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Exploring mental health issues

Dear reader,

Mental health issues affect us all, directly or indirectly. One in four people will experience a mental health problem in the coming year and over 10 per cent of the population suffer from depression.

Despite this, the stigma surrounding mental health continues to discourage people from discussing their problems openly.

With the rise of social media, mental health issues have become both more visible, and more complex.

Tragic stories, like the suicide of teenager Molly Russell, who was apparently influenced by her exposure to material promoting suicide on Instagram, have raised questions about the type of harmful materials available online.

Yet social platforms have also enabled more people to open up about the mental health issues that they struggle with every day, and find like-minded communities to identify with.

Celebrities like Dwayne 'The Rock' Johnson, Lady Gaga, J.K. Rowling and Prince Harry to name a few have posted openly about their own struggles with mental health, and initiatives like "Time to Talk Day", held on the 7 February, encourage the general public to do the same.

With Mindful, we aim to show how you as students are affected from a variety of angles and contribute to the wider discussion on mental health.

We hope that the stories contained within will prompt more people to open up about their own struggles and experiences.

Yours sincerely,

Chris Jewers

Editor of Mindful

Speak out, save lives: What universities can do to combat student suicides

Following the loss of a close friend, *Meggane Tillay* wonders when universities will step up and do more to help vulnerable students



Photo: Unsplash

A student ends their life every four days in the UK, according to figures from the Office of National Statistics (ONS).

Although the number of recorded student deaths by suicide in England and Wales has declined in recent years, going from 134 in 2015 to 95 in 2016-17, it remains a major concern. Kingston University alone has recorded six student suicides since the academic year 2014/15.

In September 2018, one of my closest friends – at a different university – took his own life after receiving the results of his retake exams.

There are plenty of reasons why he reached that point, all of them complicated, but one of them is clear to me: the university system failed him.

My friend had long struggled with depression, coupled with an identity crisis. He had attended counselling for about a year, and taken anti-depressants for eight months.

Three months before taking his life, he told a friend of his plans to end his life.

That friend alerted the university's counselling services who replied that, for reasons of confidentiality, they could do nothing.

The student himself, they said, needed to alert them himself – something he was in no state to do.

And so there was nothing more we could do, other than be there for him until he was not there anymore.

At his recent inquest, the coroner slammed the university for failing to help him.

While it is understandable that universities respect their students' privacy and confidentiality, it seems outrageous that in such an urgent situation they would not at least consider alerting the family of a student in trouble.

Research from the Institute of Public Policy Research (IPPR) suggests a dramatic rise in the level of mental illness in higher education students in the UK.

In the academic year 2015/16, over 15,000 first-year students – or two per cent of all first years – disclosed a mental health condition, up from 0.4 per cent in 2006/7. Just under half of them chose not to report their condition to their university.

In contrast, 94 per cent of the 58 universities surveyed reported an increase in the demand for counselling services, with 61 per cent reporting an increase of over 25 per cent.

Figures also showed that although female students were more likely to report a mental health condition, more male students died by suicide.

What help is out there?

At Kingston, there are a number of services available to students (see page 3), but not all students are necessarily aware.

And across the UK, the numbers suggest universities are in dramatic need of more counselling services, and more efficient ones.

Universities also need to do far more to open conversations about mental health, breaking down the stigma that stops some students seeking the help they need.

This means providing their new first years with self-care packages, and information about the university and local counselling services, as well as set up and compulsory workshops to help freshers to understand mental health conditions and how to help a fellow student in need of support.

When a student takes their life, the university must also provide support to that student's friends and family.

Finally, universities need to make greater efforts to to encourage students to speak about mental health to each other, university staff, or counsellors.

Student mental health should be at the heart of universities' concerns, because it affects students' productivity and academic success – which eventually reflects on the institution they study at.

‘I became too worried to leave my house’

MA Journalism student **Catherine Wiltshire** shares her experience of managing mental health issues while at university

We are currently in a student mental health crisis, Institute of Public Policy Research analysis suggests. Many universities are failing their students because they cannot cope with the demand for services.

A new framework by Universities UK that was released this academic year has called student mental health “a strategic priority” and claimed it will boost the well-being of students and staff. For students like myself, it is good news calling for a much needed boost in services.

I was in the second year of my undergraduate degree at the University of East London when what at first was slightly odd behavior went from bad to worse. I became too worried to leave my house because I believed people were breaking into it and moving my things around, as well as taking things.

I hardly slept. I began talking out loud to myself about things that were not always very pleasant and more often than not offensive to other people. Sometimes I even shouted at them.

I was diagnosed with depression that led to psychosis.

Needless to say, my studies immediately started to suffer as I dramatically deteriorated.

I missed lectures and seminars and when I was there I was often confused and found it hard to concentrate. I didn’t hand in any work and had to resit two module assessments over the



Journalism Student Catherine Wiltshire

Photo: Eleanor Piggott

summer, with grades capped at 40 percent, as was the university’s policy. I was told that I would need to retake an entire module in my third year to catch up. This only added to my anxiety.

After months of suffering in si-

lence, I had one appointment with the well-being team who told me if I handed in evidence of my illness they may be able to uncup my assessments.

However, I was so ill that I could not function or get the relevant evidence to

them in time.

That summer I was put on a different medication which worked better for me, leading to a slight improvement in my health. I returned to university and took my final year’s classes as well as the one I needed to catch up on. I never

heard from the well-being team again.

Luckily for me, I got quite high grades in all my remaining modules and in 2015 graduated with a 2:1 in Media and the Creative Industries. Unfortunately, my story is not as uncommon as you may think.

According to Universities UK, the number of students who report a mental health problem to their university has risen fivefold in 10 years. A recent YouGov survey shows a quarter of students suffer from mental health issues.

As universities struggle to cope with the increased demand for their mental health services, some are doing a better job than others.

In 2018, I started studying at Kingston University for my postgraduate degree and my experience could not be more different.

From the moment I told the university I had a mental health condition, somebody from the disability team has been with me every step of the way. I’ve received help for everything from exam adjustments to applying for Disabled Students Allowance.

It may seem to many like getting the help you need at university is a bit of a lottery as there is currently no strict law on how much a university needs to spend on student mental health services.

Perhaps it is time that the government intervened and helped by laying down a standard provision.

How to help a friend with suicidal thoughts

Kirsten Lee

When a person is feeling suicidal, it is important to be vigilant and offer the best support you can. Every action depends on your relationship with the person in question as you need to make sure the person is receptive to the help you are offering and that they are open to talking.

An anonymous publicity leader at Nightline student support gave recommendations.

Here’s what they suggest you do:

1. Be calm and take a deep breath. It may seem obvious but by being consciously calm, it will help someone in a mental crisis feel more open to your support.

2. Be aware of your body language: examine how you are standing/sitting, where you are looking and your tone of voice.

People going through a mental crisis can be sensitive to negative body language, so make sure to have an open and welcoming stance, maintain eye

contact and have an understanding and warm tone of voice.

3. Let the person lead the conversation and any actions; it is up to them to decide how much or how little support they want for you. Most importantly, respect their decision.

4. If they have a suicidal history, or if they are speaking about suicidal thoughts, ask them if they have made any plans “to end their life”. Asking them will not cause them to develop this attitude but you need to assure them that you are ensuring their safety. Important: Try avoid using the word suicide.

5. If they are willing to talk, see if they would like to do anything about their situation or if there is anyone you can call.

6. Most importantly: Let them know that you are there for them and will be there as long as they need you to be.

When in crisis, always call for assistance on: Samaritans – for everyone
Call 116 123

Email jo@samaritans.org

If someone you know has seriously harmed themselves – call 999.



NHS long-term plan promises additional £2.3bn a year for mental health services

Chris Jewers

Eight years ago, the coalition government said by 2020 the NHS would value mental and physical health equally. This idea is known as 'parity of esteem'.

On January 7 2019, the NHS' long term-plan was announced and included a commitment to increase mental health funding by £2.3bn a year by 2023/24 and to continue to push towards achieving parity of esteem by 2020.

Paul Farmer, CEO of Mind, a UK mental health charity, welcomed the plans, saying: "We are really pleased to see that mental health is such a key focus in the NHS long term plan and

we welcome the £2.3bn set aside for mental health services.

"This is the kind of sustained investment we need to see to put mental health on an equal footing with physical health and, if delivered, this plan will make a difference to the lives of thousands of people with mental health problems."

The long-term plan broadly lays out what the money will be spent on, and includes crisis care through NHS 111, improved parental mental health-care, expanded work with schools and colleges and improved services in the community and hospitals.

In addition to the increased funding, Prime Minister Theresa May has announced other initiatives to improve mental health services in the UK in the

last 12 months. A minister for suicide prevention, Jackie Doyle-Price, was appointed in October 2018 in what is thought to be a world first, and an extra £1.8 million was pledged to support the Samaritans' helpline for the next four years.

However, one issue that was raised during Prime Minister's Questions by Jeremy Corbyn, leader of the opposition Labour party on October 10 (World Mental Health Day) was that there were 5000 fewer mental health nurses than in 2010.

While the long-term plan says services will improve and be more available to the public, it does not state that more nurses will be hired.

