ProWell

Protecting the mental wellbeing of our children during and after public health emergencies

ProWell Content Template

Module 6: Promoting teachers´ mental health and well-being during public emergencies

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A. Module description

Module overview

The module will include a theoretical description about the most typical psychological problems in teachers during a public emergency. It will also comprise risk and protective factors as well as early signs of potential mental health problems. Additionally, the module will contain a practical part where actions for preventing and/or coping with potential problems will be suggested, as well as strategies for taking care their mental health.

The relevance of this module come from the idea that teachers are key to protecting students' mental health. Thus, if main supporters are affected, then they are no able to help children to cope with their own problems. The module is mainly addressed to teachers but also parents (or other actors) can benefit from it.

B. Learning Objectives

Module objectives

Upon completion of this Module participants should be able to:

1. Increase knowledge about mental health problems during public emergency and recognition of early signs to prevent worsening and to be able to seek for help.
2. Identify risk and protective factors for mental health during public emergencies.
3. Learn and implement coping strategies and actions to be able to manage potential mental health problems derived from a public emergency.
4. Learn and implement strategies for promoting mental well-being.

C. Unit 1: Introduction to the module

a. Unit description

In this unit a justification and rationale behind the learning module as well as an explanation of the content and methodology of all the following UNITS will be included.

b. Unit sections

1. Justification and rationale

c. Content

Topic 1. Justification and rationale

During or after any **public emergency crisis** (pandemic, war, earthquake, etc.), teachers may suffer from **mental health problems** because they have to assimilate and adapt themselves to **new situations and challenges** like any other person, but also face **challenges related to their profession**.

For example, because of the COVID-19 pandemic, in many countries classes suddenly became virtual, giving teachers very little time to prepare for this change. If we add to this the adverse psycho-emotional effect of confinement itself, it is not surprising that teachers develop **problems or difficulties related to mental health**.

Studies show that **teachers' mental health** has been **affected** during the Covid-19 pandemic (Cohen-Fraade & Maura Donahue, 2021; Nabe-Nielsen et al., 2022; Tarrant & Nagasawa, 2020). Furthermore, Beames, Christensen & Werner-Seider (2021) position teachers as the forgotten frontline of Covid-19. **An affected or suffering teacher cannot practice their profession properly and of course cannot be a support for his or her students.**

For these reasons,

● **It is important for teachers to know what types of mental health problems** they may experience in these situations and what to do to manage them.
● The **promotion of mental wellbeing** is considered necessary as a powerful **prevention strategy**.

D. Unit 2: Most common problems associated with public emergency crisis

a. Unit description

In this unit learners/trainees will find information on the most typical psychological problems people suffer during and after public emergency crisis such as anxiety, stress, depression, uncertainty, fears, other problems. Also, early and warning signs for seeking help will be included.

Upon completion of this Unit participants should be able to:

• Recognize the most common psychological problems that may arise during and after emergency crisis and understand them.
• Identify early and warning signs associated with each of the mentioned psychological problems in order to seek help.

b. Unit sections

1. Anxiety
    1.1. Definition: Normal and pathologic anxiety
    1.2. Types of anxiety (physical, cognitive-emotional and behavioural)
    1.3. Social anxiety. Symptoms
    1.4. Early and warning signs for seeking help
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5. Fears: illness/contagion, death.
    5.1. Definition and symptoms
    5.2. Difference between hypochondria and nosophobia.
    5.3. Early and warning signs for seeking help
6. Other problems
    6.1. Grief. Definition and stages. Normal and pathological grief.
    6.2. Sleeping problems: difficulties in falling asleep, difficulties staying asleep, sleeping during the day.

Topic 1. Anxiety

1.1. Definition: Normal and pathologic anxiety

- Anxiety is one of the main reasons why people seek mental health help. Anxiety is an **anticipatory response** to **future danger or threat (real or imagined)**, characterised by emotional feelings of apprehension and unease, accompanied by muscular tension.
- The anticipatory property of anxiety means that the anxiety responses have the capacity to anticipate or signal a danger or threat to the individual. This utility, however, becomes maladaptive when an unreal or non-existent danger is anticipated.
- Another characteristic of anxiety is its ability to motivate behaviour (motivate for action) and prepare the organism for future actions. In this sense, **anxiety is positive and adaptive**; for example, a certain level of anxiety can help us to prepare better for an exam or a lesson.
- However, too much anxiety disturbs performance and can have a negative impact on a person's life. **Pathological anxiety (maladaptive anxiety)** differs from non-pathological anxiety (normal or adaptive anxiety) by being **more frequent, more intense and/or more persistent**, and thus **interfere** with the individual's life (e.g. by disrupting social, family or work life) or produce a high level of personal distress.

