaulted. If you live in South Gloucestershire, Somerset, North Somerset or North East Somerset, our specialist team is here for you. We also offer information to friends and family if someone you care about has been affected by sexual assault. It doesn't matter when you were assaulted, where it happened or who did it – we'll listen to your experience and help you to get the support you choose.	Telephone: 0117 342 6999 - 24 Hours Address: 2nd Floor, Central Health Clinic Tower Hill Bristol Somerset BS2 0JD
Independent Sexual Violence Advisors Area: BRISTOL	Many specialist support agencies offer an Independent Sexual Violence Adviser (ISVA) service to victims/survivors of rape and sexual assault An ISVA is trained to look after your needs, and to ensure that you receive care and	Telephone: 0117 925 0680 Contact Name: Debbie Naylor, ISVA, based at Next Link, Bristol

understanding. They will help you understand how the criminal justice process works. By contacting them, you are not expected to report any offence to the police.

Email:
debbie.naylor@nextlinkhousing.co.uk

Somerset and Avon Rape and Sexual Abuse Support Survivor Pathway

The Survivor Pathway is an online resource for anyone wanting to know more about specialist sexual violence support services in the South West.

<http://www.survivorpathway.org.uk/bristol/>

Psychological Self-Care, in summary...

Enhancing mental health and wellbeing

Some general tips to help keep us mentally healthy, enhance our wellbeing and achieve our goals:

1. Remember the basics: healthy diet, exercise/fitness, weight, sleep, drinking, drugs, smoking.
2. Identify and keep close to your core values and priorities in the way you act at School, in work, in partnerships, with family and friends, in your hobbies and interests, etc.
3. Treat yourself compassionately and value yourself, regardless of what you have achieved and your circumstances. Set achievable goals in both the short and long term for skill
4. Development - other performers/technicians may seem far more proficient but be confident you can get there in the end through measured progress.
5. Remember that we have choices and can make changes in our lives and to ourselves. We can escape the past, learn to welcome the uncertainties the future might bring and act effectively in the present.
6. Recognise what 'pushes your buttons' and 'pulls your triggers', and if there are emotions you find hard to manage – maybe anger, anxiety or sadness
7. Try opening up to some of these unwanted emotions, thoughts, memories and images, rather than avoiding, suppressing or attempting to reduce or control them to develop greater acceptance. Finding a therapist may help you on your journey.
8. Practise ways of reducing excessive levels of tension, panic, anxiety, anger and other negative reactions. Learn relaxation skills and practise doing them regularly. Remember to use them when you really need to.
9. Practise your self-regulation skills as well: controlling impulses to do, feel, think and attend (or not) to certain thoughts, emotions, bodily reactions and events by monitoring, regulating and modifying your responses to them.

10. Have clear marked 'boundaries' between School, work and other aspects of life, so that you can give full attention to what you are doing in the present and can keep separate issues relating to one domain while being in another.
11. Cultivate moments of mindfulness, being fully in the present, maybe using your breathing or a word or a sound as an anchor. Become familiar with and charitable towards the wanderings of your mind and enjoy the long-term health benefits of regular daily mindfulness practice.
12. Practise communicating assertively so that your intentions and messages are clear and direct. Other people are not mind-readers and may not react in the same way as you. Practise giving and receiving complaints, comments and criticisms in a constructive way. Avoid blaming and shaming.
13. Recognise and challenge habits of negative thinking and negative assumptions and beliefs. Begin to break down any 'negative filters' you have in place which may be preventing you from moving forward
14. Make a point of noticing any good, positive and uplifting events, situations and things that happen. Keep a record of them in a positive diary each day.
15. Recognise which factors you are able to control and which you aren't and concentrate on working on the former and trying to let go and accept the latter.
16. Organise your time, so you can make space for what you want and need to do. Be realistic about what is achievable. Suit your schedule to your body clock and be aware of your daily energy expenditure and what your energy needs are and regulate your intake and output of energy.
17. Be able to say 'no' to requests, and to delegate whenever necessary. Accept 'no' for an answer when someone says it to you.
18. Remember to include 'down-time', time to relax, to unwind, and time to socialise. Remember that results come from the quality of work done in a given time, not the total time spent doing it.
19. Be aware of any tendencies to procrastinate and develop appropriate strategies for dealing with these.
20. Show compassion and tolerance towards yourself, especially if you have been

through or are going through a difficult time or are under pressure. Compliment, reward and treat yourself when appropriate: you deserve it!

21. Always make and take time to cultivate and develop your relationships however busy you are. Family contact, friendships, social contact and support are important for well-being.
22. While it is helpful to strive to improve and get better, it is unhelpful and unrealistic to expect perfection in yourself or in others. Challenge and talk back to your 'inner critic.'
23. Everyone is a mixture of qualities and traits, strengths and weaknesses. Know yours: both your strengths and your weaknesses. Are there any strengths you can use and transfer to help you cope with your difficulties and weaknesses?
24. Your confidence will grow as you stop judging and criticising yourself and just do the best you can.
25. Remember: nobody is perfect and bad things will happen to all of us sometimes. The more we accept this and the better we learn to cope, the easier it will be to bounce back and even learn to gain wisdom, understanding and strength from our experiences.