It also does not make any mention of funding for research into improved

medication, an area of concern among some.

Speaking to BBC Radio 4's Start the Week programme, Professor Sir Robert Lechler, said he had concerns that not enough is being done to research new drugs to aid people with mental health issues.

When speaking about which fields of medical science are falling behind, he said: "My biggest concern is mental health, which is a huge disease burden, globally, not just in the UK and especially in young people. There hasn't been a novel class of anti-psychotic drugs in 30 years."

Professor Sir Robert Lechler
Photo: acmedsci.ac.uk



Young people more likely to suffer from loneliness

Meganne Tillay

Britain is sometimes known as the European capital of loneliness. Over nine million Britons often or always feel lonely, according to a study conducted by the British Red Cross and Coop.

Other studies showed that almost five million people in Britain said they had no close friendships at all. One in five married or cohabiting people said they never felt loved.

Furthermore, in a 2014 study published by the Office of National Statistics (ONS), the UK ranked 26 out of the 28 EU countries when it came to how many people said they had someone to rely on if they had a serious problem.

Other studies showed that in countries where family and neighbourhood ties were much more important, such as Italy, Spain, France or Portugal, lev-

els of loneliness were not as high. This raises the question as to how Britons socialize.

Last year, the government welcomed its first ever government minister for loneliness – formerly, MP Tracey Crouch; now replaced by MP Mims Davies – and launched a strategy to tackle the issue by focusing on the elderly who live alone. Kingston is one of the pilot towns for the strategy.

Yet, last year's ONS figures showed that although the silent epidemic affects all ages, the number of 16-24-year-olds who report often or always feeling lonely is three times higher than that of people aged 65 and over.

One possible explanation for young adults' struggle with loneliness is that they go through periods of important change. They may lose the notion of home and identity as they move house, struggle to create bonds with their local

communities, and take their first steps towards total independence from their families.

ONS figures also showed that renters were more likely to feel lonely. Most young adults in the UK – especially those in higher education – are renters.

While loneliness isn't a mental health problem in itself, it can be linked to mental health.

Rachel Boyd, information manager of the mental health charity Mind, said: "Loneliness isn't the same as being alone. Some people choose to be alone and live happily without a lot of social contact, and others might have lots of people around them and still feel lonely.

"Feeling lonely can contribute to developing things like anxiety and depression, while people with mental health problems are more likely to feel lonely.

"When you're feeling anxious or

have a low mood, you might withdraw from loved ones. A disconnect between the type of relationships we think we want and those we actually have can add more pressure and make us feel worse."

The risks associated with loneliness go even further: according to researchers at Brigham Young University, loneliness can increase the risk of early death by 29 per cent, which is as great as that of obesity. They also found out that it is as bad as smoking fifteen cigarettes a day.

Another research from the University of York also suggested that loneliness could increase the risk of heart disease by about 30 per cent.

Finally, a Dutch study on the elderly found that those who were lonely were 64 per cent more at risk of developing dementia.

There are not medical treatments

for loneliness. However, talking about it with friends or relatives, or seeking professional support may help.

Boyd said: "If your feelings of loneliness are having a negative impact on your mental health, you can talk to your GP.

"There are also lots of other things you can do to help feel less lonely, like volunteering, starting a hobby or exercising."

While some supermarkets have also been trying out "Chatty Cafés" where lonely people could come and talk to others, their effects is yet to be determined.

But more importantly, the government needs to acknowledge who is more at risk, identify why, and ask those affected what they wish to be implemented in order to provide them with a more efficient strategy to tackle the issue.



Photo: Rex Features

BME Students less likely to seek help for mental health

Steph Hibbert

Students from black and minority ethnic backgrounds in the UK are less likely to seek help for mental health issues.

The BME community has long stigmatised mental health making it more difficult for students from these backgrounds to recognise that they need help and support.

“Stigma is the biggest issue affecting BME students’ ability to talk about [mental health],” said Kamal Mohamed, head for academic affairs at the Kingston Student Union. “Stigma can be classified into two sections, one is around religion and the other is around culture.”

According to the Mental Health Foundation, members of the BME community are more likely to be di-

agnosed with mental health problems than their white counterparts. They are also more likely to be admitted into hospital and are more likely to receive a poor outcome from treatment.

Due to the stigma still surrounding mental health they are also the group most likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.

Mainstream services often fail to understand and provide services that are acceptable to non-white communities and that meet their cultural and other needs. Misdiagnosis can also be a problem for patients whose first language is not English.

Liyat Eyasu, a Manchester university graduate, admitted to suffering from anxiety during her third year of university but not seeking help. “I was just re-

ally embarrassed. I didn’t know how to handle it or what was going on. I’d never had it happen to me and didn’t want people to think I was just being dramatic and couldn’t handle work,” she said.

Several studies into mental health at university found that minority ethnic students were less likely to seek help despite self-reporting more problems than white students.

In the last five years, the number of students from disadvantaged and non-traditional backgrounds has increased in higher education

A 2012 Coventry University study concluded that student counselling services should extend their range of services to include stigma awareness and peer-led intervention, as students are more likely to seek help and support from their friends.



Photo: Rex Features

Post University Blues

What happens when the party’s over?

Jaya Sharma

Graduating from university is a bittersweet affair for many students.

While celebrating your hard work, you must bid farewell to the place you have made your home.

We often discuss students suffering from mental health issues while at university. Less talked about, though, is the overwhelming feeling of loss many graduates feel when they leave. Student Minds revealed that 49 per cent of students said their mental well-being declined after leaving university and 40 per cent felt socially isolated.

Students do not necessarily trade lecture halls and student living for adulthood and the workplace. A state of limbo often ensues first – moving back home, debt, a loss of routine and wondering ‘what’s next?’

Beverly Hills, a counsellor, described the feeling as a huge anticlimax.

She said: “Consider this: you’ve been working all your life towards this single defining moment - ‘The Degree’ - but now the gates have clanged shut and you’re on your own, no wonder you feel lost.”

Mindful spoke to three graduates about how they handled their experience after leaving university.

Taryn Read

“I didn’t know what to do after graduation. I felt like I had no purpose.”



“I was unsure of what I wanted to do after uni so I didn’t go straight into a job or anything.” Taryn, who studied at the University of Nottingham told Mindful. “I fell massively into a rut of doing nothing. I would get up late and have a nap a few hours later.”

“We have been in school since we were four years old and it’s always been that you’ll start again in September because you’re one year older. It’s the first time where no one knows what they’re doing. You have to create your own way of going next, which is weird.”

“Uni felt like my home – it was this life I had cultivated for the first time. I had to adjust back to living by my family’s lifestyle rather than my own, which was really difficult.”

James Prince

“It was like an intense boredom after University. I felt empty.”



“Moving to university was the first time I lived away from home.” James, who studied Mechanical Engineering at Coventry University told Mindful. “It was liberating and overwhelming to have the freedom to do what I wanted to do.”

“The friendships I made at university were so much more genuine than my friends from school and those people became my primary group of friends. Having friends around me that I genuinely loved made it feel like home.”

“When I left university, it was like that feeling you get when you go to a festival and for the couple of days after, all you want to do is go back to the festival. It was like that but for five or six months.”

Jo Cull

“It was the end of an era but I was excited about my future and prospects.”



Jo, who studied at Loughborough University, said she felt quite optimistic after leaving university and was looking forward to new ventures. She told Mindful: “Every time I went back to Loughborough to start a new term, I was filled with comfort and happiness.”

“I was so sad about leaving and saying goodbye to everyone.”

“But after three years in the same town, I was ready to move on. I started a Master’s Degree at a new university so I was busy straightaway. I think keeping busy is the best way to deal with graduating.”

“It feels weird when I go back and visit now. It doesn’t feel like my home anymore because all the people that were there before have left.”

Counsellor Beverley Hills offers her advice to graduates:

Check in with yourself and speak openly to others

“Check in with yourself to see what’s really going on. Talk to others about it – whether it’s a counsellor or the Samaritans, because there are always people out there to support you taking the next step.”

Keep busy

“Being distracted by things you enjoy helps lift the mood and get us out of bed. This finite transition will change if you are proactive.”

Be kind to yourself

“Be as kind and understanding to yourself about how you’re feeling as you would to a friend. Don’t put pressure on yourself.”

Try to stop worrying about your dream job

“Landing your foot on your ideal career ladder might not happen straight away, so you have to be kind to yourself and give yourself time to think.”

Booze and blues: why your drinking may be damaging your mental health



Evan Jones, Film Student at Kingston University

Photo: Evan Jones

Support Options

- **Alcoholics Anonymous:** All about finding the right meeting - 48 are available within 3 miles of Kingston alone. www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting
- **NHS:** Head to their website to find a service in your area that suits you - www.nhs.uk/live-well/alcohol-support
- **Priory Group:** Offers a free confidential addiction assessment. Call 02082527794 to book.
- **University Services:** the Wellbeing team offer a drop-in service every day from 3-4pm at the Penrhyn Road Health Centre. For a more extensive consultation, make a booking with the substance misuse team on 02084172172.