1.2. Types of anxiety

Anxiety (like any other emotion), involves at least **three components** or response systems:

Physical anxiety (physiological-somatic)	• The experience of anxiety is accompanied by a **biological component**. The most typical physiological changes consist of an **increase in the activity of the autonomic nervous system**, which can be reflected both externally (sweating, pupil dilation, tremor, facial pallor, etc.) and internally (heart rate acceleration, decreased salivation, accelerated breathing, etc.).
Cognitive-emotional (or subjective) anxiety	• This component of anxiety is related to the **person's own internal experience**. For example, experiences of fear, panic, alarm, restlessness, worry, apprehension, obsessions, etc.
Behavioural (or motor) anxiety	• This is the **observable component** that, apart from involving variables such as facial expression and body movements or postures, mainly refers to escape (flight/escape) and avoidance responses. For example, when a person experiences anxiety about having to go out and speak in public, he/she may avoid doing so and thus escape from the situation that causes him/her discomfort.

1.3. Social anxiety. Symptoms
- **Social anxiety** is a common human experience characterised by an intense **fear of evaluation** (either negative or positive) by others in social situations.
- It is an **intense fear or anxiety** that appears in relation to social situations in which the person is exposed to the opinions and criticism of others and fears acting in an embarrassing, ridiculous

or humiliating way, or showing signs of anxiety that may be perceived and evaluated negatively by observers.

- Such situations are often **anxiously anticipated** (sometimes days, weeks or months before they occur), as well as experiencing and remembering the situation when it has already happened in a negative way.

1.4. Early and warning signs for seeking help

If you notice that lately you are feeling more **frequent** and **more intense** the following **symptoms**:

Feelings of nervousness, agitation or tension, sense of imminent danger, panic or catastrophe, increased heart rate, rapid breathing (hyperventilation), sweating, trembling, feelings of weakness or tiredness, problems concentrating, problems falling asleep, gastrointestinal problems, difficulties controlling worries and the need to avoid situations that generate anxiety, among others.

Then, use some strategy to cope with it or contact a **mental health professional** (psychologist and/or psychiatrist) to find a **solution** as soon as possible. **Mental health** is **important** as it is physical health.

Topic 2. Stress

2.1. Definition: normal and abnormal stress

- Stress is a normal human reaction. In fact, the human body is designed to experience stress and react to it. When a person experiences changes or challenges (or stressors), their body produces physical and mental responses.
- These stress responses help people adjust to new situations. Therefore, stress can be positive, keeping us alert, motivated and ready to avoid danger. For instance, if you have to prepare an important exam, a stress reaction can help you to concentrate and be more focused on the task.
- However, when your stress response is disproportionate to the stimulation received, when you are exposed to stressors for a longer time, or you do not find any relief or periods of relaxation, it can be a problem.

2.2. Type of stress: Acute, episodic acute and chronic stress

Acute stress	Episodic acute stress	Chronic stress
• It happens in the **short term** and usually **disappears quickly**. For instance, a day with a lot of work pressure with several lessons and online meetings. This helps the individual to better manage these "dangerous" situations. On the other hand, acute stress appear when **doing something new or exciting**.	• It occurs when someone gets **frequent bouts of acute stress**. People who suffer from this type of stress frequently have too much work, too many commitments and too many things to, they are always in a hurry (but they are always late) and their lives are messy and chaotic.	• It occurs when a person is in a **stressful situation for a long time**, such as a dysfunctional family, domestic violence, poverty, or working in a disliked job. This stress appear because the person cannot find a way out of an unpleasant situation.

2.3. Workplace stress: burnout

- Burnout is defined as physical, emotional or mental exhaustion, accompanied by decreased motivation, lowered performance and negative attitudes towards oneself and others (APA dictionary of psychology).
- Burnout looks different for everyone, although it can affect you physically, mentally and emotionally. The main symptoms of burnout are: feeling of exhaustion, low self-esteem, low self-actualization, difficulty in concentration, headaches, insomnia, low performance, boredom, work absenteeism, irritability, feelings of incompetence and failure.
- This syndrome usually occurs in the so-called "service professions", which are those professionals who care for or provide some other kind of service to another person, such as health professionals or teachers.

→ *You might recognize burnout once it has really taken hold. That's why is important to pay attention and react to the early symptoms.*

2.4. Early and warning signs for seeking help

If you notice that lately you are feeling more frequent and more intense the following symptoms:

Mental symptoms: tension, irritability, concentration problems, excessive tiredness, sleep problems, worry, sadness, etc.

Physical symptoms: dry mouth, increased heart rate, upset stomach, frequent urination, sweaty palms, back pain, muscle tension that can cause contractures and pain, dizziness, breathing problems, etc.

Then, use some strategy to cope with it or contact a mental health professional (psychologist and/or psychiatrist) to find a solution as soon as possible. Mental health is important as it is physical health.

Topic 3. Depression

3.1. Definition and symptoms: from normal to pathology

Symptoms of depression (as many mental disorders) are normal. Most of us feel sad, melancholic, unhappy, despondent or down sometimes for short periods of time. However, these symptoms can become pathological if the intensity is high and if they last for a long time, causing interference in the person's life.

