

AT HOME
IN THE
WORKPLACE
AND IN THE
COMMUNITY
FIRST AID
SAVES
LIVES



**Adult mental health
activity book**

**St John
Ambulance**





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Aims of a Workplace Mental Health Responder



To give knowledge and understanding of a Mental Health Responder



To give knowledge and understanding of the role of the Mental Health First Aider



To know how to recognise a range of mental health conditions



To know the policies and practices relating to the management of mental health in the workplace

Aims of a Workplace Mental Health First Aider



To give knowledge and understanding of a Mental Health Responder



To give knowledge and understanding of the role of the Mental Health First Aider



To know how to recognise a range of mental health conditions



To know the policies and practices relating to the management of mental health in the workplace



To have the ability to support line managers with an individual returning to work and what reasonable adjustments are required following a mental health episode

Learning outcomes: Workplace Responder

1. Understand the nature of mental health conditions, mental health episodes and contributing factors

2. Understand current issues impacting on the mental health of individuals

3. Understand the role of Mental Health Responders and Mental Health First Aiders in providing advice and practical aid in the workplace

4. Understand the policy, legislative and best practice framework of how mental health is managed in the workplace

5. Understand how to recognise and respond to a variety of mental health conditions

6. Understand the importance of promoting positive attitudes toward mental health conditions in the workplace

7. Understand how to support line managers to aid an individual returning to work after a mental health episode

Learning outcomes: Mental Health First Aider

In addition to the above learning outcomes, as a Mental Health First Aider you will also have a good understanding of the following:

8. Understand how to provide advice and practical aid for an individual presenting with a mental health condition

9. Understand how to provide advice and support for a person suffering from stress

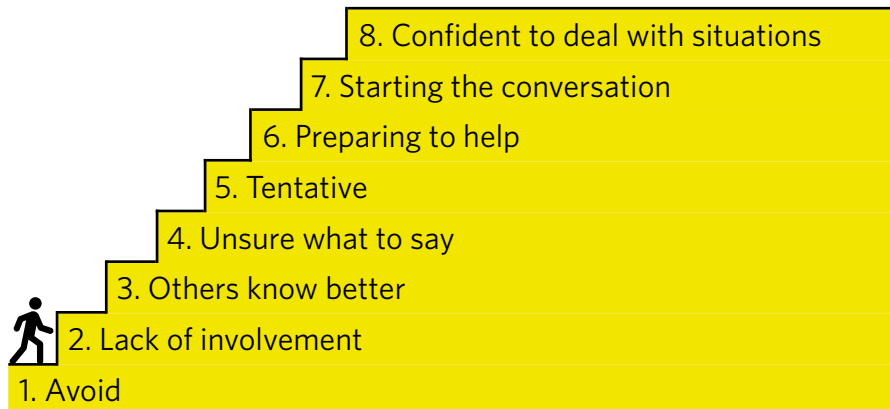
10. Understand how to create a positive mental health culture in the workplace

11. Understand the stages of an action plan for responding to a mental health episode

12. Be able to take practical steps in response to an individual experiencing a mental health episode

13. Understand how to support line managers to aid an individual returning to work and to make reasonable adjustments to work after a mental health episode

Staircase of confidence



1. Avoid

We ignore or avoid talking about the issue as we don't feel as though we have the skills/confidence to help with the situation. We may also be unaware there is an issue or be unaware of how serious it is due to a lack of discussing it.

2. Lack of involvement

We might be aware of the issue, however, we might believe that it doesn't involve us, or that we should stay out of the situation. This may be due to our own lack of confidence.

3. Others know better

We are aware there is a mental health issue, however, we think that other people will be better able to help so we stay out of the situation. We may not feel qualified enough to assist.

4. Unsure of what to say

At this level, we are aware there is an issue, and we would help, however we don't know what to say in the situation, therefore, tend to not say anything for fear of offending or saying the wrong thing.

5. Tentative

We may really want to help the person, however we aren't really sure how to go about that at this moment so may be hesitant in helping.