Credit: Pexels.com

Will Hayes

Britain loves a drink - a cheeky pint after work, a boozy picnic in the park, shots at happy hour, and wine with the Netflix binge.

This feels at times like an essential part of the national fabric, as English as tea, crumpets and that song by the Verve. And the physical consequences are borne almost with a semblance of pride, as a badge of honour. "God, *what* a hangover! *How* many brain cells did I kill last night?"

Romanticised, overprescribed, it is the socially acceptable vice of the masses. What is rarely discussed, however, is the impact heavy drinking can, and does, have on mental health.

Alcohol is so tightly tied up with mental illness because it is so easy to 'self-medicate' with.

Have anxiety? Try a pint instead. Preoccupied with challenging personal circumstances? Not

after that third sambuca. The trouble is, repeated abuse of alcohol (visit Drinkaware.co.uk for what constitutes abuse) can alter the chemistry of the brain in increasingly damaging ways.

Alcohol gives, then takes away

Acute alcohol use is known to cause an increase in dopamine and serotonin levels, neurotransmitters associated with reward/pleasure pathways in the brain.

However, chronic alcohol use will eventually lead to a decrease in the levels of these chemicals, meaning more and more alcohol is needed to feel "normal".

It is in this way that the creeping approach of alcoholism is so insidious, sometimes creating the very depression we are drinking so furiously to escape.

Dr Charles Hindler, consultant psychiatrist at the Priory Group, said he often sees co-occurring disorders in patients admitted for

alcohol addiction.

"The most common is generalised anxiety disorder, where people are anxious pretty much all of the time. And what they end up doing is start to self-medicate with alcohol, to make them feel calmer," he said.

"For those developing alcohol dependency then, their alcohol

“Our generation just do it like breathing, they don't think about it.”

intake will gradually increase over time, depending on metabolic ability.

"The approach there is to treat the alcohol dependence first and then treat the underlying anxiety disorder. The same would apply to people who are depressed."

This sounds simple enough, but confusion over interlinked conditions and social pressures can often make the problem seem

insurmountable – especially for young people caught up in the whirlwind of university life.

Evan Jones, 22, is a film student at Kingston.

"I don't know what came first, the anxiety or the alcohol addiction. I think they co-habit together," he said.

"In the past I have suffered from obsessive compulsive disorder and gone to therapy for that and I think the alcohol numbed that – the intrusive thoughts, they're called.

"There is also a problem with attitudes towards drinking, our generation just do it like breathing, they don't think about it."

Don't joke about alcohol

Jones said friends with an alcohol problem may need a push to confront it.

"If you're in a friendship circle and you recognise that one person who drinks too much, don't encourage it, don't make jokes

about drinking, don't make light of it," he said.

To its credit, the National Union of Students (NUS) does seem to have recognised there is an issue, running an Alcohol Impact campaign since 2014.

NUS vice-president Colum McGuire said that the project aimed to "change attitudes to, and behaviour regarding alcohol at universities".

However, its efficacy so far is dubious - only one out of five higher learning institutions in the UK have signed up to the scheme (Kingston is not one of them).

Ultimately, the system may fail you. Prevailing sentiment may be against you. The very notion of 'recovery' may seem gargantuan and bewildering.

But there is help out there, and often all it takes is the courage to ask for it. The support options above could be just the place to start.

KU Graduate posts record-breaking egg with a surprise mental health message

Jaya Sharma

A Kingston University graphic design graduate claims to be responsible for posting the Instagram-famous egg, which smashed through Kylie Jenner's previous record.

Chris Godfrey, 29, said he created the account [@world_record_egg](https://www.instagram.com/world_record_egg), which now has ten million followers.

In an un-egg-spected move, Eugene the egg appeared on adverts in America after the Superbowl and opened up about the pressure of going viral on social media.

Eugene said: "Recently I've started to crack. The pressure of social media is getting to me.

"If you're struggling, talk to someone. We got this."

The advert encourages those struggling with their mental health to visit talkingegg.info, where they

can find mental health resources from all corners of the world.

Mr Godfrey asked himself whether something as simple and widespread as an egg could gather so much support.

He said: "An egg has no gender, race or religion. An egg is an egg, it's universal."

The record-breaking photo has over 52 million likes, cracking Kylie Jenner's previous record, which is just shy of 19 million.

The egg's surprise mental health message at the Superbowl has received widespread praise.

There has been much speculation about who was behind the Instagram account and how it gained so many likes.

Godfrey said: "I think it was perhaps the younger generation. It spread round the playgrounds."

The advert has been praised for broaching the issue of social media and mental health.



The egg that broke the internet
Photo: [@world_record_egg](https://www.instagram.com/world_record_egg)

What mental health services are available at Kingston University?

A guide to the student services that help you to overcome the stresses and pressures of University Life at Kingston

Andrew Andronicou

Drop-in advice

To find out what support options are available then often the best place to start is by making an appointment with the university's Drop-in Advice clinic. These short 15 minute sessions are 100% confidential and you can discuss what you would like support with. The advisors can provide you with practical living advice, guidance, crisis assistance and arrange counselling sessions for you.

Available at: Penrhyn Road Health Centre & Kingston Hill Yorkon Building
Phone: 020 8417 2172

Online Library of self-help leaflets

The University provides an online library of self-help leaflets and audio files covering 20 personal health issues. Each is written by an expert psychologist and each gives an easy to understand explanation of the issues involved, meaning they can be a good starting point to getting support. Topics available are:

- Abuse
- Alcohol and You
- Anxiety
- Bereavement
- Controlling Anger
- Depression
- Domestic Violence
- Eating Disorders
- Food for Thought
- Hearing Voices
- Obsessions and Compulsions
- Panic
- Post-Traumatic Stress
- Postnatal Depression
- Self-Harm
- Shyness and Social Anxiety
- Sleeping Problems
- Stress

Go to:
www.selfhelpguides.ntw.nhs.uk/kingston

Student Minds

Student Minds is a charity that supports students by raising awareness of the need for mental wellbeing, encouraging discussion about mental health, and supporting students who have mental health difficulties.

www.studentminds.co.uk

Counselling

You can talk with counsellors in a short series of 50-minute sessions about all the things that are worrying you. They can assist you to achieve a specific goal such as helping you deal with bereavement or depression, reducing social anxiety or building your self-confidence. They can also help you soften the impact of phobias and even overcome them.

Available at: Penrhyn Road Health Centre & Kingston Hill Yorkon Building
Phone: 020 8417 2172

Nightline

Nightline is a listening service for students to call up and speak to other students who are trained to sympathetically listen to any problems they have. It's confidential and non-judgemental, and if you want it they can offer support and practical information. It's open during term time from 6pm to 8am.

Telephone: 020 7631 0101
www.nightline.ac.uk

Substance Misuse Clinic

Over-indulging in alcohol or experimenting with recreational drugs can affect your mental as well as your physical health. If you're worried about how they are affecting you then speak to a substance recovery practitioner. Everything you discuss is totally confidential and they can help guide you to a better, healthier relationship with your body.

Available at: Penrhyn Road Health Centre

Samaritans

The Samaritans are a helpline that provide a safe place for you to confidentially talk about anything that is on your mind no matter how big or how small the matter seems, there will always be someone who wants to listen. They are open 24 hours a day, 365 days per year. You can call them on 116 123.

www.samaritans.org



KU Health Centre. Photo: Andrew Andronicou.

Listening sessions

Sometimes you just need to talk to someone without feeling judged, so the university offers listening sessions, which are informal chats with health and faith advisors. Here, in a safe environment, you can talk about anything you want - whether it be your academic worries, dating life or your family. Just talking about your worries can be comforting.

Available at: Penrhyn Road Health Centre & Kingston Hill Yorkon Building
Phone: 020 8417 2172

Stress management

Students' anxiety at university is most commonly focused on academic achievement and the concern that they won't succeed. Stress management sessions teach you practical study skills like time management and more efficient study methods, as well as mechanisms to reduce your stress levels. When you feel less pressure, you can be more positive and more productive.

Available at: Penrhyn Road Health Centre & Kingston Hill Yorkon Building
Phone: 020 8417 2172

Urgent Support

If ever you feel desperate or that you need immediate support there is always someone who you can talk to: You can call the Samaritans who are open 24 hours a day, 365 days per year on 116 123. For urgent medical advice you can call the NHS on 111.

If you need urgent medical help call 999.

Personal Tutors

All students at KU are assigned a personal tutor. They can give you guidance on studying, student life and career progression. Meetings with your personal tutor are a great opportunity to discuss issues and developments you experience during your course.

If you are unsure of how or when you can liaise with your personal tutor, you can contact them via email or visit during their office hours.



Adho Mukha Svanasana

Start on all-fours. Move feet hip-width apart. Tuck toes under and lift hips up high. Straighten legs and place heels flat. Hold for 30 seconds to one minute.



Adho Mukha Virasana

Kneel and sit back on heels. Move knees apart and reach arms forwards along the mat. Rest forehead on a rolled blanket or yoga block. Hold for three minutes.



Viparita Karani

Lie on back, legs up a wall with two folded blankets under hips. This puts the chest and heart a little higher than the head. Hold for three to five minutes.