Depression (according to DSM-5) occurs when the person has 5 or more of the following symptoms for at least 2 weeks in a row:
- Depressed mood for most of the day
- Significant decrease in interest and enjoyment of all activities
- Weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Decreased ability to think or concentrate, or to make decisions

3.2. Negative Automatic Thoughts (NAT)

- NAT are chains of self-deprecating thoughts that appear parallel to normal thinking, i.e. they are involuntary and concrete thoughts that appear at the same time as thinking. These thoughts attract the attention of the individual (and distract him/her), and their appearance causes an increase in emotional discomfort.
- Such thoughts are characteristic of depression: the more severe the depression, the more often and the more conscious attention these negative automatic thoughts will capture (although the more the individual will also become aware of them).
- Examples of NAT: "I will not be capable of performing the lesson properly", "I am not a good teacher", "Students do not like me", "My colleagues think I am not valuable nor intelligent". If these thoughts go unchallenged and are believed the moment they appear, it may be an indicator of a problem.

3.3. Early and warning signs for seeking help

If you notice that lately you are feeling more **frequent** and **more intense** the following **symptoms**:

> Pathological sadness, loss of interest and capacity for enjoyment and a decrease in vitality that limits the level of activity and produces an exaggerated tiredness, which appears even after making small efforts.
> Feelings of guilt or inadequacy, irritability, pessimism about the future, thoughts of death or suicide, loss of confidence in oneself or others, impaired concentration and memory, restlessness, sleep disturbances and decreased appetite and libido also act as predictors of depression.

Then, use some strategy to cope with it or contact a **mental health professional** (psychologist and/or psychiatrist) to find a **solution** as soon as possible. **Mental health** is **important** as it is physical health.

Topic 4. Uncertainty

4.1. Definition

According to Olarte (2006), uncertainty is the insecurity or doubt about the outcome of a future event. Unlike risk, in uncertainty the probability of the possible outcome is not known. It is this lack of certain and clear knowledge that causes uncertainty about anything.

In short, the way in which the uncertain, the indeterminate, the unknown is assumed can cause damage to the emotional state, leading to the appearance of certain pathologies.

4.2. The role of intolerance of uncertainty in emotional problems

- Intolerance to uncertainty is the result of a low threshold for perceiving ambiguity, i.e. a simple ambiguous situation can easily provoke an intense response or reaction of uncertainty. For instance, having to attend an unscheduled work meeting or having to answer to an unexpected doubt of a student in class.
- Specifically, in an emergency situation, a person who is highly intolerant of uncertainty is likely to show anxious, depressive or overwhelmed responses or reactions, because he/she cannot tolerate a low degree of uncertainty in their life and any such situation can be very stressful and lead to consistent distress.
- Equally, this can lead to emotional problems, as this intolerance to uncertainty is part of the essence of depression and anxiety. This may be due to an inability to come to terms with and accept the changes that occur (for example, having to wear a face mask and not being able to go outside at certain times).

4.3. Early and warning signs for seeking help

Some attitudes or actions can help us identify whether our tolerance for uncertainty is low, normal or high. **People with an intolerance to uncertainty**:

- They seek excessive approval from others.
- They double check. For instance, they seek to reassure themselves that their loved ones are well and call them several times to confirm this. Another example is those people who check several times the emails they sent or work done in order to identify mistakes made.
- They refuse not to perform their duties, as they cannot bear to let someone else do their work for them because of this lack of confidence that they will do it well or as they want to do it.
- They seek to stay informed in order to be sure about things. For example, they are constantly looking at the numbers of infections caused in times of pandemics.

Topic 5. Fears: illness/contagion, death.

5.1. Definition and symptoms

- Fear is the emotion and consequent reaction to imminent danger. This danger can be real or imagined. For example, the danger of contagion or death.
- The main symptoms of fear are a sense of impending danger or doom, feeling agitated, irritable, restless or terrified, feeling tense or appearing tense, worrying about "loss of control", having a feeling that something bad is going to happen, feeling shaky or trembling, difficulty sleeping or resting, blocking or stopping activity, etc.
- Fear is a **very useful emotion** for escaping or avoiding danger, but it is also a barrier that can get in the way of a person's enjoyment and, if excessive, can block and impede the course of a normal life.
- As anxiety and stress, fears can also be **normal** or **pathological**. The former are those that appear in the face of harmful stimuli, are short-lived and do not interfere with daily life. Pathological fears are those that are activated even when there is no danger and can last indefinitely. Lack of fear can also result in harm to the individual and society, because risks can be ignored (e.g. ignoring government measures to stop the spread of a virus).

5.2. Difference between hypochondria and nosophobia

- **Hypochondria** is a disorder in which the person has a firm belief that he/she is a victim of a severe illness that is not being diagnosed. The person may or may not present physical symptoms from which he/she constructs their belief and a persistent state of worry and checking, and avoidance behaviours (Belloch et al., 2020).

- **Nosophobia** consists of a recurrent and persistent fear of contracting a specific disease. It is not the generalised fear that would appear in hypochondria, but the person directs it towards something specific. For example, the appearance of an outbreak of Covid-19 causes this type of phobia to increase, oriented towards that specific disease.

Hypochondria is therefore characterised by a constant focus on the body and its signals, misinterpreting them and explaining that one is suffering from an illness that no one can diagnose, while **nosophobia** is the fear of falling ill from a specific pathology. The person is not convinced that they are already ill, as is the case with hypochondria, but does not want to become ill and lives with this worry.