6. Preparing to help

At this point, we know what we need to do to help them, and we are beginning to talk to ourselves about the best way to broach the subject. This could involve using resources to find solutions and offer guidance (Mental Health First Aider) or preparing to bring the Mental Health First Aider in to help (Responder).

7. Starting the conversation

At this level, we are feeling confident enough to help them, and we do have confidence in our ability, but we may not have the experience or certainty as to how this conversation will play out. We are ready to start the conversation and try to help this person. Considerations begin around when is the best time and place etc.

8. Capable to deal with situation confidently

We are fully confident and able enough to start the conversation, support, reassure, and signpost this person on to further help if needed, possibly with the help of the Mental Health First Aider (for the Responder).

Case study - Paul



Paul is 50 and works for a company where he started out as an apprentice when he left school. He has since worked his way up to a fabricator. Some years ago, Paul took on the job of a foreman/supervisor at his workplace, but found it wasn't something he enjoyed and decided against taking the role permanently, preferring to be 'on the tools'. Paul struggles to accept change; he feels if things are working then they shouldn't be changed. Paul would be the first to tell you he can be 'stuck in his ways' and a 'technophobe'.

Recently the company has been bought out by a larger manufacturing company leading to many changes, Paul particularly didn't like the new computer systems the workplace brought in or the shift changes; the addition of night shifts on a rolling rota hasn't been well received.

Paul married Sue when they were 23. She used to work at the same factory as Paul but left when they had children 19 years ago and is now a stay at home mum. Paul has 2 teenage daughters, one of which is away at university and the other is living with Paul and Sue.

Paul enjoys fishing, he gets out most weekends regardless of the weather, usually leaving early on a Sunday morning and spending many hours there. Paul enjoys watching television programmes about fishing and would like to one day take a boat out onto the sea and fish, something he has seen on a programme. Paul and Sue usually go to the pub on a Saturday afternoon or evening, with their daughter sometimes joining them. Paul doesn't drink heavily; rarely more than a few pints.



Case study - Leighton



Leighton is a 21-year-old personal trainer and a self-confessed ‘fitness fanatic’. He was an overweight child and was bullied in his younger years leading him to search for ways of managing his weight and emotions. Leighton’s bulimia started at age 12, although this has been under control since he was 17.

Leighton found the gym was a better way of managing his weight, he maintains a very structured training programme which he does daily, without fail. His routine involves getting to the gym at 6am, and completing his workouts in between clients, rarely leaving before 8pm. He manages his calorie intake and exercise to make sure his weight is controlled.

Leighton’s parents live locally, he has a good relationship with them although rarely gets chance to see them with work and the gym taking up so much of his time. Leighton lives alone in a small flat near the gym. He’s currently single as he ‘doesn’t have time’ for a relationship, he’s happy in his routine and in his very limited spare time Leighton enjoys cooking. He learned to cook from his mother and has always had a keen interest in food. His other hobby is reading, he particularly enjoys books about different countries and cultures, Leighton has always wanted to travel, but feels it’s something he doesn’t currently have time for.

Leighton dropped out of university in his second year of a degree in geography due to struggling to find the time to fit this in with his gym schedule, he has often wondered if this is the right decision.



Case study - Daisy



Daisy transitioned from male to female fully 5 years ago when she was 25. After living as a woman since her late teens, Daisy always felt she was in the wrong body and upon transitioning found herself a lot happier. Daisy is very proud of herself for overcoming this and offers her support on many online forums to other people transitioning. Daisy is an active member of a transgender support group in her local area where they meet at the pub Daisy works at.

Daisy manages a pub where she has worked for 10 years, starting out as a member of the bar staff and becoming the manager 6 years ago. The job involves working long unsociable hours and being on-call. Daisy's life revolves around her place of work, and she finds she often ends up spending her spare time in the pub even when not working, this is something Daisy enjoys, as her social life revolves around her place of work.

Daisy is in an on-off relationship. Daisy's partner Aaron works away in his job as an electrician, meaning Daisy and Aaron can go months without seeing each other. When Aaron is home their time together is limited due to Daisy being at work, which can leave the relationship strained.