Psychotherapy/Counselling

You are training for an industry that puts intense

pressure on individuals. People working and studying in the performing arts frequently seek psychotherapy or counselling about a wide range of psychological problems affecting their training or careers. Often, simple management advice

and psychological

self-care are enough to empower people to beat problems

and achieve their goals, but sometimes it is helpful to seek

further expert help from a

psychotherapist or counsellor. If you are experiencing a mental health problem you should always consult your NHS GP in the first instance.



Therapy **offers a safe and confidential place** where you can talk about your troubles and concerns, where you will be treated with respect and not judged. You will be able to openly explore difficult feelings, relationships and situations and can look at options and try to make better sense of your circumstances. You can move towards gaining greater understanding of yourself and others so as to be better equipped to cope with the future.

There are at least four main types of mental health professional offering therapy:

- **Counsellors**
- **Psychotherapists**
- **Counselling and clinical psychologists**
- **Psychiatrists**

Cognitive Behavioural Therapy (CBT)

CBT is recommended by NICE for a variety of disorders, including depression, anxiety, phobias and obsessive-compulsive disorder (OCD), schizophrenia and bipolar disorder. CBT combines

cognitive therapy and behaviour therapy. It focuses on how you think about what is going on in your life - your thoughts, images, beliefs and assumptions (your cognitive processes) – and how these impact on your behaviour and how you cope with emotional problems. It then looks at how you can change any negative patterns of thinking or behaviour that may be causing you difficulties. In turn, this can change the way you feel.

Together with the therapist, you will explore your problems and develop a plan for tackling them. You will learn a set of principles that you can apply whenever you need to. You may find them useful long after you have left therapy. CBT focuses on what is going on in the present rather than the past. However, the therapist may also look at how your past experiences impact on how you interpret the world now.

Psychodynamic therapy

Short-term psychodynamic therapy is recommended by **NICE** for treatment of depression and social anxiety but it can also help with other problems. It is based on the idea that the unconscious and the past has an impact on your experiences



and feelings in the present. This theory also suggests that important relationships, perhaps from your early childhood, set a pattern for how you relate to other people later in life. The therapist usually aims to be as neutral as possible, giving away little information about themselves. This makes it more likely that important relationships (past or present) will be reflected in the relationship between you and the therapist, providing important insights for you and the therapist to help you to work through your difficulties.

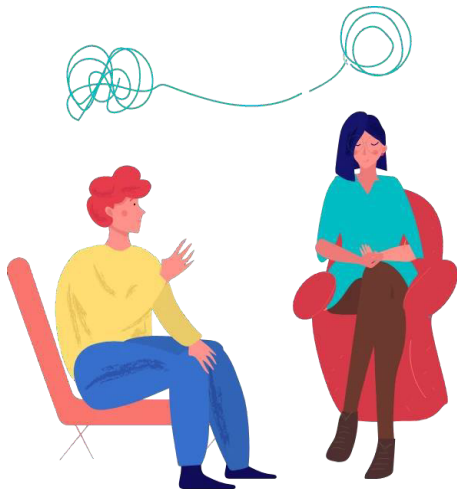
Other Approaches

There are many other types of therapy. You may also come across the terms ‘eclectic’ or

'integrative' when a therapist describes how they work. This means that the therapist combines different types of therapy or uses elements from a number of different therapies in their work. If you have previously had a good experience of therapy using a particular approach you may want to choose someone using that approach again.

What to expect from therapy

A series of appointments of approximately an hour in length in a professional setting usually face to face but sometimes by telephone or Skype. Everything discussed is confidential with certain legal exceptions which will be clarified by your therapist, relating to concerns about harm coming to yourself or to others. Your therapist normally keeps notes of sessions which are kept securely. You may be asked to carry out certain tasks, or keep certain written notes between sessions. This 'homework' is an important part of therapy and helps speed progress towards recovery.



Getting the most out of therapy

Therapy often begins with a thorough assessment so you and your therapist are clear and agree on what is to be covered in the therapy and what the main issues are. You can then agree on appropriate therapeutic goals.

You may experience a sense of relief when you start therapy, perhaps because you are being listened to for the first time, or because you have been struggling for ages or because your therapist has 'named' what has been bothering you, or that you realise you are not going 'mad'.

However, you may feel more anxious or distressed when you start, because you have to pay attention to difficult feelings, thoughts or behaviour that you would rather ignore. In this

situation, you may feel worse before you start to feel better. It is important to discuss with your therapist any concerns you have about how you are reacting to the therapy – at any stage. Give honest feedback. Therapists can often sense when clients have issues but they are not mind readers.

How long will I be in therapy?

Therapy can be just a few sessions and sometimes even one session may be enough. However, it may continue over several weeks or months or even years. It is not usually possible to say in advance exactly how many sessions will be needed as this will depend on how well you can engage with the therapy and your individual circumstances. NHS therapy is often time-limited to 6/8 or 12 sessions, whereas private work is usually open-ended. Your therapist should discuss this at the beginning and review progress during your course of therapy. The School generally funds up to six sessions before reviewing the needs of the student. In addition, funding may be obtained from several sources.