5.3. Early and warning signs for seeking help

If you notice that lately you are feeling more **frequent** and **more intense** the following **symptoms**:

- On physical level: tachycardia, sweating, headaches.
- On cognitive level: obsessive and recurrent thoughts about the fear, constant worry.
- On behavioral level: avoidance of several situations that involve confronting the fear, e.g. what might once have been fear of illness due to physical contact may end up making us not touch anyone.

Then, use some strategy to cope with it or contact **a mental health professional** (psychologist and/or psychiatrist) to find a **solution** as soon as possible. **Mental health** is **important** as it is physical health.

Topic 6. Other problems

6.1. Grief. Normal and pathological grief.

Grief corresponds to a **painful and unexpected process** in response to the death of a loved one and to any type of loss (school failures, situations of abandonment such as divorce, separation, parental rejection; family problems, moving house, financial problems, loss of employment, diagnosis of a serious or disabling illness...). It is a process through which we assume, assimilate, mature and overcome this loss.

The grieving process can be **normal/uncomplicated or pathological**. In the first case it is a normal response, with a predictable character of its symptoms and their development. It is usually brief, and is followed by expressions of grief and discomfort such as crying and sighing. The pathological grief is a process that may be absent or delayed, or the grief may be excessively intense and long-lasting (including suicidal ideation).

6.1. Stages of the grieving process

Elisabeth Kübler-Ross (1969) first described the **five phases** of grief, although the process not always is linear:

1. Denial	Denial of the loss is a very common reaction immediately after the loss, often accompanied by a state of shock (or mental block).
2. Anger	The end of denial is associated with feelings of frustration and helplessness regarding one's own ability to change the consequences of the loss. This frustration in turn leads to anger and rage.
3. Bargaining	In the negotiation phase the person have the hope that nothing will change and that he or she can somehow influence the situation. The person thinks in possible deals to make life turn that it was, or that the death person come back.
4. Depression	In this period the person begins to come to terms with the reality of the loss, and this leads to feelings of sadness and hopelessness, social isolation or lack of motivation.
5. Acceptance	After the phases of denial, anger, bargaining and depression comes acceptance of the loss and the arrival of a state of calm associated with the realisation that death and other losses are natural phenomena in human life. The acceptance phase relates to the inevitability of the loss, and therefore of the grieving process.

6.2. Sleeping problems

Sleep problems are conditions that disrupt a person's normal sleep patterns and may be associated with a decrease in work performance and may therefore directly affect the professional performance of teachers. There are several sleep disorders, however, we will highlight some of the most important ones:

Insomnia	Sleep apnoea	Hypersomnia	Circadian rhythm disorders	Parasomnia
Inability to initiate or maintain sleep, or to achieve adequate sleep duration and quality to restore energy.	A disorder in which breathing stops for ten seconds or more during sleep.	Not being able to stay awake during the day. It includes narcolepsy, which causes extreme daytime sleepiness, causing a person to fall asleep at any time of the day and in any context (which can lead to work and social problems).	Problems with the wake-sleep cycle that make it difficult to fall asleep and wake up on time.	Unusual behaviour such as talking, walking or eating when falling asleep, during sleep or waking up.

6.3. Early and warning signs for seeking help

Grief

- *Common symptoms* are feeling of weakness, loss of appetite and weight, difficulty concentrating, breathing and speaking, insomnia, dreams about the deceased person, guilty, anger, etc.
- However, if you notice that the mentioned symptoms do not improve over time, and you still have painful and intense emotions that make it difficult for you to continue with your life → then, contact a **mental health professional** (psychologist and/or psychiatrist) to find a **solution** as soon as possible. **Mental health** is **important** as it is physical health.
- People who suffer a sudden loss or find themselves in catastrophic circumstances (such as an emergency crisis), those who are socially isolated, those who feel responsible for someone's death (whether real or imagined responsibility), those who have a history of traumatic loss or those who had a relationship of intense dependence with the deceased are more likely to suffer a pathological mourning process.

Sleep problems

- All of us can suffer from sleep problems at any time in our lives because of a identified cause or without.
- However, if you notice that the sleep problems persist over time and they are affecting your life (academically, professionally or socially) → then you need to contact a **mental health professional** (psychologist and/or psychiatrist) to find a **solution** as soon as possible. **Mental health** is **important** as it is physical health.

E. Unit 3: Risk and protective factors of mental health

a. Unit description

In this UNIT factors potentially dangerous and protective factors against mental health problems will be presented. The idea is that teachers be able to identify them and use them for taken benefit.

Upon completion of this Unit participants should be able to:

- Recognize what are the main risk factors for poor mental health
- Recognize what are the main protective factors against mental health problems
- Identify these factors in themselves as well as understand the reason why is important to know and recognize these factors.

b. Unit sections

1. The role of social support, familiar and working environment
2. Personality traits
3. What is important to know and recognize risk and protective factors?

c. Content

Topic 1: Role of social support, family and working environment

Risk factors → Variables, circumstance or situation that INCREASE the likelihood of having a disease
Protective factors → Variables, circumstance or situation that DECREASE the likelihood of having a disease

According to evidence review (Sax Institute for VicHealth, 2019) for adults and the general population:

✓ **Risk factors** were social isolation and loneliness, insecure employment and unemployment, unsupportive work conditions, economic inequality, migration, homelessness, caregiving, physical health conditions, stressful events (including intimate partner violence and drought), and being a sexual minority.