Daisy moved from her home town to attend university when she was 19. She enjoyed the lifestyle and the ability to leave her past behind her whilst completing a degree in fine art. Her current job was originally just for whilst she studied, however Daisy has very little time to do any of her art now and feels it is something she wishes she had more time to do.



Case study - Vanessa



Vanessa is a 70-year-old retired primary school teacher. She retired from teaching 5 years ago after a long career at the same school. Having taught year 3 for the last 15 years, Vanessa enjoyed teaching but towards the end felt that she was ready to retire.

Vanessa was widowed 15 years ago after being with her husband Arthur for 35 years. This was a particularly tough time for Vanessa as the couple had never had children and were not close to Arthur’s family.

Vanessa had always enjoyed a glass of wine or gin and tonic but after the death of her husband she found her drinking increased to a stage where she was drinking heavily and routinely and she was drinking throughout the day most days.

After a year of this Vanessa sought help and stopped drinking with the support from a local charity. She found many social events locally to her; she hadn’t realised how many support groups and social clubs existed. Vanessa eventually went back to work until she took her retirement 5 years ago. Upon retiring Vanessa took up a part time voluntary role in a charity shop and she also provides help at the charity she used to overcome her previous alcohol issues.

Vanessa enjoys the busy lifestyle she has created and feels it’s given her a new lease of life in her retirement, she now has many friends and often goes out to cafes and restaurants with friends in similar positions to herself.



Activity: Risk assessing

Hazard	Low risk	Medium risk	High risk
Self-harming with a knife			
Talking about suicide			
Using pain killers for headache			
Threatening to take an overdose			
Aggressive behaviour towards members of staff/the public			
Driving under the influence of drugs/ alcohol			
Drinking alcohol			

Low risk

Unlikely anything will happen

Medium risk

There is a possibility that harm will happen

High risk

It is very likely that harm will happen

Activity: Stress container

Write down your personal stressors underneath the 'stressors' header, then have a think about and list anything that helps you to de-stress underneath the 'stress relief' header.

Shade/colour the bucket in to represent how full your stress container is.



Stressors	Stress relief
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Stress container

Could you resolve any of your stresses now, e.g. paying bills, making phone calls?

Are any of your stresses non-removable? If so, how can you learn to live with them?

Can anyone assist to lift the burden of any of your stresses, e.g. your manager or other colleagues?

Am I doing anything that is creating more stress, e.g. late nights, drinking excessively, procrastinating?

What strategies do I have to 'empty' my container, e.g. socialising, reading, exercise?

Activity: Suicide continuum



Paul

Paul's company recently called a meeting informing Paul and select others that they are at risk of redundancy, something which came as a surprise to Paul and the others at risk.

"Today I went to work, it's hard going somewhere knowing it could be one of the last times. I feel so overlooked, I've given my whole working life to this company and this is how I get treated? I worked through the day; I was there physically, but mentally I was somewhere else. My mind keeps racing, what if I do get made redundant? How will I ever find another job? Who would want to employ me? How will I feed my family? Would it be easier if I just wasn't here at all?"



Leighton

Whilst at the gym recently Leighton felt a pain in his back, Leighton has been informed by his doctor that he must rest the injured area and avoid any weight bearing exercise.

"I'm one week in to this injury and I can already feel the weight piling on. I feel like all my hard work has gone to waste, if I can't keep the weight off through exercise I'm going to really struggle. I've found myself reading more lately, which is nice as it's an interest of mine I feel I've neglected in recent years, although I've found a lot of literature about suicide which is of interest. Not to say I'm suicidal, but I feel I'm able to relate to a lot of people in the books I'm reading."

Activity: Suicide continuum



Daisy

Daisy received some verbal abuse from a drunk customer at work recently, the abuse was very personal and something which has upset Daisy significantly. Daisy is currently not at work due to the stress and upset.

"Today was another hard day, I wish I could go back to work, maybe just as a social visit, but every time I think of that place my mind goes back to that evening. I'm getting no support from Aaron as he's away as always, he just changes the conversation as it clearly make him feel uncomfortable, so I've just stopped calling him. I feel so alone in all of this, something I thought I'd never feel again. How will I get over this? Will I ever get over this?"



