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It is near impossible to know for certain how many teachers are suffering from a clinically diagnosable and treatable form of anxiety. There are many surveys that give us a clear indication that as an occupational group, teachers are not faring well when it comes to feeling anxious, but we cannot know how many are being treated for anxiety or how many are suffering in silence. Likewise, there will be some who do not yet know that the range of symptoms they are experiencing might collectively be called ‘anxiety’.

Anxiety can be a perfectly normal and healthy response to a perceived threat, preparing us to flee or fight. A teacher who experienced no anxiety at all would be unusual. What is under discussion here is ‘pathological anxiety’, which is more intense and more prolonged than everyday anxiety, and may also be accompanied by other symptoms of mental ill health, notably those of ‘depression’ (which
includes thoughts of worthlessness, helplessness and hopelessness to the point, in some cases, of experiencing suicidal impulses).

There are occasionally headlines about teacher mental health that can seem sensational when removed from context. That said, there can be no denying that excessive anxiety among teachers is widespread. From the typical anxiety dreams about a return to the classroom at the beginning of a new term, to being paralysed by the fear of entering the classroom and teaching, there are too many teachers out there suffering.

ANXIETY DEFINED

Generalised anxiety disorder (GAD) can be characterised as an overarching feeling of unease. Not to be mistaken with the entirely normal natural anxiety we might feel before a major event or a test, for example. If feelings of anxiety become part of your everyday life, rather than simply associated with a particular, stressful event, then that may be a sign you are experiencing GAD.

Anxiety is also a symptom of a range of other conditions such as post-traumatic stress disorder, claustrophobia, panic disorder, a depressive disorder, or social phobia, so it is essential to seek medical help if you are feeling anxious in order that other underlying causes for your symptoms can be addressed.

CAUSES OF ANXIETY

There are many causes of anxiety, and to an extent, each person is unique when it comes to the reasons for feeling anxious and the particular potency of the circumstances that trigger anxious feelings. Anxiety is a complex matter, and it is likely that there are several factors at play when it takes hold, probably involving genetic pre-disposing factors, aberrant neural pathways as well as faulty neurotransmitter substance release, the way in which we work through emotions, the experiences we have had in life to date, not to mention the challenges that life is currently giving us.

We can organise these factors further. Mental health professionals sometimes refer to a scheme involving:

- predisposing factors: genetic, early life emotional trauma and neglect;
- precipitating factors: losses and threats;
- perpetuating factors: absence of support, prolonged or repetitive stressors;
• protective factors: these diminish or mask the degree of anxiety, for example good mental health hygiene such as regular meditation practice, and sharing problems with sympathetic friends and colleagues.

In the context of work for teachers, anxiety typically comes from the following, although this list is by no means exhaustive:

• **Workload** – Never getting to the point of feeling on top of your workload is an inevitable source of anxiety. For teachers in this position, each new task compounds the lack of control and may lead to a worsening in efficiency. When there is no respite, work is all-consuming and there is no way of working through tasks to get to a point where workload is more manageable, anxiety will be inevitable for some. This also has a knock-on impact on other aspects of life, for example maintaining good family relationships, developing new friendships and being able to balance work with other aspects of life such as hobbies, rest and relaxation.

• **Accountability expectations** – Are your pupils making good enough progress? Can you demonstrate that progress? Can they demonstrate progress? Is your pedagogy appropriate? Are you ideologically aligned to the direction of the school or of education in general? What will OFSTED think when they call? Such questions can be just the tip of the iceberg; a constant internal dialogue at times.

• **Behaviour difficulties** – Just knowing how fine the line is between a calm and purposeful classroom atmosphere, and one in which low level disruption becomes a real threat to the peace, is a powerful source of anxiety for some.

• **Feeling unsupported** – For example, when dealing with pupil indiscipline, or excessive planning and marking expectations, is another source of anxiety, as is working in a school with policies that do not sit well with you.