Halasana

Use folded blankets and a chair. Lie down facing away from the chair and place shoulders on the blankets and rest the back of head on floor. Bring knees to chest and lift hips up. Extend legs over head, towards the chair and rest feet on the seat. Hold for two to three minutes.



Tadasana with Urdhva Hastasana

Stand up tall with straight legs. Lift arms above head, palms facing each other. Reach upwards, without hunching shoulders. Hold for 10-20 seconds. Repeat twice more.



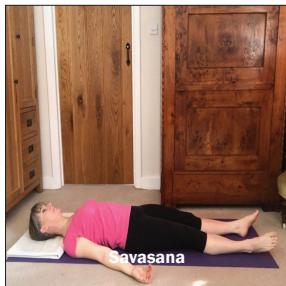
Uttanasana

Stand in front of a bed or chair. While in the Tadasana pose, reach forwards. Place hands on seat, then bend to rest forehead between hands. Fold arms and keep legs straight. Hold for one to two minutes.



Supta Baddha Konasana

Lie on back with the soles of feet together and knees wide. If uncomfortable, support thighs with a rolled-up blanket. Relax. Hold for three minutes.



Savasana

Lie down full length, with a folded blanket under head only. Relax but don't fall asleep. Concentrate on relaxing muscles and breathing gently and evenly. Hold pose for at least five minutes, preferably ten.

Yoga - The Ultimate Form of Mindfulness

Amy Hetherington

Evidence shows that yoga can be beneficial to those who have mental health problems including depression, anxiety and stress. This is particularly true of Iyengar yoga – a form of yoga focussing

8 yoga poses for the mind
Photos: Stephen Hetherington

on strength-building and the correct alignment of the body. But why does it help?

“Practising these poses with care, precision and accuracy means your mind is completely focused on the work you are doing,” said Tanya Devonshire-Jones, an Iyengar yoga teacher.

“While doing that, you are not thinking about all the things that are worrying you. It is a very pure form of mindfulness.”

One of the big mental health issues affecting students is stress, and with deadlines and exams you may be feeling the pressure.

Tanya has put together a short sequence of poses, specifically designed to combat stress, that you can do in your own home. To find an Iyengar yoga teacher in your area, visit www.iyengaryoga.org.uk



Get creative for your mental well-being
Photos: Unsplash

Art benefits mental health and wellness

Samina Bhatti

Pablo Picasso channelled his grief and depression through his works during his ‘Blue Period’ from 1900-1904, so called for his use of melancholic shades of blue and blue-green. Art had a way of releasing his emotional turmoil.

For many people, art provides some relief. As many of us struggle with personal battles, and try to make sense of an increasingly complex world, a lot of us are picking up a brush and painting our troubles away.

Art for well-being classes have been popping up around the country. Kingston alone has seen several workshops in the last few months.

Sai Banerjee, a teaching artist, runs a series of drop-in workshops in collaboration with Cass Art Kingston to promote art and well-being through art journaling. Art journaling is simply a visual diary where you draw, paint or create collages to express your thoughts and feelings.

“The sessions are meant to be a fun, no-pressure way to incorporate creativity into our lives,” she said. “Based on my own personal experi-

ence, I believe that creative practice encourages positivity and significantly improves our well-being.”

Art and other creative activities are widely known to have a positive impact on mental health and well-being, and research into the field is steadily increasing.

A report published by What Works

Therapy Centre provides services to the public and private sectors offering individual art therapy consultations and ongoing groups.

There is a great deal of advice on art therapy found on numerous websites such as Mind UK. Mind UK campaigns to raise awareness and promote understanding on mental health, as well as providing details on how you can access art therapy classes.

“Art washes away from the soul the dust of everyday life.”
- Pablo Picasso

Wellbeing last year stated that projects such as Arts on Prescription have had a positive impact on peoples’ mental health. Leading professors who took part in the research said that art activities help to reduce levels of depression and anxiety, increase self-esteem and even encourages re-engagement with the wider social world.

Arts on Prescription is just one of the initiatives which offer weekly art sessions for those experiencing anxiety, depression and other mental health issues in various parts of the UK. Other initiatives such as the London Art



How climbing can lift you out of depression

Eleanor Piggott

It is widely recognised that sport provides great benefits for both mind and body, leading many to take to the gym, or head out for a run.

Some of the more adventurous, however, have taken to rock climbing, with more and more people getting involved in the fringe sport.

“The effect of climbing on my life and others around me is immeasurable.”

Its discipline mimics meditation in motion, and its focus on movement and breathing can be both therapeutic and a distraction.

The sport also comes with a very supportive community.

Climbing became a refuge for Belinda Fuller, a GB paraclimbing coach, founder and director of ‘Be Climbing’ and ‘Climbing out of Depression’.

“Clearly it is not a cure and mental health is an incredibly complex and fluctuating illness but I have seen climbing’s power many times,” she said.

“The focus and presence necessary to achieve in climbing is all-encompassing.”

“The effect of climbing on my life and others around me is im-

measurable. I didn’t know it at the time, but it was almost a moving meditation. It was a time when I was free from the pain and it cleared my brain and gave me time to be me again.”

Rock climbing is an eclectic mix of balance and strength. Each route, when executed well, is like a choreographed dance, combining immense strength and delicate technique which allows the climber

to tackle a route based off just the smallest indentations in the rock.

It comes under two basic disciplines: bouldering and ropes. Bouldering entails the climber to go alone with neither belayer (a person holding the ropes) partner, nor ropes.

Bouldering indoors is usually the easiest introduction to the sport as it is in your own time at your own pace without the daunting prospect of falling from a great height.

Joshua Leyda, captain of Kingston University Mountaineering club (KUMC), said: “It’s a great way to train your mind and body in order to work together to accomplish a task, aka a route. I spend upwards of four hours each day climbing and socializing with other like-minded individuals.”



Victor de Clermont-Tonnerre, former captain of KUMC said: “You always feel good after climbing. You’re not going to get judged like you would in the gym or other sports.”

Studies done by the UK’s governing body for sport and exercise medicine show there is a 20-30 per cent reduction in depression in adults who engage in exercise regularly.

▲ Belinda Fuller and a student
Photo: Climbing out of Depression

Endorphins released during exercise not only supply an instant relief but also provide beneficial long term effects.

Are antidepressants really the answer?

Sam Alberti

Last year produced some of the highest numbers of psychiatric drug prescriptions on record.

NHS figures show that during 2017-18, approximately 12 per cent of the UK population were issued a prescription to treat a mental health problem, and of that number, around 4.4 million were patients receiving such medications for the third consecutive year. These figures have more than doubled since 2006.

Yet many specialists question the efficacy of these medications and whether they could, in fact, be counterproductive.

Many patients become dependent on them, hindering their remission process and, in the view of some experts, potentially inhibiting their ability to self-reflect and respond positively to other forms of therapy.

A study conducted by Dr Tracy M Shea, behavioural psychologist, provided one example: an antidepressant, a placebo and two forms of counselling were deployed amongst a sample of individuals suffering from depression.

Those who received the antidepressant exhibited the lowest ‘stay-well rate’ by the end.

Miles Almy, a counsellor specialising in person-centred counselling (PCC), said: “One of the problems with antidepressants is not only the side-effects when you’re taking them, but how much worse they are when you try to come off them.”

Explaining the approach, Almy described PCC as “a democratising process in which the only expert in the room is the client.”

“It’s not a doctor-patient relationship. It’s somebody working alongside that person, who’s going to see them in terms of themselves as a human being.”

Moreover, Almy believes that psychiatric medications may “inhibit your self-reflection”, and lamented that many of his clients have reported feeling like a “zombie”.

He stressed that a GP should not be the first port of call.

“A lot of them will just take you down the antidepressant route and often the patient will get stuck in that cycle for years,” he said.

“Explore your thoughts and feelings with those around you first. I can’t understate how important that kind of communication is.”

Cognitive Behavioural Therapy (CBT) is another approach that can be an alternative to medication. CBT is designed to target dysfunctional patterns of thought and behaviour, and tends to be “very much in the here and now”, according to local practitioner Christopher Cartner.

“It’s a slightly more practical ap-

proach in terms of being focused.”

Exploring the shortcomings of antidepressant use, Cartner said: “The evidence shows that relapse rates tend to be lower in people who are engaging in CBT compared to people who are engaging in just pharmaceutical intervention.”

He suggested that in taking such medications, the client is dampening their symptoms and thus compromising their ability to tackle them head on.

“What you would want is for them to get used to them [symptoms] so that they can gradually manage them over time,” he said.

Many specialists believe that various learning difficulties and personality disorders are simply over-diagnosed.

The same principle is widely thought to apply to mental health – namely, that it is generally approached in a clinical sense rather than one funda-

mentally based on compassion and understanding.

Dr. Hamid Rahmian, a Kingston-based consultant psychologist, said: “The rationale behind giving medication to people with mental disorders is to restore the balance of chemicals in their brain.”

“The first point of approach for people who have a mental disorder is their GP.”

From a certain perspective, medications like antidepressants are not only to be avoided by the individual, but also to be less casually distributed by the medical services.