✓ **Protective factors** were employment, physical activity, strong social relationships and networks, diet and alcohol reduction, and green space.

Social support	Family	Working environment
Many studies (Leigh-Hunt et al., 2017) point to **social support as a protective factor for mental health.** In many cases, social relationships provide emotional support, instrumental help, improved decision-making, stress management, and enhanced motivation. In contrast, social isolation or loneliness is considered a risk factor.	**Family factors** are considered **protective for mental health**. Positive parenting and family relationships, immediate and extended family support, high family cohesion, a positive family climate and parental involvement are key factors that contribute to resilience. Family support has a positive association with mental health and wellbeing (Khazaeian, Kariman, Ebadi, & Nasiri, 2017). Supportive family was a protective factor for wellbeing and psychosocial functioning for refugee children in the moderate-quality review by Marley and Mauki (2018).	Battams et al. (2014) identified some variables of the **work environment** that are associated with poorer mental health and wellbeing: *team environment factors* include workplace bullying, low levels of social support, poor human relations and interpersonal conflict; *work conditions* include low skill discretion, low skill occupation, low decision latitude, job overload and high job demands; and *work-home interference* comprised time pressure and conflict between role demands.

Topic 2: Personality traits

Definition: Personality is a set of traits and qualities that shape a person's way of being and differentiate him or her from others.

Some personality traits are considered to be protective of mental health and to enhance emotional well-being: extraversion, cognitive flexibility, emotional stability. Hill & Argyle (2001) posit emotional stability as a major dimension of happiness.

Traits such as neuroticism (emotional instability), inflexibility, low frustration tolerance, perfectionism are considered risk factors for mental health. Persons high in neuroticism react to events with high levels of distress, anxiety, and worry, providing an explicit risk for various forms of psychopathology, particularly mood and anxiety disorders.

➔ *Although personality traits tend to be stable, all of us can train and work actively to potentiate some positive traits and make more flexible the negative ones.*

Topic 3: Why is important to know and recognise risk and protective factors?

1) By paying special attention to risk and protective factors, people can be encouraged to **act preventively** rather than **reactively.**
2) In the past, issues such as public health and community development have not been tackled with a **preventive approach**. For instance, if someone had a heart attack - and got over it - they were advised to stop smoking and reduce fat intake.
3) However, nowadays we know that the important thing is to **prevent the problem** from recurring. This approach is not only cost-effective, but more importantly, it reduces the suffering of the person and **improves the quality of life.**
4) Talking about risk and protective factors helps **people** understand that there is something they can do, that it is not too late and that they **can be part of the solution**.

By knowing and recognizing risk and protective factors for your health, you will be able to understand:

1. What can help protect your mental health?
2. What can put your mental health at risk?
3. How can you develop coping skills for mental health?
4. You will be able to reduce your health risks ➔ adopting an active role

F. Unit 4: Managing mental health problems

a. Unit description

In this UNIT, a set of strategies and actions to manage each of the problems mentioned in Unit 2 will be presented. This unit will be mostly practical.

Upon completion of this Unit participants should be able to:

- Cope with anxiety symptoms.
- Cope with stress symptoms.
- Cope with depression symptoms.
- Deal with uncertainty feeling.
- Cope with illness/contagion and death fears.
- Deal with grief and sleeping problems.

b. Unit sections

1. Specific strategies to handle anxiety (social).

1.1. Distraction
1.2. Diaphragmatic breathing
1.3. Relaxation
1.4. Self-instructions
1.5. Positive imaging
1.6. Exposition (face feelings without avoid them)
1.7. Cognitive restructuring

2. Specific strategies to handle stress
    2.1. Cognitive restructuring
    2.2. Distraction and sense of humour
    2.3. Problem solving
    2.4. Social support
    2.5. Good sleeping and eating habits
    2.6. Regular exercise
    2.7. Self-care activities
    2.8. Mindfulness.

3. Specific strategies to handle depression
    3.1. Behavioural activation
    3.2. Mindfulness
    3.3. Cognitive restructuring
    3.4. Weekly schedule

4. Specific strategies to handle uncertainty
    4.1. Tolerance and exposition
    4.2. Adaptation to change
    4.3. Resilience

5. Specific strategies to handle fears
    5.1. Illness/contagion: tolerance. Reducing focus on an uncomfortable or unusual feeling in the body.
    5.2. Death: progressive exposition and cognitive restructuring.

6. Specific strategies to handle other problems
    6.1. Grief: emotional expression, social support.
    6.2. Sleeping problems: tips and recommendations such as having healthy habits, avoidance electronic devices, practicing mindfulness and relaxation.

c. Content

Topic 1: Specific strategies to handle anxiety (social)

1.1. Distraction

- One of the effective ways to manage an anxious response is to **change our focus of attention**, breaking the chain that maintains the anxiety and allowing us to be in a state to handle the situation.
- Distraction techniques consist of voluntarily shifting our focus of attention from our thoughts and sensations to another stimulus that allows us to reduce our anxiety.
- For the **selection of the task,** we must take into account: 1) that it arouses our interests, and, 2) it is important that the task involves a relevant behavioural implication for the person, that is to say, that we are active subjects when carrying out the activity.