Vanessa

Vanessa has had to leave her voluntary role at the charity shop after it was recommended to her by her GP due to a recent downturn in her health.

"Today was a sad day, I had to leave the role at the charity shop I've worked at for many years. I know this is in my best interest physically, but, I feel emotionally it's going to be hard on me. I have decided to keep up the other charity work I do as it's only twice a week for a hour or so each. The temptation to have a drink has been stronger recently. I haven't drunk any alcohol, but I have found myself spending more time in the alcohol aisle in the supermarket. I felt the only reason to live was my social life and now I feel that being taken away from me, I worry for my mental health."

Activity: Self-harm

	Which of the below are examples of self harming behaviour	Yes or no
1.	Alcohol/drugs	
2.	Swallowing objects	
3.	Hitting things	
4.	Burning	
5.	Financial risks	
6.	Picking wounds	
7.	Provoking fights	
8.	Pulling hair	
9.	Smoking	
10.	Cutting	
11.	Tattoos/piercings	
12.	Walking into the road	
13.	Medicating yourself	
14.	Driving at 80mph	
15.	Sexual risks	

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences.

Self-harm is a behaviour not an illness. It is generally not considered to be suicidal behaviour.

Activity: Conditions quiz

	Question	True or false
1.	Someone with OCD can be prone to hoarding items	
2.	Symptoms of an eating disorder may be weight loss, weight gain or the weight may remain the same	
3.	Someone with PTSD would prefer to be around people	
4.	Nightmares are a symptom of PTSD	
5.	Someone with an eating disorder will tend to be warmer and sometimes more energetic	
6.	Repeated intrusive thoughts is common for OCD	
7.	With an eating disorder mood changes are common	
8.	If you have PTSD you are more likely to stay away from drugs and alcohol	
9.	Paracetamol is used for purging for those with an eating disorder	
10.	Someone with an eating disorder rarely exercises due to lack of energy	
11.	A symptom of PTSD is sweating and trembling	
12.	Someone with PTSD will feel compelled to talk about the experience	
13.	If a person is experiencing OCD, they don't care about others approval	
14.	Compulsions and obsessions are common with OCD	
15.	Food and body shape can be a constant worry for someone with an eating disorder	
16.	Flashbacks are a symptom of eating disorders	
17.	Someone with OCD will avoid certain people and places that act as reminders	
18.	Eating disorders can affect your physical health	
19.	With OCD, the person will have a fear of contamination	
20.	Anger is a symptom of PTSD	
21.	Order and cleanliness will temporarily lower someone's anxiety who has PTSD	

Activity: Empathy quiz

Tick the statements that you believe are appropriate when displaying empathy

Empathy drives disconnection	
Draws on your past experiences	
Share your experiences to minimise the situation	
You should dismiss the person's pain	
Acknowledge their pain... "I'm sorry you're going through this"	
You should 'point out the positives'	
You should try to 'problem solve'	
You haven't been through the same thing and that's ok	
There's no need to envision their situation—we don't need to live it too	
Offer support, ask what will help them - don't take over	
"I know how you feel"	
It's ok not to know what to say; express gratitude that they've shared this with you	
Suspend any judgment you may have about this person	
If we allow silence they may feel we are not interested	
'I don't know what to say, but I'm glad you told me this'	

Empathy = feeling WITH someone. The definition of the word says "the ability to understand and share the feelings of another."

Sympathy = feeling sorry FOR someone. The definition of the word says "feelings of pity and sorrow for someone's misfortune."

Activity: Showing empathy

Consider how an empathetic conversation with Paul would go. You might want to use some of the hints and tips from the previous page to help.

Paul I've been really struggling with something lately.

You

Paul I am being put at risk of redundancy from the company I've worked at for over 25 years.

You

Paul I don't know if I'm going to be able to find a new job, my wife doesn't work, and we rely on my income.

You

Paul I'm finding myself thinking about this constantly, the worry of this is really starting to get to me, I'm not sleeping well and finding it hard to relax.

You

Paul I haven't spoken to my wife about this as I don't want to worry her too.