How often are the sessions?

Most therapists see clients weekly. In performing arts, (with its unusual hours of work, last minute adjustments to rehearsal and other schedules, frequent touring and so on) this pattern may need to be adjusted to suit the demands of incoming work/auditions etc.

Your therapist will make clear when they are available to see you and how to notify and manage any changes of plan between sessions.

Further reading:

For further information Mind provides advice and support to empower anyone experiencing a mental health problem. www.mind.org.uk

Types of therapy

- www.itsgoodtotalk.org.uk/what-is-therapy/types-of-therapy
- www.itsgoodtotalk.org.uk/therapists
- Mind guide to making sense of talking treatments – counselling and psychotherapy: www.mind.org.uk/information-support/drugs-and-treatments/talking-treatments

Useful sources of help:

- School or other counselling services.
- A book called *Overcoming Perfectionism* – Self-help based on CBT techniques.

Wellbeing and Resilience Building Resources

- <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>
Comprehensive, details lots of information about how the Five Ways to Wellbeing can improve overall health and wellbeing.
- <https://actionforhappiness.org/>
Helps people take practical action to improve wellbeing and create a happier and more caring society.
- www.thecalmzone.net
Calm Helpline (0800 58 58 58, open 5pm-midnight daily) and website for men, aims to combat depression, reduce suicide. C.A.L.M also provides advice and resource for those bereaved by suicide or those worried about others.

Apps examples

- **Insight Timer:** FREE promoting wellbeing, talks, mindfulness, community network
- **distrACT app (self-help for self harm):** free
- **Stop Panic and Anxiety:** free
- **Stop, Breathe & Think:** free
- **Headspace app (Mindfulness app):** free for a few weeks then costs
- **Bliss | Positive Psychology app (scientifically proven exercises from positive psychology)**
- **MHK | Meditation and Mindfulness for Body, Heart and Mind 5 Ways to Wellbeing app Self Help Anxiety Management app | UWE:** free download
<http://sam-app.org.uk/>
- **Mood Tools app:** <http://www.moodtools.org/>
- **Talklife (free app):** <https://talklife.co/> (online peer support network)

Websites/Resources

- www.getselfhelp.co.uk
- www.psychologytools.com
- www.cci.health.wa.gov.au - in depth CBT self-help workbooks e.g. self-esteem; overcoming worry; managing emotions; self-compassion etc.
- <https://www.mindfulnessforstudents.org.uk/>

Creating a positive culture around mental health by modelling the way

- **Be open and honest about your own mental health**
- **Check in regularly** – give people the opportunity to discuss how they're doing
- **Encourage self-care** – Especially at stressful times, encourage people to rest and relax
- **Establish support networks** – Set up a buddy scheme and encourage people to check in with each other

The Schools recognises the challenges faced by students entering higher education and that training can place great demands on a student both physically and emotionally.

UWE's Student Wellbeing Service

In addition, as UWE students, you have access to UWE's Student Wellbeing Service, details of which can be found [here](#).

To access the Wellbeing Service, please complete the [online registration form](#) to get started. If you have difficulties accessing the online form, please contact UWE directly using the details below or the Student Support Team.

UWE Wellbeing Service:

3F Reception UWE

Frenchay Campus Coldharbour Lane Bristol

BS16 1QY

Tel: +44 (0)117 32 86268

E-mail: wellbeing@uwe.ac.uk

A wellbeing practitioner is on duty during office hours Monday to Friday for urgent issues and they will arrange for a practitioner to speak to you on that day.

Serious Concerns/Getting Urgent Help

- Emergency: call 999
- Non-urgent: call 111

If you need urgent medical assistance, please call 999. If you, or someone you know is at imminent risk of harming themselves or others, go straight to your local Accident and Emergency department (A&E). Some areas have mental health crisis intervention teams or urgent assessment centres – contact details will be available online or through your local A&E department.

If it is less urgent, please use 111. If you have any concerns about your mental wellbeing or physical health, please contact your General Practitioner (GP).

Other useful links for urgent help:

- **Go to your nearest A&E department or call 999**
- **Call or email The Samaritans: 08457 90 90 90** or email jo@samaritans.org. The Samaritans offers telephone emotional support and befriending in complete confidence. Available 24 hours a day.
- Call the SANE Mental Health helpline: **0845 767 8000**. The Mental Health helpline offers emotional support and information to those experiencing mental health difficulties, their families and carers. Available 6pm- 11pm 7 days per week.
- Call the NHS 111 service: **111 (free from a landline or mobile)**. Call 111 when you need medical help fast but it's not a 999 emergency. Available 24 hours a day.

Bristol Mental Health

If you are experiencing a mental health crisis or are supporting someone experiencing a mental

health crisis please call Bristol Mental Health on **0300 555 0334**.