• **Lack of agency** – Being ill-equipped to do what needs to be done in any given moment; lacking the resources or the freedom to make choices and decisions with regard to teaching and learning.

• **Poor relationships** – Working with challenging people in difficult circumstances does nothing for our sense of equilibrium. When healthy relationships seem unattainable, anxiety can be a likely outcome.

**SYMPTOMS OF ANXIETY**

The symptoms of anxiety can be both biological and psychological. Some psychiatrists also think in terms of a ‘spiritual’ dimension, which relates to a person
feeling a deep sense of concern and connectedness to others that adds to a healthy sense of meaning and purpose. This can be especially true of people who experience their journey as teachers as something of a vocation. If this no longer seems adequately fulfilling, a form of ‘spiritual’ or ‘existential’ anxiety can arise; a predicament that may only respond to a change of situation or lifestyle.

Just as the causes of anxiety vary from person to person, so too do the symptoms, which may also vary in one person over time. The NHS suggests that the following symptoms may be experienced:

- generalised restlessness;
- feeling ‘on edge’;
- difficulty sleeping;
- difficulty concentrating;
- dizziness;
- palpitations;
- irritability;
- a sense of dread;
- loss of appetite;
- muscle aches;
- digestive problems;
- sweating;
- shortness of breath;
- headaches;
- nausea.

Some of these are also found in depressive conditions, which often overlap with anxiety disorders.

**PANIC ATTACKS**

Panic attacks are a way in which your mind and body take over in response to fear. The mental health charity Mind explains that during a panic attack you may feel as though you are:
• losing control;
• going to faint;
• having a heart attack;
• going to die.

You may experience physical symptoms such as, among others:

• a racing heartbeat;
• light-headedness;
• nausea;
• sweating;
• feeling disconnected from your surroundings;
• breathing difficulties.

Panic attacks are relatively short-lived, although may not feel it while experiencing one. Most will be over within 20 minutes. There is no typical experience of a panic attack, and therefore no sure fire way of dealing with them. However, Mind recommends that you:

• focus on your breathing – breathe slowly in and out while counting to five;
• stamp on the spot – some find that this helps to control breathing;
• focus on your senses – taste a mint sweet or touch something soft;
• try grounding techniques – listen to the sounds you hear, walk barefoot, eat something, breathe slowly, touch or sniff something, colour something, write in a journal.

It is important not to ignore panic attacks. If you are experiencing them, or even if you just experience one, tell your health care provider. Consider what it is that your body needs. This is important. A panic attack is a sign that your level of anxiety is such that professional help is needed.

It is important to add here that anxiety disorders, with or without depressive symptoms, can and do get better. Often, telling an appropriate mental health professional and removing oneself from the stressful situation is enough to allow recovery in a period of weeks or months. Rest and sleep are the key. Only if symptoms are more severe and/or prolonged will a combination of medication and psychological therapy be required.
WHEN TO SEEK HELP

It is not uncommon for people to come to a gradual realisation that the collection of symptoms they feel may constitute a clinical disorder called ‘anxiety’. Once this happens it can feel overwhelming and as though you no longer have control of your responses to life’s events, however small. Naturally, this serves to add to the anxiety felt, and knowing whether, and when, to seek help can seem impossible to determine.

If any of this applies to you, make sure you see your primary health care provider (for example, GP) as soon as you possibly can, especially if your anxiety is causing you distress and having an impact on your day to day life. Your GP will need to assess the extent to which you are struggling and whether you need to be referred to a mental health worker. If you have concerns about making yourself understood, these suggestions may help:

- When you make a GP appointment, ask if it is possible to have a double appointment so that you have time to talk.
- If you would rather take a friend or family member with you, ask them in plenty of time if they can accompany you, and talk in advance about what you want to tell your doctor.
- If you think you may forget some key points, write down all your symptoms and the ways in which they are negatively impacting your life.
- During the appointment aim to get to the point as quickly as possible so that your doctor has time to focus on next steps for you. It is tempting to skirt around the real issues concerning you. Don’t do that!
- Remember that your effective treatment from this point is dependent on a partnership between you and any health care providers you consult. Work together for a positive outcome.
- Make sure that you know precisely what the next steps are to be when you leave your doctor’s surgery. It may be that you need some time off from your teaching responsibilities, and perhaps – for a few days only, so you don’t become reliant on them – some medication to help improve your pattern of sleep. Any further medication for anxiety should ideally be under the guidance of a consultant psychiatrist.
- If you are waiting for a referral, find out approximately how long this will take and who you should call if you need to chase it up. In many cases people will be assessed first by a psychiatric nurse before they see a psychiatrist. Waiting times are variable.
• If you are ever feeling suicidal, getting help quickly is particularly important, as is involving supportive friends and family members. A trip to A&E should not be ruled out.

**ASKING FOR HELP**

It is all very well being told you should seek help when feeling anxious or overwhelmed, but sometimes that very act can seem impossible. Knowing that things are not right for you is one thing. Taking the steps required to ensure you get the support you need is another matter entirely. These strategies may help:

• Ask someone else (friend, partner, colleague) to make appointments with relevant health care providers for you.

• If you feel you may not attend an appointment alone, ask someone to go with you, or to call you on the day to make sure you go.

• If you feel particularly vulnerable, ask someone you trust to check up on you.

• Call a helpline, anonymously if that is preferable. The Samaritans (116 123) and Teacher Support Helpline (08000 562 561) are available 24 hours a day, 7 days a week.

• If someone helps you, practically or through a kind gesture, tell them how much that meant to you. In general people like to help out and to be told that their help was appreciated is positive. Helping someone else to feel good will also help you feel good.

Similarly, if you become aware of a colleague who is struggling, consider doing the following:

• ask if you can do anything practical to help;

• offer to cook them a meal;

• offer to accompany them to any appointments they need to go to;

• tell them about helplines that may offer support (for example the Teacher Support Helpline: 08000 562 561);

• encourage them to take some exercise outside – offer to go on a walk in nature with them, or even just round the block at lunchtime;

• ask how they are doing – in person, by text, make a call, catch up on social media;

• show that they are not alone.
A Practical Guide to Teacher Wellbeing

TREATMENTS FOR ANXIETY

There are several paths ahead once anxiety has been diagnosed. Your GP may feel that a psychological therapy is the best strategy for you (for example, cognitive behavioural therapy – CBT) or medication such as an antidepressant or antianxiety drug.

At times when we are seeking out help, especially for symptoms that affect us emotionally as well as physically, it can be tempting to want someone else to make the decisions and tell us what to do to feel better. That is perfectly understandable, but not necessarily the best path to health unless in extreme circumstances. On the other hand, some people may be in denial about their condition – or overwhelmed by helplessness – so it is sometimes necessary for them to agree to follow recommendations from professionals. It is essential to talk to your GP, as well as trusted family members and friends if that would help, to assist you in determining your next steps. The more involved you are, the better.

As well as any treatments that may be prescribed by your GP or a psychiatrist in agreement with you, there are other approaches that may help. For example:

- taking regular exercise;
- paying attention to your diet – increasing your intake of non-processed food such as fruits and vegetables;
- stopping smoking, or cutting down;
- reducing stimulants such as alcohol and caffeine;
- joining self-help groups;
- taking up a craft or practical hobby.

It is essential to remember that it was most likely a combination of factors that led to you feeling anxiety that affects your day to day life, therefore it is likely to be a combination of approaches that will lead you back towards equilibrium.

COPING STRATEGIES AT SCHOOL

If anxiety is affecting your life, there are some strategies you can employ at work to help to minimise its negative impact. Try these as food for thought:

- **Analyse** – Aim to identify precisely what it is about your work that is causing you anxiety at this time (not historically, not in the future, but right here and
now). If it is workload, be specific about what element is the culprit. The more precise you can be the better, as solutions can be more finely targeted.