You

Activity: Mental health legislation

Match the legislation on the left to the correct description

Legislation	Matches to (A-G)	Description
1. The Equality Act 2010 (Law)		A. This requires employers to undertake risk assessments that affect employee health and safety and identify the risks and take appropriate steps to reduce the risk as reasonably practicable. The employer must also have a health and safety policy and provide employees with training.
2. The Health and Safety at Work etc Act 1974 (Law)		B. This requires employers to ensure all employees receive adequate rest breaks, annual leave and do not work more than 48 hours in a week (unless the employee opts out).
3. Management of Health and Safety at Work Regulations 1999 (Law)		C. It is unlawful to discriminate against anyone with a protected characteristic. Mental health falls within a disability and someone cannot be unfairly treated because of their mental health. Employers are required to make reasonable adjustments for their employees with mental health and other protected characteristics.
4. Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013 (Law)		D. A set of standards that an employer can follow based on six areas in the workplace which is proven to minimise stress. Evidence shows if these areas are not addressed then it can lead to poor health, reduced productivity and increased levels of absence and accidents
5. The Working Time Regulations 1998 (Law)		E. The Act requires employers to: <ol style="list-style-type: none"> 1. Ensure the Health and safety at work of their employees 2. Provide information, training and supervision in their health and safety at work 3. Maintain a safe working environment 4. Ensure staff adhere to policies and procedures 5. Report/record all accidents and incidents
6. The Workplace (Health, Safety and Welfare) Regulations 1992 (Law)		F. Employers are required to report any death, specific injuries such as fractures, illnesses and injuries which require immediate hospital care and work-related injuries which require the employee to be off from work for more than seven days
7. Health and Safety Executive Management Standards (Best Practice)		G. This requires employers to ensure the workplace: <ol style="list-style-type: none"> 1. Is clean 2. Has adequate lighting 3. Has adequate heating and ventilation 4. Staff facilities including toilets, able to prepare meals and make hot drinks

Activity: Action planning

Create an action plan listing a few things that you could introduce into your place of work. Below are some ideas and guidelines that you might like to use:

Supporting the workplace

- Using newsletters, leaflets or posters to encourage people to understand mental health conditions
- Engaging or being open to discussions about mental health
- Offering training to staff; internal or external training
- Having posters that name each Mental Health First Aider
- Having a description or brief of the role of the Mental Health First Aider for all staff
- Have an 'open door policy' for people who are struggling; workload or private life
- Offering advice/tools to manage stress and increase mindfulness
- Conducting employee surveys

How I will do this...



Practice practical assessment

1

You are a junior copywriter keen to get a promotion. Your attempts to impress have meant that you have taken on a workload which you can't cope with and you don't want anyone to know that you can't cope so you are working at home well into the evenings.

You have been offered a new client and want to take them on but wonder if taking on a new client will be too much for you. However, you don't want to turn them down because people will then know you are struggling to cope.

2

You are a Year 11 teacher who works at St James' High School. Recently, you have been feeling upset and in a low mood, you have also been smoking cigarettes and drinking alcohol more frequently.

You have been finding it hard to get motivated for work causing frequent lateness, on a recent occasion your lateness meant a class was left unsupervised and the Head found out. The Head spoke to you about this, this has caused your mood and wellbeing to decrease, you are forgetting names and your timetable, you are worried the Head might sack you.

3

You have recently returned to work having had a period off work with depression, something you have experienced once before in your teenage years.

You are finding work stressful and have been struggling to manage but feel if you go off work again you will lose your job.

You are upset, frustrated and blaming yourself and starting to think that maybe you came back to work too soon.

Practice practical assessment

Learner name:

You are now about to complete your practical assessment. You will be provided with a scenario and as the Mental Health First Aider, you need to demonstrate your competency in following DR EFG. As you complete the scenario, your trainer will be observing you following the protocol and will provide feedback at the end.