Whilst these kinds of drugs can play a part in the lives of some people, many practitioners argue that people should be made aware of how and where they can access other services that could not only help them, but allow them to help them through a process of self-reflection.

The long road to a bipolar diagnosis

It can be hard, it will take a long time, but getting a diagnosis could change your life for the better

Tom Lemmon

When I was first diagnosed with bipolar 2 disorder, the feeling which overwhelmed me was not sadness or shock, but relief.

Relief that after all this time, over half of my life, I had finally found an answer.

I had known that I was someone with “depressive tendencies”, and these had finally come to a head in October 2017.

That summer, I had jumped into a job I didn’t want and quickly quit. I was now left feeling like a failure, as someone who had wasted their life. By Christmas 2017, I was suicidal.

I was mostly tired. Tired of failure. Tired of expectation. And tired of living.

The mental health system is a long and arduous one to navigate. Since I was 17 I had gone to doctors looking for help and answers, but only medication was readily available. Therapy, diagnosis, and long-term support were pipe dreams.

I went to A&E desperate for someone to take me away. I thought that if I was in hospital I could be somehow protected from time and life.

The next summer however, stress triggered a new type of behaviour, hypomania. I no longer relied on sleep. I was fidgety and so full of energy. It was as though I was a genius and everyone else moved and thought in slow motion. I felt my brain whirling. It literally felt hot, like an engine beginning to overheat.

I realised something was wrong

when I started looking for jobs. I was fed up of being poor and living with my parents so I decided money (at any cost) would make me happy.

So when a recruitment consultant tried to recruit me as a recruitment consultant, they had me at “£40k”.

I told my parents, and my dad was puzzled. “You don’t want to be a recruitment consultant though,” he said. And he was right.

The overheating engine ground to a halt. I was awake, I was aware and I knew I wasn’t well.

I saw an article in the paper about bipolar 2. I didn’t even know it existed, but when the interviewee explained his symptoms, the words felt like mine.

I went to the doctors again, heart racing, ideas bouncing round my head. I’ve never felt insane before, but I really truly felt insane there.

The GP started asking strange questions. “Do you think you’re the king?”

How did she know?! I believed I was somehow special, like my existence was more than everyone else’s, as though I was destined for glory or a higher purpose. My guess is that at this point, they were finally convinced I was ill.

A couple of months of questionnaire phone calls, meetings with counsellors, a consultant psychiatrist, and finally I was given a diagnosis.

It’s odd to think back through my life and question whether each stupid choice, each moment of depression



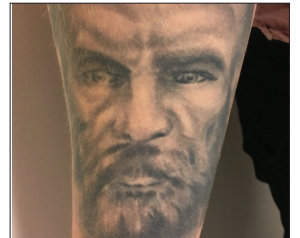
or joy was a hypomanic or depressed period. Was I hypomanic when I got a tattoo of Fyodor Dostoevsky on my arm? Was I hypomanic when I got a kitten at university?

Possibly, probably, I’ll never know.

But now I’ve got an answer, it feels easier to manage, like I know the puzzle. Hopefully now, I can learn how to live with bipolar.

Was getting a kitten at university a sign of bipolar? Me and my kitten
Photo: Tom Lemmon

A stupid idea is a stupid idea forever. Dostoevsky tattooed down my arm.
Photo: Tom Lemmon



One in 50 people could have it, but what is bipolar disorder?

Tom Lemmon

The NHS estimates that two per cent of the population – one in every 50 people – could have bipolar disorder, but it is still an illness that is often misunderstood, or stereotyped as people with extreme mood swings.

Bipolar is defined by the NHS as “recurring episodes of depression (feelings of low mood and lethargy) and of mania (feelings of elation and overactivity) or hypomania (a milder form of mania)”. And there are in fact two types, Bipolar 1 and Bipolar 2. Both involve being up and down, but in different ways.

Simon Kitchen, chief executive of Bipolar UK said in an interview that Bipolar 1 sufferers are people who will have more severe manic phases in their life.

“They’ll be in a good mood, very happy and end up spending lots of money on things they don’t need or

want, but at the high end will end up having psychosis and delusions,” Kitchen said.

Bipolar 2 sufferers are likely to have more severe depressive episodes, and less severe highs (hypomania). “People have very low moods and suicide ideation is quite common as well,” said Kitchen. “But there’s hope, don’t get yourself down.”

One of the biggest problems with bipolar disorder is misdiagnosis, particularly for patients with Bipolar 2. “A lot of people get misdiagnosed with depression. And they’ll get put on drug treatments that won’t be appropriate and that might tip them into a manic phase,” Kitchen said.

Indeed, the NHS Adult Psychiatric study 2014 estimated that most people wait at least six years before they receive a diagnosis.

One reason is that sufferers find it hard to describe their symptoms, something Bipolar UK tries to help them with.

“They want to get a diagnosis, but they’ve not been able to go to their GP



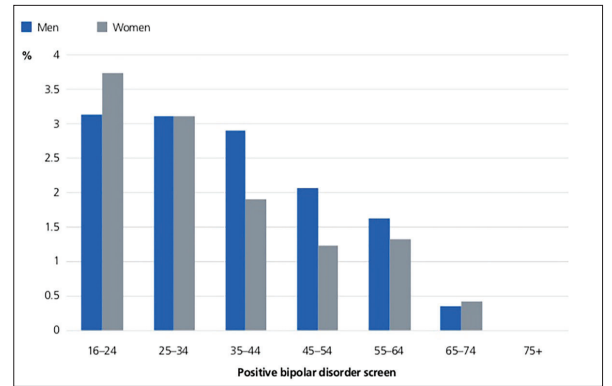
Simon Kitchen, Bipolar UK CEO
Photo: Twitter

and get referred onto a psychiatric service. How you present to your GP can play a big role in whether you get a diagnosis or not,” said Kitchen.

The NHS also found that bipolar disorder is increasing amongst young people, affecting 3.4 per cent of young people (16-24 year olds), and 3.8 per cent of young women.

Kitchen said university often plays a big part.

“University can be a trigger for



people when they have their first episode. It’s new stimulation, new environment. For some people it might be the trigger into the manic phase, but you might get quite lonely and homesick, so it might be a trigger into the depression phase as well.”

However, Kitchen was adamant that bipolar was not something which would stop people from living normal, happy and successful lives. “It’s a manageable condition. That’s the first thing

Positive Bipolar disorder screen, by age and sex

Photo: NHS

to recognise. The vast majority of people will be on drug treatments and that has worked well for them.”

“A lot of our trustees have got bipolar and they work for big banks and city law firms. It’s not held them back in their career.”

NHS pledges to confront gambling addiction crisis

Awil Mohamoud

The NHS will invest in expanding gambling addiction clinics to ensure that more people can get the treatment they need, according to a new long-term plan announced in January by the Prime Minister.

Over 400,000 people in England are recognised in the plan as being “problem gamblers” and two million others are “at risk”. Yet, at the moment, treatment is available through just one national clinic.

This signifies a new approach by the government – one that shows it is beginning to realise the scale of the problem and its duty to address it. However, this is just the tip of the iceberg.

Liz Ritchie, co-founder of the charity Gambling with Lives, said: “This is this generation’s heroin addiction. Those of us who are parents are worried that we are on the verge of an epidemic.”

Liz and Charles Ritchie’s son Jack took his own life in 2017 as a result of his online gambling addiction. They set up the organisation along with other bereaved parents to initiate changes in law and in culture.

Based on research, the charity estimates between 250 and 650 gambling-related suicides in the UK each year.

In other countries, gambling is classified as a mental illness. The American Psychiatric Association lists

it as equivalent to drugs and alcohol. However, the NHS is yet to go down the same route.

Liz said there need to be more preventative measures put in place, something that the new NHS plan doesn’t incorporate.

She added: “These boys were victimised twice – once by just blundering into something that’s not safe. There are no messages that these things can cause mental illness.

“Secondly, they are blamed for their own addiction. They then blame themselves, which is why they kill themselves”.

“This is this generation’s heroin addiction. Those of us who are parents are worried that we are on the verge of an epidemic.”

As for the first part, Liz said she’d like an initiative brought in that is similar to the one used to tackle smoking addictions.

“When I was young we used to have the Benson & Hedges Cup and advertisements for Marlboro in the cinema – it was a huge thing.

“This is like the tobacco industry plus plus plus. Yes, we need a ban on advertisements but another problem we have is direct online marketing – the industry spends £750 million on this.”

The issue isn’t just about the amount of help available, it is also partly to do with access to it.

According to National Problem Gambling Clinic statistics, 80 per cent of referrals in 2012/13 were self-

referrals. By contrast, GP referrals accounted for just three per cent of referrals.

The report suggested that GPs have been seeking to avoid the administrative referral process by leaving it to patients themselves.

Matt, 25, a postgraduate student at a London university, was able to get support for his alcohol addiction in the UK but was forced to go abroad for help with his gambling addiction.

“I started playing blackjack in 2017. My girlfriend brought me to a casino one night and we started playing. I really liked it, I got hooked and started

Matt said he couldn’t handle the loss and attempted suicide the following night. An ambulance arrived to take him to the hospital where he was admitted for three weeks.