The crisis team can help you if you feel like your mental health is at breaking point. You might have already been diagnosed with a mental health problem or this might be the first time you have had a mental health problem. Each person's experience of a mental health crisis is individual to them. This is a 24/7 service for those in crisis.

General Practitioner (GP)/Doctor

Vitaminds: NHS Mental Health (formerly Bristol Wellbeing Therapies)

Vita minds (NHS Bristol, North Somerset and South Gloucestershire) is the gateway into Bristol's NHS funded primary care service. Vitaminds conduct all the assessments into this free and confidential service. Therapies are provided by a range of different providers for adults of all ages. The current wait for assessment is around a month.

Their telephone number is: **0333 200 1893** or you can email them at: **refer.BNSSG@nhs.net**

Staff can answer any questions you may have about the service. You can book an assessment by calling the above telephone number or you can ask a health professional to refer you. **For further information please visit:**

<https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/bristol-north-somerset-south-gloucestershire/self-refer/>

Mind Info Line

Call **0300 123 3393** or text **86463**. Lines are open 9am to 6pm, Monday to Friday (except bank holidays).

Provides information on a range of topics including:

- **Types of mental health problems**
- **Where to get help**
- **Medication and other therapeutic treatments**



- **Advocacy**

The info line can also signpost other sources of support in your area Mind has free webinars and resources that show you simple, inexpensive and practical ways to mental wellbeing. You can find the information on their website: mind.org.uk.

Further Support

If you are experiencing difficulties out of hours and wish to speak to someone, you may wish to contact:

- [Your local GP](#) or out of hours GP on **111**
- The Samaritans have 24 hour telephone and email support. **Call 116 123.**
- Bristol Mind Bristol MindLine is a confidential free-phone helpline, **0808 808 0330** or www.bristolmind.org.uk
- [Brook Advisory Service](#) provides free and confidential sexual health advice and contraception to young people. |
- Cruse Bereavement Counselling **0117 926 4045**
- Off the Record **0808 808 9120** or **email: confidential@otrbristol.org.uk**
- Terrence Higgins Trust **0117 955 1000** or **0808 802 1221** walk-in clinic
- [Get Connected](#) (under 25s) **0808 808 4994** (free confidential help)
- [CALM](#) (campaign against living miserably) **0800 58 58 58**: A leading movement against male suicide, the single biggest killer of men under 45 in the UK. Join the campaign to take a stand against male suicide and get the tools you need for action.
- NHS website: <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/improve-mental-wellbeing.aspx>
- [SARSAS](#) (Somerset and Avon Rape and Sexual Abuse Support) run a specialist support line for anyone who has experienced any form of sexual violence: www.sarsas.org.uk/self-help-guides/

- **Second Step:** a leading mental health charity in the South West offering housing, support and hope to thousands of people with mental health and other problems.
- **Talk Club:** A talking and listening support network **for men**.

Online Support, Resources and Self-Help

Below is a list giving an idea of the variety of online support, resources and self-help information available.

- **CCI** (Centre for Clinical Interventions) Self Help workbooks:
www.cci.health.wa.gov.au/resources/consumers.cfm
- **Ecouch:** Self-help online programme to alleviate depression, anxiety, social anxiety, relationship breakdown and loss & grief
- **Get Self Help:** Worksheets based on Cognitive Behavioural principles (CBT)
- **Headspace:** Online/phone app meditation (free trial of 10 sessions)
- **Basic meditation techniques**
- **Kooth:** Free online support and counselling for young people up to 25
- **Living life to the full:** Online self-help strategies and courses:
- **Mindfulness:** Mark Williams 'finding peace in a frantic world': www.franticworld.com
- **Mood Gym:** Free interactive self-help program that provides cognitive behaviour therapy (CBT) training: moodgym.anu.edu.au/welcome
- **NHS Choices:** information about a variety of things, including medication, mental health difficulties: www.nhs.uk
- **Niladari:** A Black, Asian and Minority Ethnic led charity delivering social care support, talking therapies and training to adults and young people in Bristol. They help to deal with mental health issues and use their understanding and experience to advocate for equality and social justice.
- **Smiling Mind:** Free mindfulness meditation (online and phone app)

- **Stress Busting:** Information about the symptoms, causes, and treatments.

Suggested reading

1. *Overcoming Anxiety* by *Helen Kennerley*
2. *Overcoming Depression* by *Paul Gilbert*
3. *Cognitive Behaviour Therapy - Basics and Beyond* by *Judith Beck*
4. *Mind Over Mood*, second edition by *Dennis Greenberger & Christine Padesky*



An A to Z Of Bristol Services

Directories of up-to-date Bristol Services include:

- **[Bristol Independent Mental Health Network](#)**
The Bristol Independent Mental Health Network (BIMHN) represents a diverse community of past, current and future users of Bristol's mental health services, as well as those with lived experiences of mental health
- **[WellAware Therapy Directory](#)**
Promote the benefits of complementary therapy and aim to give visitors all the information they need to help them make an informed decision about whether therapy would be right for them. The website has an FAQ's section, a number of useful articles written by our members and the facility to search for a practitioner in your area.
- **[Counselling Directory](#)**
Support network and directory of UK counsellors and psychotherapists.