You will be assessed on the following:

#	Assessment Criteria	Observed
	Be able to take practical steps in response to an individual experiencing a mental health episode	
D = 5.1	Assess the level of danger to the individual, self and others	
R = 5.2	Recognise and respond to the nature of the emergency	
E = 5.3	Show empathy to the individual	
F = 5.4	Find out the symptoms of the individual	
G = 5.5	Provide reassurance and support to the individual	

Learner notes:

Trainer signature:

Date:



Notes



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Mental health advice and support information

NHS 111

For urgent advice and support
Tel: 111*
111.nhs.uk

*Lines open 24 hours a day, 365 days a year. Calls are free for landlines and mobile phones.

Samaritans

For somebody to speak to
Telephone: 116 123*
samaritans.org/how-we-can-help

*Lines open 24 hours a day, 365 days a year. Calls are free for landlines and mobile phones.

Mind

For mental health information
Telephone: 0300 123 3393*
mind.org.uk

*Lines open 9am to 6pm, Monday to Friday (except bank holidays). Calls charged at the standard rates.

In a medical emergency dial 999.

Debt

Money Advice Service
Tel: 0800 138 7777
(8am-6pm, Mon-Fri)
www.moneyadviceservice.org.uk

National Debtline
Tel: 0808 808 4000
www.nationaldebtline.org.uk

Self harm

Alumina
www.selfharm.co.uk
Free online self harm course for 14-19 year olds

Harmless
Email: info@harmless.org.uk
www.harmless.org.uk

NSHN
www.nshn.co.uk

Self Injury Support
Tel: 0808 800 8088
(7pm-9.30pm, Tues and Thurs)
Text: 07537 432444
Email: tessmail@selfinjurysupport.org.uk
www.selfinjurysupport.org.uk
For women of any age or background

General mental health information

Rethink Advice & Info Service
Tel: 0808 800 8088

Crisis and emotional support

SaneLine
Tel: 0300 304 7000
(4.30pm-10.30pm, 7 days a week)
www.sane.org.uk

Anxiety

Anxiety UK
Tel: 03444 775 774
(9.30am-5.30pm, Mon-Fri)
Text: 07537 416 905
Email: support@anxietyuk.org.uk
www.anxietyuk.org.uk

No Panic
Tel: 0300 772 9844
(10am-10pm, 7 days a week)
Youth Tel: 0330 606 1174
(3pm-6pm Mon-Wed & Fri, 3pm-8pm Thurs, 6pm-8pm Sat)
24h Crisis Line: 01952 680 835
Email: admin@nopanic.org.uk
www.nopanic.org.uk

OCD Action
Tel: 0300 636 5478
Email: support@ocdaction.org.uk
www.ocdaction.org.uk

OCD UK
Tel: 01332 588 112
Email: support@ocduk.org
www.ocduk.org

Triumph Over Phobia
Tel: 01225 571 740
Email: info@topuk.org
www.topuk.org

Depression

Association for Postnatal Illness
Tel: 0207 386 0868
(10am-2pm Mon-Fri)
Email: info@apni.org
www.apni.org

Bipolar UK
Email: info@bipolaruk.org
www.bipolaruk.org

Charlie Waller Memorial Trust
Tel: 01635 869 754
(9am-5pm, Mon-Fri)
Email: admin@cwmt.org.uk
www.cwmt.org.uk

Depression UK
Email: info@depressionuk.org
www.depressionuk.org

PANDAS Foundation
Tel: 0808 1961 776
(11am-10pm, 7 days a week)
Email: info@pandasfoundation.org.uk
www.pandasfoundation.org.uk

You can download this page for free on our website at sja.org.uk/mh-resources and access our full range of mental health resources.

Abuse

NSPCC
Tel: 0808 800 5000
Children and young people tel: 0800 1111
Email: help@nspcc.org.uk
www.nspcc.org.uk

NAPAC
Tel: 0808 801 0331
(10am-9pm Mon-Thurs, 10am-6pm Fri)
Email: support@napac.org.uk
www.napac.org.uk

One in Four
Tel: 0208 697 2112
Email: admin@oneinfour.org.uk
www.oneinfour.org.uk

Rape Crisis
Tel: 0808 802 999
(12pm-2.30pm & 7pm-9.30pm, 7 days a week)
www.rapecrisis.org.uk