- **Communicate** – Talk to a trusted colleague about how you are feeling. Be specific about why you are feeling anxious. Ask if you can talk through some possible solutions with them.

- **Avoid mood-hoovers** – Stay away, as far as possible, from those who add to your anxiety. If you feel drained by a colleague or struggle with the general atmosphere in the staffroom, keep your distance where possible until you feel stronger. Self-care is essential here.

- **Find your outlet** – Something will help you to feel better now, so aim to identify what that is. That is not to diminish in any way the need for professional care when you are experiencing anxiety, but it is a nudge to give yourself permission to do the thing that takes the edge off the worst of your feelings. If that means demoting work in your list of priorities, so be it. What is your outlet? A walk? Favourite music? Getting lost in a book? Cooking a meal? Meeting a friend? Singing? Whatever it is, do it now.

- **Create your haven** – Schools are not typically known for their beautifully designed spaces for teachers to have some downtime. But is there anywhere in the building or outside that you can retreat to for some calm? Or better still, can you suggest a space that can be cultivated as a calm retreat for staff?

Whatever approach you take to coping with anxiety at school, be sure to see these strategies in the context of a wider approach that is preferably supported by your health care provider. There is no shame whatsoever in seeking support.

Many people find safety and security, together with caring people they know they can trust, in the context of a faith group or tradition. There is good evidence that people who acknowledge the ‘spiritual’ aspects of their lives suffer less frequently from anxiety and depression and their episodes tend to be shorter and milder too.

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**SAVE IT FOR LATER…**

There are many sources of help and advice for anxiety. The internet is a good place to start, but aim for authoritative sites such as:

- www.anxietyuk.org.uk
- www.turn2me.org

(Continued)
For advice on spirituality and mental health, the Royal College of Psychiatrists has a downloadable leaflet at: www.rcpsych.ac.uk/healthadvice/treatmentsandwellbeing/spirituality.aspx.


Many mental health organisations have helplines you can call, and there is always the Education Support Partnership 24/7 free helpline: 08000 562 561.

You may have access to counselling via any private health care insurance you may have. It would be worth checking any policies you have.

There is some insightful reading available free of charge online that explores the links between modern life and anxiety levels. Try these two for starters:

- The Life Squared publication, The Problem with Consumerism, is available to download free of charge here: www.lifesquared.org.uk/content/problem-consumerism.
- The Book of Life chapter on anxiety is available to read here: www.thebookoflife.org/why-you-are-anxious-all-the-time.

Swirl is a paid for 20-page booklet offering wisdom on anxiety and overthinking. Find out more here: https://swirlzine.com.

TRY THIS NOW...

An attitude of gratitude - think about (or write out) three things you are grateful for right now.

WRITING IT OUT...

This is a prompt that can help you to focus on the present moment.

There are several variations of this exercise, so feel free to adapt it for your needs. The aim here is to bring your attention to the present moment, using all your senses. From where you are sitting, write down what you can see, hear, taste, smell and touch. Be as brief or as detailed as feels right.
CASE STUDY...

I came to realise, after years of health anxiety, that I was focusing my grief on different parts of my body. I’d worry I was about to have a heart attack. Then that worry would subside and I’d be convinced I was developing cancer. It was like a ball of anxiety that kept rolling around. Once I got that clarity, I could get help. Counselling has been amazing.

TAKE 5...

- Be mindful of any anxiety you are feeling.
- Anxiety typically throws up physical and mental/emotional symptoms.
- Seek medical advice if anxiety is starting to affect your day to day life in a negative way.
- There are many potential treatments for anxiety. It is likely that you’ll need a period of rest and recuperation, and possibly also a combination of approaches to get you back to full health.
- You are not alone. There are several insightful explorations of anxiety and the impact it can have on our lives, highlighted in the Save it for later section.