Other helpful local organisations:

AWP (Avon and Wiltshire Mental Health Partnership NHS Trust)

<http://www.awp.nhs.uk>

- They have also set up a 24/7 phone support line for people requiring support or advice **0300 303 1320**.

BACP

British Association for Counselling and Psychotherapy; info for credible therapists.

<https://www.bacp.co.uk/>

Beat Bullying

Beat Bullying is an international organisation campaigning to make bullying unacceptable Support services are available for parent, carers, teachers and professionals; resources include chat rooms, blogs, and access to talk with support staff.

www.beatbullying.org

Bluebell

Supporting families through depression and anxiety related to pregnancy and birth

<https://www.bluebellcare.org/>

0117 922 0746

BDP (Bristol Drugs Project)

Gateway to alcohol and drug services.

<https://www.bdp.org.uk/>

0117 987 6000

Bristol Mental Health

NHS Services for Mental Health in Bristol.

<http://www.bristolmentalhealth.org/>

(See info on website for Crisis Houses, Bristol Sanctuary and Employment Services).

Bullying UK

Helpline 0808 800 2222

<http://www.bullying.co.uk/>

Care for the Family

Care for the Family advocate for all aspects from family life including marriage, parenthood and bereavement.

<https://www.careforthefamily.org.uk/>

Carers

List of carers' organisations and how to ask for a carer's assessment

<https://www.bristol.gov.uk/social-care-health/carers>

Changes Bristol

Support Groups for anyone in Bristol experiencing mental distress.

<https://changesbristol.org.uk/>

Child Bereavement UK

Support and resources for children, young people (up to age 25), parents, and families, when a child grieves or when a child dies. Childline is free, confidential and available any time, day or night.

<https://www.childbereavementuk.org/>

Childline

Childline is here to help anyone under 19 in the UK with any issue they're going through. You can call 0800 1111, [email](#) or [chat](#).

<https://www.childline.org.uk/>

Citizens Advice

www.citizensadvice.org.uk

Cruse Bereavement Care

Face-to-face, telephone, email and [website](#) support.

Telephone: 0808 808 1677

Daughters of Eve

Supporting, advising, advocating and empowering young people from female genital mutilation practising communities.

<http://www.dofeve.org>

E-Crime (Cyberbullying)

<http://www.ecrime-action.co.uk/>

Equality Advisory Support Service

The Helpline advises and assists individuals on issues relating to equality and human rights in the UK. **Telephone** 0808 800 0082 or **text** 0808 800 0084. The EASS helpline is open Monday to Friday 9am to 7pm and Saturday 10am to 2pm. You can also email them [here](#).

<http://www.equalityadvisoryservice.com/>

Female Genital Mutilation (FGM)

If you need advice or information about female genital mutilation or are worried about a child at risk you can contact the [NSPCC](#) (National Society for the Prevention of Cruelty to Children) helpline. The FGM helpline is open 24 hours a day / 7 days a week, free from a landline.

Telephone: 0800 028 3550

Hope Again

Bereavement support specially for young people.

<https://www.hopeagain.org.uk/>

Karma Nirvana

Provides support to victims of honour-based abuse and forced marriages.

Telephone: 0208 571 9595 (Mon to Fri, 9.30am-5pm)

Mankind Initiative

A national helpline for all men suffering from domestic abuse or violence and for their friends and family. **Telephone:** 01823 334244 (Mon-Fri 10am-4pm & 7pm- 9pm)

<http://www.mankind.org.uk/>

Men's Advice Line

Advice and support for men experiencing domestic violence and abuse. **Telephone:** 0808 801 0327 (Mon-Fri 9am-5pm)

<http://www.mensadviceline.org.uk>

Mind (Bristol)

Mental health resource.

<https://bristolmind.org.uk/>

Missing Link

Mental health and housing service for women in Bristol.

<https://missinglinkhousing.co.uk/>

National Bullying Helpline

If you are at risk of self-harm, or harm from another person or persons, they will alert the emergency services and get help to you. Opening hour: 9am to 5pm Monday to Saturday. Urgent calls are taken after hours. Telephone: 0845 22 55787 or telephone/text: 07734 701221 if you are struggling right now with bullying issues.

<http://www.nationalbullyinghelpline.co.uk/>

National Stalking Helpline

<http://www.stalkinghelpline.org/> or call **0300 636 0300**.

Nightline

A listening, emotional support, information and supplies service run by students, for students, and open at night when few other services are available. Telephone (terms time only): **0207 631 0101**

www.nightline.org.uk

No Panic

information and advice for the carers of and people with Panic, Anxiety, Phobias, Obsessive Compulsive Disorders and the effects of Tranquiliser withdrawal. Treatment and support over the telephone.

<https://nopanic.org.uk/>

Off the Record Bristol

Free and confidential mental health support and information to young people aged 11-25.

<https://www.otrbristol.org.uk/>

OCD UK

A charity run by people with OCD, for people with OCD. Includes facts, news and treatments.

www.ocduk.org

Religious Beliefs Support [via Citizens Advice](#)

Provides detailed information about the right to religious expression including how to respond to discrimination.