Refuge
Tel: 0808 2000 247
www.refuge.org.uk

Survivors UK
Text: 020 3322 1860
www.survivorsuk.org

Women's Aid
Email: helpline@womensaid.org.uk
www.womensaid.org.uk

Crime victims

Victims Info Service
Tel: 0808 168 923
www.victiminformationservice.org.uk

Victim Support
Tel: 0808 1689 111
8am-8pm Mon-Fri, 24 hours on weekends

Bereavement

Bereavement Advice Centre
Tel: 0800 634 9494
(9am-5pm, Mon-Fri)
www.bereavementadvice.org

Child Bereavement UK
Tel: 0800 028 8840
Email: support@childbereavementuk.org.uk

Cruse Bereavement care
Tel: 0808 808 1677
Email: helpline@cruse.org.uk
www.cruse.org.uk

Survivors of Bereavement by Suicide
Tel: 0300 111 5065
(9am-9pm, 7 days a week)
Email: email.support@uksobs.org
www.uk-sobs.org.uk

Suicide

CALM
Tel: 0800 585858
(5pm-12am, 7 days a week)
www.thecalmzone.net

Papyrus
Tel: 0800 068 4141
(9am-12am, 7 days a week)
Email: pat@papyrus-uk.org

Substance misuse and addiction

Adfam
Tel: 020 3817 9410
Email: admin@adfam.org.uk
www.adfam.org.uk

Alcoholic Anonymous
Tel: 0800 9177 650
Email: help@aamail.org
www.alcoholics-anonymous.org.uk

Alcohol Change UK
Tel: 020 3907 8480
Email: contact@alcoholchange.org.uk
www.alcoholchange.org.uk

Al-Anon
Tel: 0800 0086 811
(10am-10pm, 7 days a week)
Email: helpline@al-anonuk.org.uk
www.al-anonuk.org.uk

Cocain Anonymous
Tel: 0800 612 0225
(10am-10pm, 7 days a week)
Email: helpline@cauk.org.uk
www.cauk.org.uk

Drink Aware
Tel: 0207 766 9900
Email: contact@drinkaware.co.uk
www.drinkaware.co.uk

Drinkline
Tel: 0300 123 1110
(9am-8pm Mon-Fri, 11am-4pm Sat-Sun)

Drug Science
Email: info@drugscience.org.uk
www.drugscience.org.uk

Gamblers Anonymous.org
Tel: 0330 094 0322
Email: info@gamblersanonymous.org.uk
www.gamblersanonymous.org.uk

Progress
www.dualdiagnosis.co.uk

Talk to Frank
Tel: 0300 123 6600
Text: 82111
Email: frank@talktofrank.com
www.talktofrank.com

UK SMART Recovery
www.smartrecovery.org.uk

With You
www.wearewithyou.org.uk

Eating Disorders

ABC
Tel: 0300 011 1213
Email: support@anorexiabulimiacare.org.uk
www.anorexiabulimiacare.org.uk

Beat
Over 18's tel: 0808 801 0677
(9am-8pm Mon-Fri, 4pm-8pm Sat-Sun)
Email: help@beateatingdisorders.org.uk

Student Tel: 0808 801 0811
(9am-8pm Mon-Fri, 4pm-8pm Sat-Sun)
Email: studentline@beateatingdisorders.org.uk

Youth Tel: 0808 801 0811
(9am-8pm Mon-Fri, 4pm-8pm Sat-Sun)
Email: fyp@beateatingdisorders.org.uk
www.beateatingdisorders.org.uk



Thank you for attending a mental health course with St John Ambulance

Looking for the next steps in your mental health journey?

Our Resilience training teaches delegates about the basic principles of resilience, and explores how these principles can help them become more productive and resilient to burnout.

For more information please visit:
sja.org.uk/resilience-course

We've created a range of free mental health resources, designed to help businesses and staff create and maintain a supportive workplace.

To access our free resources please visit:
sja.org.uk/mh-resources

We also offer a full range of first aid courses to suit your needs including our blended suite.

For more information please visit:
sja.org.uk/fa-courses

Ask me how
first aid saves lives

sja.org.uk/training
sja.org.uk/supplies