1.2. Diaphragmatic breathing

It is also called **belly or abdominal breathing**. During diaphragmatic breathing, you consciously use your diaphragm to take deep breaths. When you breathe normally, you don't use your lungs to their full capacity. Diaphragmatic breathing allows you to use your lungs at 100% capacity to increase lung efficiency. The result is slow, even, deep breathing.

Benefits of this exercise:
- ✓ Reduces pain
- ✓ Reduce blood pressure
- ✓ Help with heart rate
- ✓ Reduces anxiety
- ✓ Reduces muscle tension
- ✓ Reduce stress
- ✓ Makes breathing slower

If you want to practice, check this video: https://www.youtube.com/watch?v=g2wo2Impnfg&t=51s

1.3. Relaxation

Progressive Muscle Relaxation (PMR) is a technique that relaxes the muscles in your body. It helps to reduce tension or stress in your muscles. When you release the tension, the muscles relax. Progressive muscle relaxation is achieved by tensing and relaxing a group of muscles repeatedly until the muscle remains relaxed. As you practice, you will learn to feel the difference between a relaxed muscle and a tense one.

Benefits of progressive muscle relaxation:
- ✓ Reducing stress
- ✓ Lowering the heart rate
- ✓ Helping to manage anxiety
- ✓ Reducing muscle tension
- ✓ Reducing pain
- ✓ Feeling more rested

If you want to try a short version of progressive muscle relaxation, check this video:
https://www.youtube.com/watch?v=Q_diV-uqV9w

1.4. Self-talk

- Self-talk are phrases or messages that you address to yourself in order to cope appropriately with an anxious situation. It is a superficial technique, which is not enough on its own to overcome the problem, but it can help you deal with anticipatory anxiety and crises or attempted crises.
- Its use consists of carrying one or several sheets of paper with you and reading them at the moment you experience symptoms, with the aim of counteracting the automatic tendency to make catastrophic interpretations when you notice a sensation that you don't like.

If you want to find out more and practice this technique, check this video:
https://www.youtube.com/watch?v=71_NkXgAK1g

1.5. Positive imaging

- It is a technique that consists of actively using the imagination to transform our negative emotions into more positive ones or to directly provoke positive emotions.
- It consists of learning to relax and vividly imagine different things or situations as realistically as possible and providing as many details as we can include, while generating control of our emotions, sensations and behaviour.

If you want to practice this technique, check this video: https://www.youtube.com/watch?v=UBNUqLdLjkSw

1.6. Exposition (face feelings without avoiding them)

- Feelings and anxiety diminish if we stop escaping from them, but if we strive to remove or eliminate them, they may become stronger and more persistent.
- Therefore, it is important to dare to experience anxiety or any feared feelings without doing anything to reduce or remove them. Instead, try to face them without doing anything to avoid them, without using any calming techniques.

If you want to find out more about this technique, check this video: https://www.youtube.com/watch?v=NjQZhC7bKps

1.7. Cognitive restructuring

- It consists of identifying and challenging maladaptive thoughts. These will then be replaced by more appropriate ones and the emotional disturbance caused by these thoughts will be reduced or eliminated.
- The technique involves discussing negative automatic thoughts that occur in situations that provoke anxiety or other emotional disturbance (e.g. "They think I'm boring") and replacing them with more rational beliefs or thoughts (such as "I can't read other people's minds, they're probably tired now").

It is not an easy technique, but you can do some actions. Check this video if you are interested! https://www.youtube.com/watch?v=YxJCM-hXp-M

Topic 2: Specific strategies to handle stress

2.1. Cognitive restructuring

→ *Same technique described in Topic 1: specific strategies to handle anxiety but applied to stressful situation.*

- It consists of identifying and challenging maladaptive thoughts. These will then be replaced by more appropriate ones and the emotional disturbance caused by these thoughts will be reduced or eliminated.
- The technique involves discussing negative automatic thoughts that occur in situations that provoke anxiety or other emotional disturbance (e.g. "They think I'm boring") and replacing them with more rational beliefs or thoughts (such as "I can't read other people's minds, they're probably tired now").

It is not an easy technique, but you can do some actions. Check this video if you are interested! https://www.youtube.com/watch?v=YxJCM-hXp-M

2.2. Distraction and sense of humour

→ *Distraction was presented in Topic 1: specific strategies to handle anxiety.*

- Encouraging distraction and sense of humour is a good measure to prevent anxiety and/or stress situations or to alleviate them. In addition to facilitating the shifting of attention away from problems, it helps to relativise the importance of problems.
- One of the effective ways to manage an anxious and/or stressful response is to change our focus of attention, breaking the chain that maintains the anxiety and allowing us to be in a state to handle the situation.