Rethink

Helping people affected by mental illness. Online material about mental health issues and community support.

<https://www.rethink.org/>

0300 5000 927

SARSAS (Somerset and Avon Rape and Sexual Abuse Support)

Support for victims of sexual abuse or rape. Helpline, one-to-one support, e-support, counselling.

<https://www.sarsas.org.uk/>

0117 929 9556

The Samaritans

Confidential emotional support. 37 St Nicholas Street, Bristol, BS11TP

<https://www.samaritans.org/branches/bristol/>

116 123 (free to call)

Side by Side

A supportive online community run by Mind where you can be yourself. A safe place to listen, share and be heard.

<https://sidebyside.mind.org.uk/>

Southall Black Sisters

Southall Black Sisters offer, amongst other advocacy work, detailed information on how to support female victims of abuse and violence.

Telephone: 0800 5999 247 (Mon to Fri, 9.00am-5pm- closed 12:30- 13:00).

<https://southallblacksisters.org.uk/>

Stop Hate UK

Stop Hate UK is one of the leading national organisations working to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. They provide independent, confidential and accessible reporting and support for victims, witnesses and third parties.

<https://www.stophateuk.org/>

Student Minds

Student minds is the UK's student mental health charity

<http://www.studentminds.org.uk/>

Survivor Pathway

Guide to specialist sexual violence services.

<http://www.survivorpathway.org.uk/>

Trafficking Support

- **The Red Cross:** The Red Cross UK crisis response teams set up reception centres for exploited and potentially trafficked people. These are open once local police or the National Crime Agency (NCA) identify people in need. The centres are open 24 hours a day for a short-term period. They provide emergency provisions.
 - Helpline: antitrafficking@redcross.org.uk
- **Modern Slavery Helpline:** through the 24-hour helpline, potential victims are able to speak to fully-trained Helpline Advisors who can help them access relevant services. Please call **0800 121 700**.

Wellaware

Mental health information and dementia information (services, activities and organisations)

<https://www.wellaware.org.uk/>

Welldoing

Independent psychotherapist and counsellor directory and information resource.

<https://welldoing.org/>

Women's Aid Federation

Women's Aid is the national domestic violence charity and work to end violence against women and children. National Domestic Violence Helpline (24hrs): 0808 2000 247

womensaid.org.uk



Young Minds

Provides support and advice to young people as well as parents and professionals working with children and young people

www.youngminds.org.uk

Appendix A: Student Support Plan

Bristol Old Vic Theatre School has a commitment to ensuring that no disabled student faces unnecessary barriers to their learning and general well-being during their time here.

Students: If you have disclosed a support need, you are offered the opportunity to adopt a Support Plan. This agreement will be tailored to meet your needs and regularly reviewed.

Staff: If you have been sent a copy of this Support Plan, you are asked to ensure that wherever possible, you follow the guidelines suggested in this plan and make the necessary reasonable adjustments to your teaching.

The information below must be treated as confidential. Any comments or concerns should be sent to Julia Heeley, Student Support Manager.

Student name:			
Course:			
Year of study:			
Lead Contact:			
Is student under UWE's Fitness to Study Policy + Stage if so:			
Support plan issued by:			
Date support plan discussed with student and agreed:		Support plan issue date:	

Nature of Disability:

It has been agreed that the following adjustments would assist [name of student's] learning and well-being during their/his/her time at BOVTS.

This plan is likely to change as [student] becomes more confident with his/her/their learning support strategies. [Student's] support requirements will be regularly reviewed.



DETAILS OF SUPPORT PLAN:	
Actions Agreed with student:	

Members of staff/students to be informed:

Names of people student has agreed for this information to be shared with:	
---	--

Length of Support Plan, review meetings and signatures:

Period of Support Plan:	
Frequency of review Meetings:	
Signature of Student:	
Signature of Lead Contact:	

Appendix B: Fight or Flight Response

Fight Or Flight Response

When faced with a life-threatening danger it often makes sense to run away or, if that is not possible, to fight. The *fight or flight response* is an *automatic* survival mechanism which prepares the body to take these actions. All of the body sensations produced are happening for good reasons – to prepare your body to run away or fight – but may be experienced as uncomfortable when you do not know why they are happening.

Thoughts racing

Quicker thinking helps us to evaluate danger and make rapid decisions. It can be very difficult to concentrate on anything apart from the danger (or escape routes) when the fight or flight response is active

If we don't exercise (e.g. run away or fight) to use up the extra oxygen then we can quickly start to feel dizzy or lightheaded

Dizzy or lightheaded

Changes to vision

Vision can become acute so that more attention can be paid to danger. You might notice 'tunnel vision', or vision becoming 'sharper'

Breathing becomes quicker and shallower

Quicker breathing takes in more oxygen to power the muscles. This makes the body more able to fight or run away

Dry mouth

The mouth is part of the digestive system. Digestion shuts down during dangerous situations as energy is diverted towards the muscles

Adrenal glands release adrenaline

The adrenaline quickly signals other parts of the body to get ready to respond to danger