His problems carried on after being discharged. “Any time I had money I was gambling it. I tried to go to university, I tried to get a degree but then as soon as I got the student loan, I started to gamble it,” he said

Matt eventually had to drop out of university. At that point, he decided to go back to France to get proper treatment. He saw a specialist doctor

for several months on a daily basis.

“I felt better and came back to London last September. I started to go to AA (Alcoholics Anonymous). This really helped me. Till this day, I’m still sober. I haven’t drank in seven months and I haven’t placed a bet since I’ve been back.”

Matt went back to university to complete his postgraduate degree in media studies this January.

Jack Ritchie (pictured with mum Liz) took his own life in 2017 after suffering a gambling addiction

Photo: Gambling With Lives



One in four students suffers from poor mental health

Research shows that while students are prone to mental health problems, many don’t seek help

Maya Chavvakula

Students are more likely to suffer from mental health problems than their peers – though many do not seek help, research shows.

One in four students suffer from a mental health problem in the UK, according to a 2016 YouGov survey. Female students were almost twice as likely to report suffering a mental illness than their male counterparts.

But according to higher education charity the Equality Challenge Unit (ECU), around half of students do not receive any counselling or course adjustments. In a 2014 research paper, the charity highlighted that the stress faced by university students can have a further negative impact on their mental health.

The Education Policy Institute, meanwhile, said only 25 per cent of people who committed suicide at

university sought professional help.

“We know that university can be a particularly stressful time - moving away from home, adjusting to a new environment, academic pressures etc,” said Whitney Crenna-Jennings, senior mental health, well-being and inclusion researcher at the Education Policy Institute.

Most students today are under immense pressure, from finances to finding a job; and the intense

competition for graduate positions doesn’t help the matter.

Crenna-Jennings suggested that bureaucracy in health services is “a key reason why many young people just fall out of the system and do not continue to get the support they need”.

University students may be unable to register with more than one GP once they enter, making it harder to seek help.

Social pressures around mental health have also been cited as reasons students do not report their struggles.

In a 2014 Student Minds survey, students said being judged was their primary reason for not seeking help.

The ECU survey also found that the main reasons students had for not reporting illness was worrying peers might think less of them, or that they may be unfairly treated by their institution.

Mushrooms the new cure for depression?

Medical trials are showing hallucinogenic drugs could potentially cure depression. Have we reached a turning point?

Rebecca Deuchar

The 1950s became known as the age of psychedelics after drugs including LSD and DMT captured the attention of scientists across the globe.

Thousands of studies conducted at the time showed that the potent hallucinogens were effective in treating mental health disorders such as depression, addiction and anxiety.

In the 1960s, the recreational use of psychedelic drugs became synonymous with the hippy counter-culture movement, earning them a dangerous reputation as “drugs of abuse” with no medicinal value.

As a result, scientific progress in psychedelic research effectively ended in the early 1970s. But almost 50 years later, research on the topic is picking up, with the first major trials in the USA and UK focusing not only on LSD but on other psychedelic drugs like psilocybin (the main compound in magic mushrooms) and ayahuasca (a South American plant medicine).

Psilocybin: a breakthrough treatment

More than 300 million people around the world suffer from depression and despite massive scientific endeavour there is still no conclusive cure.

The effects of psilocybin in treating drug-resistant depression have become the new point of focus for clinical trials with many professionals referring to a “breakthrough” treatment in mental health.

The results from these trials indi-

cate that when taken in therapeutic doses, psilocybin ‘resets’ areas of the brain associated with depression, and reduces depressive symptoms for weeks after the first dose.

“I believe it could revolutionize mental health care,” said Dr Rosalind Watts a clinical psychologist

“I believe it could really revolutionise mental health care

from Imperial College London who specializes in psychedelic research.

Stephen Reid, founder of the Psychedelic Society UK, is a vocal advocate for the drug as he believes psilocybin has healing effects that can improve well-being.

“Most antidepressant medication that’s prescribed simply masks the symptoms of depression but what we are seeing with psilocybin is that it has the potential to really get to the root of the cause,” he said.

Psychedelics for Mental Health

2018 is considered a year of change for British drug policy after Home Secretary Sajid Javid ordered a review of Cannabis being used for therapeutic purposes.

The cannabis review was created after the government rejected the use of medicinal cannabis as treatment for a young boy suffering from severe epilepsy.

Running off the review, the London based Psychedelic Society launched its first Psychedelics for Mental Health Campaign.

The campaign is calling for the

rescheduling of psilocybin from schedule 1 to schedule 2, which would allow doctors and pharmacists to prescribe and legally possess the drug.

Dr Robin Carhart-Harris and Dr Rosalind Watts at Imperial College London led one of the early prom-

ising studies about the effects of psilocybin in treating depression in 2009.

The trial was made up of 20 participants all of who were struggling from severe drug resistant depression.

The participants who were given psilocybin in a therapeutic environment went from being “emotionally locked up inside to being emotionally liberated”, said Watts.

The study concluded that the antidepressant effects were greater and more effective for those taking psilocybin than for the participants taking common antidepressants.

“We saw in six hours what you would often see in six years of therapy. It’s supplementing therapy with a medicine that lets you find a way out of your suffering,” said Watts.

The path to rescheduling

There are still scientists who are sceptical about the use of psychedelics in mental health treatment. More questions about the safety and usefulness of the drug need to

be answered before the UK government would even consider rescheduling psilocybin.

However, things are moving very quickly and scientists like Reid remain optimistic that in the next few years psilocybin could be rescheduled and decriminalized.

Although many challenges lie ahead it appears that the use of psychedelic drugs particularly psilocybin in the treatment of mental health disorders is gaining momentum and is potentially a highly effective form of treatment.

Fun Fact: LSD was accidentally created in a lab by Swiss scientist, Albert Hoffman in 1943.

James’s Story

James, a 25-year-old student has suffered from depression since adolescence, struggling with feelings of sadness, inadequacy and suicidal thoughts.

While at high school he described himself as an “extremely depressive person that kept falling into destructive mental paths”.

After a number of failed suicide attempts, James turned to psychedelics to escape his reality. He tried LSD for the first time with his best friend and felt antidepressant effects for days after his first trip.

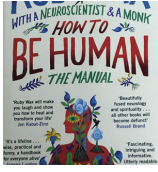
“There was a shift, I noticed my mind felt like it took a shower for the first time. I started to become genuinely happy. I think I was at the point in my life when I was ready for change and it was a catalyst for a positive spiral. I’ve turned a page and I look at life with a new perspective”.



Photo: Pexel

Mental health in books, films and TV

1. In her book *How to Be Human: The Manual*, comedian Ruby Wax shares her own experiences and discusses mental health with experts. She also includes mindfulness exercises that can be practised in order to alleviate stress and anxiety.



2. The novel *Schizo* by Nic Sheff highlights the importance of seeking help to manage mental illness as the protagonist struggles with schizophrenia. Ultimately, the novel is hopeful as it demonstrates that mental illness is not a death sentence.



3. Milo Ventimiglia of *Gilmore Girls* stars in the TV series *This is Us*. The show explores issues such as anxiety, body-image, addiction and grief. The series remains heart-warming in the way that these characters cope with their struggles together.



4. The TV series *Empire* follows an affluent African-American family. The show addresses the stigma attached to mental illness within their community through the character Andre Lyon (Trai Byers) who struggles with bipolar disorder.



5. The film *One Flew Over the Cuckoo's Nest* provided social commentary on psychiatric hospitals and misconceptions about mental illness.

6. Ron Howard's *A Beautiful Mind* is based on the real-life story of John Nash, a renowned mathematician, and his paranoid schizophrenia. The film is considered an accurate representation of the illness as it dismisses negative stereotypes about the nature of those who deal with paranoid schizophrenia.

7. Lily Collins stars in *To The Bone*, as the protagonist with anorexia nervosa. Sent to a group home, she discovers other young people who are struggling.



Beautiful Boy shows terrible impact of crystal meth addiction



Steve Carell and Timothee Chalamet in *Beautiful Boy* ▲ Photo: Studiocanalpress

Gripping biopic offers an insight into how family can help addicts cope *Jasleen Mann* reviews the new film about mental health and addiction

Beautiful Boy is based on David Sheff's book about his son, Nic Sheff.

This film adaptation, *Beautiful Boy: A Father's Journey Through His Son's Addiction* explores addiction from the perspective of Nic's family.

Steve Carell's performance is an accurate representation of an overwhelmed parent of an addict, tormented by persistent worry.

David Sheff (Steve Carell) seeks answers from a doctor, regarding drugs as the "enemy". The doctor shows David how methamphetamine alters the brain.

The scan highlights hyperactive, "screaming", parts of the brain overwhelmed by anxiety and fear. The doctor warns of nerve damage that occurs after the initial feeling of euphoria wears off.

It becomes clear that Nic Sheff (Timothee Chalamet) carries the

burden of guilt for what he and his family endure and he is apologetic. At a support group meeting for loved ones there is a poster that states the '3Cs': "I didn't cause it, I can't control it, I can't cure it".

Whilst encouraging addicts to acknowledge that they need to seek help from professionals, it is also a message for their loved ones.