- Distraction techniques consist of voluntarily shifting our focus of attention from our thoughts and sensations to another stimulus that allows us to reduce our anxiety and/or stress.
- For the **selection of the task**, we must take into account: 1) that it arouses our interests, and, 2) it is important that the task involves a relevant behavioural implication for the person, that is to say, that we are active subjects when carrying out the activity.

2.3. Problem solving

- A situation becomes a problem when it cannot be solved effectively. Repeated failure to solve a problem causes chronic discomfort, anxiety and a sense of helplessness, making it difficult to find new solutions.
- Problem-solving techniques try to help the individual to decide which are the most appropriate responses to a situation. This technique consists of several steps:

1) **Identification and description** of the problem in a clear, quick and precise manner.
2) Search for **possible solutions or answers** to the problem analysed from different points of view.
3) Application of a **procedure of analysis** and weighting of the different response alternatives to decide on the most suitable solution to the problem.
4) Choice and **execution of the steps** to be taken for its implementation.
5) **Evaluation** of the results obtained by implementing the chosen solution.

- Check this video if you want to find out how to solve problems in the workplace: https://www.youtube.com/watch?v=ehRNriENFic

2.4. Social support

- Social relations with other individuals often serve as a source of **psychological or instrumental help**. A social group can become a reference that facilitates the individual's better adaptation and integration into reality. It is therefore essential to establish and develop social networks that provide social support to the individual.
- Many people find in their supporters (friends, relatives) help to deal with stress. However, this does not work for everyone. You have to look for what you need and what works for you.

2.5. Good sleeping and eating habits

- The development of good eating habits is a recommended measure for the prevention of stress. The energy demands we currently receive from our environment determine the need to maintain an adequate energy balance in order to respond to these demands and not develop deficiency problems.
- Physical and mental fatigue are among stress triggers, so having time to rest every night is a great way to de-stress.

Check this video to know how the food can affect our brain: https://www.youtube.com/watch?v=xyQY8a-ng6g

2.6. Regular exercise

- It is well known that having a good physical condition has very positive effects on stress prevention. It is therefore recommendable to exercise regularly in order to increase the individual's physical resistance to the effects of stress and enhance psychological resistance. In fact, exercise forces us to shift our attention away from psychological problems and allows us to rest and recover from previous mental activity.
- Physical exercise moves the body and improves its functioning and physical capacity. As a result, you will be better able to cope with stress, which increases your capacity for physical work and improves your cardiovascular, respiratory and metabolic functions.

If you are interested in knowing more about the benefits of the exercise for our brain, then, check this video of the neuroscientist Wendy Suzuki: https://www.youtube.com/watch?v=BHY0FxzoKZE

2.7. Self-care activities

- Taking care of yourself means asking yourself what you need and answering honestly. It can be as simple as going to bed early after a long day at work or take a long relaxing bath, or as difficult as studying the habits we have created and their long-term effects.
- Taking care of ourselves means identifying and making better decisions about our physical, emotional, mental, financial and spiritual needs. Self-care is the set of actions taken to provide mental, physical and emotional health.

Watch this video to find out more about self care: https://www.youtube.com/watch?v=dBn0ETS6XDk

2.8. Mindfulness

- It is a meditation-based practice that consists of training the attention to be aware of the present.
- Mindfulness is about letting thoughts flow without resistance or judgement, simply observing how they come and go. It is important to differentiate between the fact of focusing attention and the attitude with which it is done. In addition to focusing attention on the present, one should adopt an attitude characterised by curiosity, openness and acceptance.
- Mindfulness practices can be formal or informal. Formal mindfulness practice requires a minimum of 45 minutes a day doing mindfulness meditation exercises. On the other hand, informal mindfulness practice consists of applying mindfulness skills in any everyday action such as eating or walking.

Check this short video to find out how to practice mindfulness: https://www.youtube.com/watch?v=bLpChrgS0AY

Topic 3: Specific strategies to handle depression

3.1. Behavioural activation

- Behavioural activation refers to activities or exposure to pleasurable situations that involve contact with positive reinforcement. For example, if you are a person who likes sports, then encouraging yourself to play some sport like tennis would be a way of obtaining positive reinforcement to improve your mood.
- The aim is to get the person to initiate behavioural change because when a person feels depressed he/she tends to be more inactive and reduces involvement in pleasant activities. For this, it is important that the behaviours performed are aimed at achieving valued goals and that there is a high probability that they can be reinforced by the context.

Check this video which include some tips when doing behavioural activation: https://www.youtube.com/watch?v=HBVACtJCN3M

3.2. Mindfulness

→ *Same technique mentioned in 2.8. from Topic 2: specific strategies to handle stress.*

- It is a meditation-based practice that consists of training the attention to be aware of the present.
- Mindfulness is about letting thoughts flow without resistance or judgement, simply observing how they come and go. It is important to differentiate between the fact of focusing attention and the attitude with which it is done. In addition to focusing attention on the present, one should adopt an attitude characterised by curiosity, openness and acceptance.
- Mindfulness practices can be formal or informal. Formal mindfulness practice requires a minimum of 45 minutes a day doing mindfulness meditation exercises. On the other hand, informal mindfulness practice consists of applying mindfulness skills in any everyday action such as eating or walking.