Heart beats faster

A faster heart beat feeds more blood to the muscles and enhances your ability to run away or fight

Bladder urgency

Muscles in the bladder sometimes relax in response to extreme stress

Nausea and 'butterflies' in the stomach

Blood is diverted away from the digestive system which can lead to feelings of nausea or 'butterflies'

Palms become sweaty

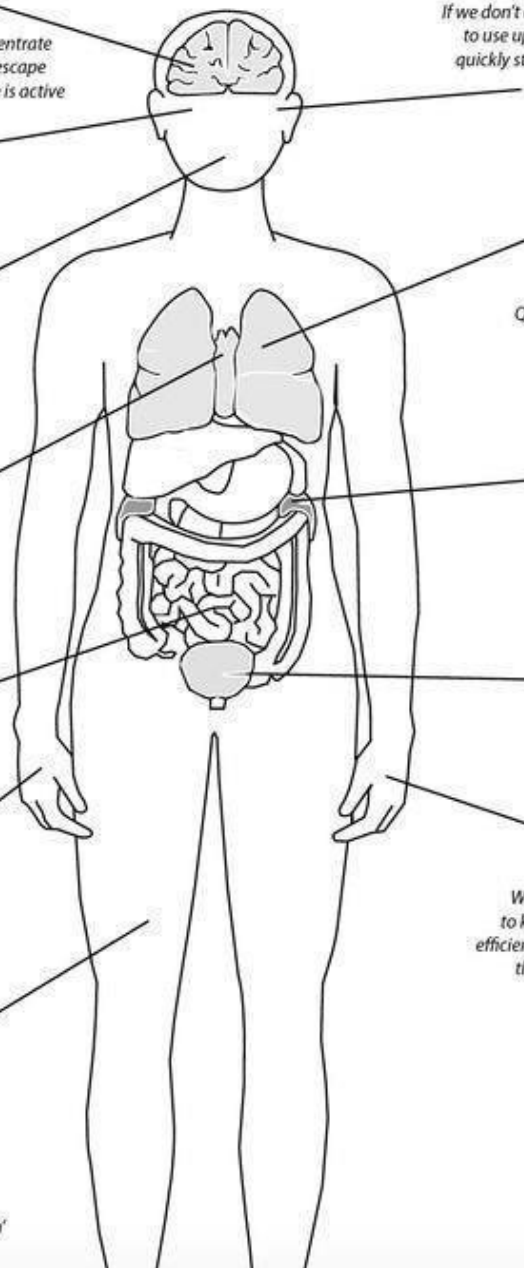
When in danger the body sweats to keep cool. A cool machine is an efficient machine, so sweating makes the body more likely to survive a dangerous event

Hands get cold

Blood vessels in the skin contract to force blood towards major muscle groups

Muscles tense

Muscles all over the body tense in order to get you ready to run away or fight. Muscles may also shake or tremble, particularly if you stay still, as a way of staying 'ready for action'



Appendix C: Breathing Techniques

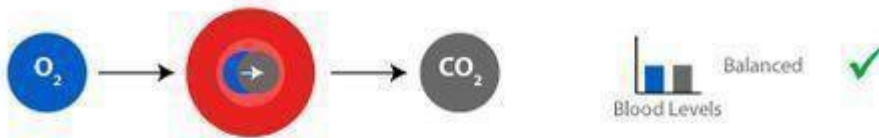
How Breathing Affects Feelings

The way we breathe is strongly linked to the way we feel. When we are relaxed we breathe slowly, and when we are anxious we breathe more quickly.



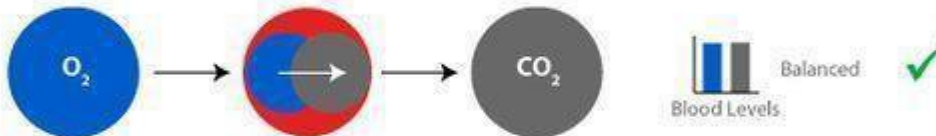
Normal breathing

When we breathe we take in oxygen (O_2) that is used by the body. This process creates carbon dioxide (CO_2), a waste product that we breathe out. When our breathing is relaxed the levels of oxygen and carbon dioxide are balanced - this allows our body to function efficiently.



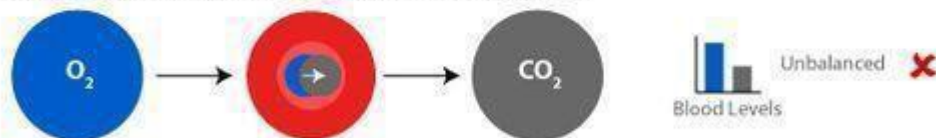
Exercise breathing

Our breathing rate increases during exercise to take in more oxygen. The body uses the extra oxygen to fuel the muscles and so produces more carbon dioxide. The increased breathing rate leads to more carbon dioxide being expelled. This means that the balance between oxygen and carbon dioxide levels is maintained.