The film proves to be informative for those who are unfamiliar with the pain caused by addiction.

Nic's intelligence and talent are mentioned, reinforcing the notion that addicts cannot be reduced to stereotypes. Recognising this can contribute to the decline of the stigma surrounding addiction, and the film successfully conveys this message.

Flashbacks are effortlessly interwoven to create a striking juxtaposition of David's relationship

with Nic in the past with their current relationship, transporting the audience in an instant.

David confronts Nic in an emotionally charged scene depicting their loss of an emotional connection despite the close physical proximity. "Who are you, Nic?"

The scene leaves the audience invested in knowing if the father-son relationship can be healed or if their connection will remain severed.

Addiction impacts the entire family. Amongst illustrations in Nic's journal are the words "Going back just feels like too far a journey." David is desperate to help Nic understand that "relapse is a part of recovery."

Deliberate escalation of tension during one of Nic's attempts at sobriety is effective, allowing the audience to foresee his relapse.

The intensity of the overdose scene

is likely to evoke sympathy as opposed to the judgement addicts often receive. The scene is distressing, a rarity amidst Hollywood's nonchalant glorification of drug use.

Track marks are visible on Nic's arm and the fact that this is the work of a make-up artist is easily overlooked as Chalamet delivers a moving performance as young, self-destructive Nic Sheff.

Despite being told the success percentage for recovery was "in the single digits", the real Nic Sheff has now been sober for eight years.

The credits acknowledge that drug overdoses are the leading cause of death of Americans under 50 but addiction treatment is under-funded.

Timothee Chalamet won the Golden Globe for best supporting actor for his portrayal of Nic Sheff.

Sharing can help to deal with mental illness

Amy Hetherington

All relationships are hard work but never more so than if you or your partner have a mental illness. Mental health problems can place an enormous amount of strain on a relationship which can be difficult to bear.

A survey carried out in 2013 by Mind, a mental health charity, and Relate, a relationship counselling organisation, showed that people are more willing than ever before to open up about their mental health issues to their partner and support someone who is suffering from one.

Paul Farmer, the chief executive of Mind, believed that this was because mental health problems was becoming less and less stigmatised and this trend has continued in the six years since the survey.

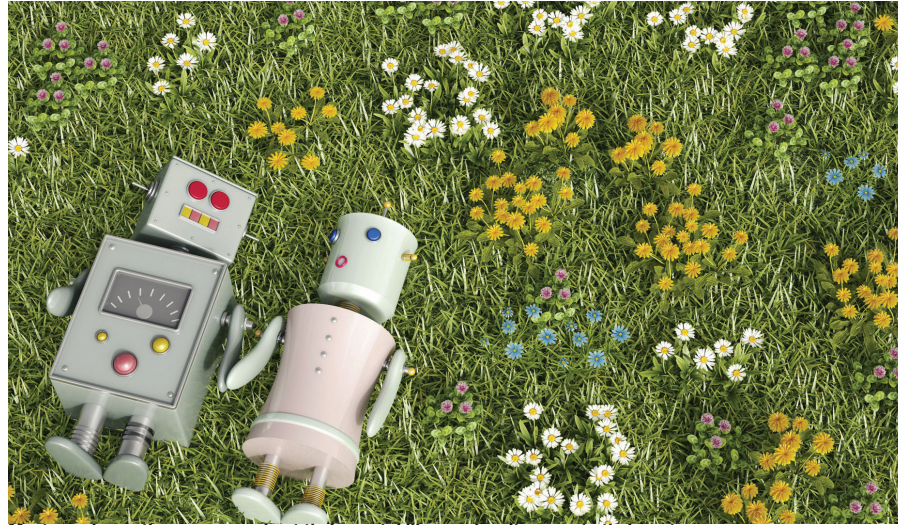
Angela's Story

Angela Needham, a freelance journalist, has a very strong relationship with her partner, Lucy, who also suffers from mental health issues. Angela has dealt with depression and anxiety since her teenage years but did not receive a diagnosis until much later in life.

As a result, she struggled for many years without support. It was only when she suffered a severe panic attack on her 25th birthday that she was officially diagnosed with depression and generalised anxiety disorder.

"I thought I was having a heart attack," she said. "My chest hurt, and I couldn't breathe.

Heart disease runs in the family, and since my dad had had a heart attack, I was worried. The paramedics came and



Most people say they are open about their mental illness when it comes to their partner. Photo: Rex Features

checked my heart. It was fine, and they said I had just had a panic attack."

Angela met Lucy last year, and they became a couple in May 2018. From the first date, they were open about their mental health problems. Far from deterring her, Angela said they really connected.

"In fact, I remember thinking, 'she's a really cool lady'," she said.

Lucy has been very supportive of Angela and this, she said, had helped her manage her illness. "Having someone who completely understands without having to explain to them is especially helpful." And while she admitted that she had not completely recovered, she also said life was looking up for her.

This is not to say that mental health

problems no longer cause relationship problems. Mental illness can put a great deal of strain on a relationship and this can be upsetting for both partners.

Relate explained that one of the biggest issues mental health problems cause is a lack of communication between partners. The result is that those suffering from a mental health problem can isolate themselves or lash out, while their partners can feel frustrated, shut-out and unsure how to help.

Shannon's Story

Shannon Moyer, a student at Kingston University, has experienced a tumultuous relationship with her partner.

She suffers from depression, anxiety

and post-traumatic stress disorder (PTSD), which put a lot of strain of her partner, who later developed an anxiety problem.

"PTSD is a unique mental illness especially regarding a relationship," she said, "When Will and I started dating I was still processing a lot of that trauma that I thought we had worked through. But in PTSD little things can bring back memories. I love being hugged but there was one time that Will hugged me in a certain way, and I just flipped out and had a panic attack."

Shannon and Will were due to be married but they decided to end the engagement.

"When both of you are panicking it's really difficult," she admitted.

"Some people can deal with this

strain but we weren't coping."

Luckily, this story has a happy ending and Shannon and Will are back together working through their difficulties.

According to Relate, successful communication between partners is the best way to help resolve these problems.

A Relate spokesperson said: "Although we often like to think our partner should understand what we are feeling without us even saying, this is not always realistic. The best way to make sure they 'get it' is just by telling them.

However, both Mind and Relate emphasised that it was important not to force one another to talk. Instead, they both said, let each other know you are there for them and willing to listen if they want to talk.

Mind and Relate statistics 2013

- 77 per cent of people said they actively tell their partners about their mental illness
- Two-thirds of people who told their partners about it said that they "weren't fazed" or "really understanding"
- Three-quarters of people said they regularly talk about their mental health problems with their partner
- 60 per cent of people said being in a relationship had a positive impact on their mental health and made it easier to manage.
- Half of partners said dating someone with mental health issues was not as daunting as they first thought.
- Half of partners said a mental illness did not define the person.

I really 'like' you: Is social media affecting your mental health?



Jaya Sharma

Getting likes on our social media accounts activates the same brain circuits as winning the lottery or eating chocolate, according to a recent study by the Association for Psychological Science.

But experts suggest that this social media culture is negatively affecting our mental health.

Psychologist Emma Kenny explains there is a reason why we get so happy

Social media users can easily become addicted to the feeling of receiving a like.

Photo: Unsplash

graduates to feel their friends are doing better than them and 40 per cent to feel socially isolated, according to the charity Student Minds.

Best life, not real life

The content that social media users put out is often carefully considered – all of the highs and none of the lows.

Dr Andy Hope points out that the image people project through their social media accounts may be false.

He said: "Those people may not be happy either, and even if they are, you're not them."

He recommended students stay away from 'anti-social media' – the platforms their connections use to showcase their dream jobs and flashy lifestyles, which may not be totally accurate.

The Mental Health Foundation argues that if used properly, there is an opportunity for social media to help people with their mental health issues.

Reaching out on social media can provide a supportive community and

help combat feelings of loneliness and isolation.

The foundation said: "It is undeniable that online technologies can be used to reach the most vulnerable and help to address the issue of stigma in seeking treatment and engaging with it."

Advice on how to reduce the time spent on social media



There are many ways to curb your use.

Photo: Unsplash

Use the screen time feature

Many mobile devices, including iPhones have introduced a 'Screen Time' feature, which allows users to see how much time they have spent

on their device. Similarly, many apps, such as Instagram, allow users to set a time limit per day for using the app.

App clear out

Have a look at the apps on your phone and delete the ones you don't enjoy using to prevent mindless scrolling.

Social media detox

Mental health experts advise users to have social media free days or even just hours, to help reduce social media related anxiety.

Avoid using your phone before sleep or when you wake up

Blue light on mobile devices suppresses our melatonin levels so it makes it harder to sleep afterwards. A full night's sleep is important for good mental health, and using your phone when you wake up may encourage you to procrastinate.

Leave your phone at home

When leaving the house, sometimes leave your phone at home so you can detach from social media.

International students face additional stress

Moving to a university in the UK to study can be harder then it seems

Kirsten Lee

Migrating to study in the United Kingdom can be a daunting process. International students not only have traditional student problems, but also face additional pressures and stresses that can have a negative impact on mental health.

International students leave their home countries in the hope of a better future, wanting to improve their prospects, both in terms of education and economic opportunities.

Applying to become an international student involves overcoming administrative red tape, and significant finances to get a visa and the residency card required to temporarily live and study in the UK. Even then, there is little certainty on what their future in the country holds.

“It’s been hard, honestly!” said Emma Roome, who moved to the UK from South Africa. “I’ve had a few months when I’ve wanted to pack up and leave.”

From the get-go, being an international student brings plenty of anxiety.

Students may face a language barrier, feel the pressure to do well academically, face financial difficulties, or be homesick. They may also not be aware of how to get help.

Daisy Bow du Toit, a recent KU graduate from the MA Genders Without Borders, said: “I would say that the first three months of moving to a new country are the hardest.

“It was exciting at first, but I quickly started to gain weight, stress about the cost of living, and I felt nervous about finding work when I didn’t have the same background, schooling and cultural experiences as people born in this country.”

Kate Gargiulo, from Hawaii, was positive about her studies, mentioning how her new university friends saved her mental health.

She said: “There was a bit of an adjustment, I was halfway across the world with a 10 to 11 hour time difference. But I liked the feel, the international students, the multiculturalism. I felt at home, a second home.”

Campus Living Villages found that 36 per cent of international students face mental health problems.

A report said: “Young people are facing wider issues today – financial pressures, an increasingly competitive job market, the reliance on technology and prevalence of social media, and uncertain political and economic times”

Because of the temptations of a new first world city such as drugs, sex, partying and a newfound freedom, coupled with less sleep, poor nutrition, STDs, running off energy drinks, not getting enough exercise and the stress of being away



from home, students’ mental health is suffering with increasing anxiety, depression and sleep disorders. Gargiulo added: “I didn’t realise there was such an emphasis on drinking.”

There is also the pressure to do well academically, which may be undermined by a language barrier and unfamiliar education methods.

This pressure comes from family,

“It was exciting at first, but I felt nervous about finding work when I didn’t have the same background as people born in this country.”

the students themselves, or the country that sent them abroad. New standards of work, different jargon, less time, grade drops, and unrealistic expectations can make depressive episodes flare up.

The language barrier can make it difficult to find friends, do well, and sometimes students are afraid to come to class and participate in class presentations or discussions, adding to feelings of loneliness.

Financial worries also plague students, who often rely on parental



The first flight into a new country can be daunting.
Photo: Kirsten Lee

support in weaker currencies or must find part-time work to cover their expenses.

Du Toit said: “The exchange rate made me feel poor.”

With minimum wage being so low and students only being allowed to work for 20 hours per week because of visas, finding a suitable job that

fits in with their studies can be very hard.

Even simple things like opening a bank account, understanding public transport or finding a landlord (especially one open to trusting someone without a credit history in the UK) can be tricky in unfamiliar surroundings.

Students are often too afraid to reach out or do not know their institution offers help.

Campus Living Villages said that only 23 per cent of international

students knew that they could find support at their university.

The UK Council for International Student Affairs recommends that students talk to someone at their institution, try not to isolate themselves, and make sure to have a routine – such as a regular sleeping pattern, exercise, meal times and a self-care routine.

Luckily today, modern technology can enable them to catch up regularly with everyone at home, which could help make things seem less over-bearing.

And while it may seem tough, moving to a new country can lead to a good life ahead.

South African Jack Colborne-Flitton, a third-year psychology undergraduate, said: “While there were some negatives and feelings of being alone due to moving to a new place, the impact was mostly positive, as I got the help I needed and got out of a difficult situation.

“This is my home now, I’m fully settled and feel very much part of the UK.”

KU internationals on what they miss from home

Kirsten Lee

Heidi W: Family and friends and the sun all year round

Candy: Sun that warms you

Cassandra: The blue and orange of the day, plant smells, the sounds of insects, thunder and heavy rain, the general energy of land and the people, and loud laughter.

Daniel: The sky at night.

Kate: I miss my mom’s cooking, animals, seeing them around, being close to the water.

Heidi R: Walking barefoot and the smell of rain.

Lynne: Big, big smiles. I called it ‘The Big Smile’ country.

Jack: I miss the food and the relaxed way of living most.

Beverley: Food!

Shontel: Star scattered skies, crickets chirping, the cry of a fish eagle, molten red sunsets, landscapes that go on forever, high vast mountains. Being barefoot, family, birds and exotic flowers.

Rebecca: The people.

Ida: The moose beef, my books, the snow and my cat.

Roelof: I miss the closeness (distance) of family and summer afternoon thunderstorms.

Fatemeh: The snow, poutine, Walmart, everything to be honest.

Deon: Space! Wide Open space. Spacious living rooms.

Barbara: Home isn’t a certain place, it is a feeling: a time where everything was right, where the joy, happiness and that incredible feeling of perfect made even the hardest of times truly magical.

Daisy: The sun, the ocean, the food (such as a bean roti).

Football needs to do more to tackle mental health problems

Chris Jewers

The life of a footballer is one many aspire to. Perhaps with football more than any other sport, fame, glory and riches are all achievable.

With that potential also comes immense pressure and incredible lows. The publicity footballers receive gives the impression that they are living a perfect life, but this perception can be misleading.

A small change in a player's situation can change everything – an injury, a new signing, a drop in form or a change in contract situation, and a player's life can be turned on its head.

Over the last few years, we have seen more high-profile instances of players speaking out about their mental

health. England's Danny Rose spoke in the build-up to the World Cup in 2018 about how his long injury layoff sparked his depression, saying: "It's no secret that I've been through a testing time at Tottenham this season. It led me to seeing a psychologist and I was diagnosed with depression, which nobody knows about."

"I was getting very angry, very easily. I didn't want to go into football, I didn't want to do my rehab. It all stemmed from my injury."

Luckily for Rose, he recovered in time to play for England, who reached the semi-finals of the World Cup in Russia. He attributes this change of scenery and success to improving his depression.

But not all players get the call up for the World Cup, and many suffer in silence, fearing the reaction they may face from their peers and fans.

David Cox, who plays for Cowdenbeath in Scottish League Two revealed that speaking out about his mental health led to him being mocked by fellow players and fans.

"I had fans shouting on the pitch to me shortly after I did my story, 'go and hang yourself and do it right this time,'" he said. "I've had other players mentioning me slitting my wrists and stuff."

With experiences such as David's, it is little wonder players are unwilling to speak out. Masculinity plays a big part in football in this country, and players will worry that any sign of weakness

could be used against them in the competitive arena.

According to the Player's Football Association (PFA), the number of players seeking counselling is on the rise. In 2016, 165 members contacted the association seeking support, which resulted in 655 counselling sessions, but not all will seek help.

Clarke Carlisle, who played for a number of Premier League clubs and has since been the chairman of the PFA, has spoken publicly about how he has attempted suicide on a number of occasions, but refused help.

"When I was going through my situation, I knew what support mechanisms were out there, but I was so poorly that I was totally introverted. That is why these illnesses are so dangerous, because they force you to disengage. That is the total opposite of what you need to do", he said.

After all, footballers are people too. The stress and expectation of their profession coupled with a challenging personal life can be too much.

Football does have the potential to be used as a force for good, as does any sport. Exercise is proven to be a method of reducing the impact a mental health problem can have on someone, while the publicity of the sport can be utilised to help increase awareness of mental health issues.

The Football Association (The FA) are partnered with mental health charity Time to Change, who aim to end mental health discrimination, and The FA say that they are committed to ending the stigma in football.



Clarke Carlisle
Photo: Rex Features



On their website, the FA says: "Tackling the stigma, prejudice and discrimination that can be associated with mental health conditions both in sport and wider society is really important. The FA, along with other bodies in both football and sport, has signed the Mental Health Charter for Sport and Recreation, which is a framework setting out how sport can use its collective power to tackle mental ill-health and the stigma that surrounds it."

However, some feel not enough is being done. Cox has said he believes efforts to end mental health discrimination should match efforts to end racism and homophobia in the sport.

"It's just as bad as being racist for me," he said. "If you were racist on the pitch, if a fan was racist at football games, you'd get done for it. People don't see mental health as an illness, you can't physically see it, it doesn't mean it's not there. It's got to the point that if somebody shouts it to me again in a park, I will walk off."



Danny Rose
Photo: Rex Features



“If you know someone who's depressed, please resolve never to ask them why. Depression isn't a straightforward response to a bad situation; depression just is, like the weather.”

- Stephen Fry

“Every person can benefit from talking to somebody. I'm the most anti-medication person, but some people need medicine, and there was a time where I needed some too.”

- Miley Cyrus

“If all of us could somehow make the leap together to be more open then all of us, the ill and the non-ill, would be better off.”

- Alastair Campbell

“I can safely say that losing my mum at the age of 12 and therefore shutting down all of my emotions for the last 20 years has had a quite serious effect on not only my personal life but also my work as well.”

- Prince Harry

“Depression doesn't take away your talents—it just makes them harder to find. I learned that my sadness never destroyed what was great about me. You just have to go back to that greatness, find that one little light that's left.”

- Lady Gaga