Anxious breathing

When we are anxious our breathing rate increases: we take in more oxygen and breathe out more carbon dioxide than usual. However, because the body is not working any harder than normal it is not using up any extra oxygen, and so it is not producing any extra carbon dioxide. Because carbon dioxide is being expelled faster than it is being produced its concentration in the blood goes down (leading to a temporary change in the pH of the blood called respiratory alkalosis). This change in CO_2 blood concentration can lead us to feeling unpleasantly light-headed, tingly in our fingers and toes, clammy, and sweaty.



When our breathing returns to its usual rate the levels of carbon dioxide in the blood return to normal, and the symptoms resolve. You can deliberately relax your breathing to feel better.

Relaxed breathing instructions

- 1) Sit or lie down comfortably. Close your eyes if you would like to
- 2) Breathe *slowly* and *steadily* in through your nose for a count of 4
- 3) Hold your breath for a count of 2
- 4) Breathe out *slowly* and *steadily* for a count of 4
- 5) Repeat for a few minutes

Appendix D: Dyslexia Checklist

Please consider the statements below taken from the British Dyslexia Association Adult Dyslexia Checklist. More often than not, do you (please tick all that apply):

- o Find map reading difficult and/or confuse left and right
- o Dislike reading aloud
- o Take longer than you think you should to read a page of a book
- o Find it difficult to remember what you have read
- o Feel that your spelling is poor
- o Find that your writing is difficult to read
- o Find you are forgetful and disorganised
- o Find it difficult to take phone messages accurately
- o Have difficulty with the multiplication tables and/or alphabet
- o Mix up dates and times and miss appointments
- o Find forms difficult and confusing
- o Get numbers and/or letters in the wrong order
- o Find it difficult to get your ideas onto paper

If you feel the majority of these statements apply to you **then we encourage you to contact the Student Support Team** to discuss your concerns further.

Appendix E: Dyspraxia Checklist

Please consider the statements below taken from the British Dyslexia Association Adult Dyslexia Checklist. More often than not, do you (please tick all that apply):

- o Experience poor balance, find activities requiring hand /eye coordination
- o difficult and /or experience a lack of rhythm when dancing, doing aerobics etc.
- o Have a tendency to fall, trip or bump into things/people
- o Write untidily or write neatly but only when you write slowly
- o Find that you have poor manipulative skills such as those involved in
- o drawing, holding cutlery, tying shoelaces or doing up buttons etc.
- o Find you are forgetful and disorganised
- o Have difficulty pronouncing some words and /or have difficulty organising
- o the content of what you want to say
- o Find that you lose your place when you are reading and /or have difficulty
- o looking from one thing to another (e.g. from the board to your notes and back)
- o Find you are over or under sensitive to noise, taste, light and touch
- o Have a poor sense of direction and difficulty distinguishing left /right
- o Have difficulty with concentration and find you are easily distracted
- o Have good and bad days and feel that you want to opt out of things that
- o appear too difficult

If you feel the majority of these statements apply to you **then we encourage you to contact the Student Support Team** (details on pages 33 & 34) to discuss your concerns further.

Appendix F: Dyscalculia Checklist

Please consider the Dyscalculia statements below adapted by UWE from the Dyslexia A2Z website. More often than not, do you (please tick all that apply):

- Confuse numbers, i.e. 51 for 15
- Transpose and reverse numbers, when reading or writing
- Confuse: Minus, Subtract, Take away, Less
- Confuse: Add, Plus, Add on, More
- Confuse: Times, Multiply
- Experience problems with learning the times tables
- Have difficulty working out simple money and change
- Find it difficult to estimate numbers: Tens, Hundreds, Thousands
- Get confused when working out percentages, averages and fractions
- Have difficulty understanding concepts of place value, carrying
- and borrowing
- Experience difficulties reading music, because of the mathematics
- around notes
- Struggle with working out the speed, i.e. miles per hour
- Get confused when telling the time and concepts related to time, i.e. days,
- weeks, quarters
- Often answer a mathematical question correctly but cannot describe how
- you got the answer
- Have limited strategic planning, i.e. struggle with playing games like chess

If you feel the majority of these statements apply to you **then we encourage you to contact the Student Support Team** (details on pages 33 & 34) to discuss your concerns further.

Appendix G: ADHD Checklist

Please consider the statements below adapted by UWE from the AADD-UK website. More often than not, do you (please tick all that apply):

- o Find you are careless and lack attention to detail
- o Continually start new tasks before finishing old ones
- o Have poor organisational skills
- o Find it challenging to focus, or prioritise
- o Continually lose or misplace things
- o Find you are forgetful
- o Feel restless and edgy, fidget and find it difficult to sit still
- o Have difficulty keeping quiet and speak out of turn
- o Blurt out responses and have poor social timing when talking to others
- o Often interrupt others
- o Experience mood swings
- o Get irritable and have a quick temper
- o Find you are unable to deal with stress
- o Lose your patience easily
- o Take risks in activities, often with little, or no, regard for personal safety, or the safety of others

If you feel the majority of these statements apply to you **then we encourage you to contact the Student Support Team** (details on pages 33 & 34) to discuss your concerns further.