Check this short video to find out how to practice mindfulness: https://www.youtube.com/watch?v=bLpChrgS0AY

3.3. Cognitive restructuring

→ *Same technique mentioned in 1.7. from Topic 1: specific strategies to handle anxiety*

- It consists of identifying and challenging maladaptive thoughts. These will then be replaced by more appropriate ones and the emotional disturbance caused by these thoughts will be reduced or eliminated.
- The technique involves discussing negative automatic thoughts that occur in situations that provoke anxiety or other emotional disturbance (e.g. "They think I'm boring") and replacing them with more rational beliefs or thoughts (such as "I can't read other people's minds, they're probably tired now").

It is not an easy technique, but you can do some actions. Check this video if you are interested! https://www.youtube.com/watch?v=YxJCM-hXp-M

Topic 4: Specific strategies to handle uncertainty

4.1. Tolerance and exposition

- The search for certainty is useless as uncertainty is part of life. Since it is impossible to be 100% sure of anything, the search for certainty leads to worry and discomfort.
- To foster tolerance of uncertainty, you have to expose yourself to situations that generate uncertainty. Sometimes, this is complicated to carry out, but to overcome uncertainty you have to learn to face it.
- It is important to start with small situations that do not generate so much anxiety and then evolve and overcome them as you become more confident.

Here you can check out some strategies to cope with uncertainty: https://www.youtube.com/watch?v=S3CU2kOBt3s

4.2. Adaptation to change

- Adaptation to change is to have the ability to seek a new stability when our physical or psychological balance is modified.
- It is the necessary capacity to assume variations and unexpected changes related to the daily routines, without offering resistance and accepting to do things differently if circumstances so determine.
- Today we need to adapt to global times. In this context, change is constant and unexpected, so adapting to change is essential for survival.

Check out this video which presents some tips to be more adaptable and flexible in the workplace: https://www.youtube.com/watch?v=rlmX1yWt_SI

4.3. Resilience

- Resilience is the process of adapting well to adversity, trauma, tragedy, threat, or significant sources of stress, such as family or relationship problems, serious health problems, or stressful work or financial situations.
- Being resilient does not mean that a person does not experience difficulties or distress. Emotional pain and sadness are common in people who have suffered great adversity or

trauma in their lives. In fact, the path to resilience is likely to be full of obstacles that affect our emotional state.

- Resilience is not a characteristic that people have or do not have. It includes behaviours, thoughts and actions that can be learned and developed by anyone.

If you want to start building resilience, check this video: https://www.youtube.com/watch?v=VNCL1gIwyOI

Topic 5: Specific strategies to handle fears

5.1. Illness/contagion: tolerance

- Both illness and contagion fears should be overcome similarly by **tolerating** and facing the discomfort and negative feelings they produce. This can be carried out by the person on their own at the beginning of the onset of fears. However, it can be very difficult for the person when the fear is well established, and in these situations a person will probably need a professional help to face their fears.

For some practical tips about how to handle this issues, check out this interesting video: https://www.youtube.com/watch?v=Zqx692vcQms

5.2. Death: progressive exposition and cognitive restructuring

- As well as other fears, the fear of death should be overcome with exposition and tolerance to those stimuli associated with death which make the individual feel anxiety. And also, the need to change or make more flexible the negative and irrational thoughts associated with that fear.

Watch this video in which some skills to facing fear of death are described: https://www.youtube.com/watch?v=KWZh5aZh9dc&t=1102s

Topic 6: Specific strategies to handle other problems

6.1. Grief: emotional expression, social support

- The loss of a close friend or relative is a big challenge that all of us have to face at some point in our lives. The reaction or response to this event is different from person to person, and each individual uses their own resources.
- What is common to all people is the need of time to assimilate and process the loss. Generally speaking, most of the people can overcome the loss and continue with their normal life. The role of **emotional expression** during the grieving process is crucial. And thus, the **social support** is also important. If you have support you can feel more comfortable expressing your feelings.
- However, some people need more time to process a loss. Sometimes this is associated with difficulties in expressing feelings. These people could have a complicated grief, needing health professional help.

During the **grieving process** it is important:

- ✓ Do not push yourself to relief your pain.
- ✓ Accept all your feelings, there is no wrong or good feelings.
- ✓ Talk about the death of the loved one, do not deny the loss and reality.
- ✓ Take care of yourself.

Here you have some extra tips: https://www.youtube.com/watch?v=Jl7axuIeVxI

6.2. Sleeping problems

First of all, it is important to know if the sleeping problem is a consequence of another problem (psychological or physical), so that you should tackle the underlying problem.

If not, in general, there are several tips and recommendations to reduce sleep problems:
- ✓ Having healthy habits (be active, eat healthy, reduce alcohol/caffeine, etc.).
- ✓ Avoidance electronic devices before go bed.
- ✓ Practicing mindfulness and relaxation.

Check these two videos to learn how to practice good sleep hygiene:

1. https://www.youtube.com/watch?v=OdRM9chZHaY
2. https://www.youtube.com/watch?v=Fpoa8siZYk0

G. Unit 5: Promoting mental well-being

a. Unit description

In this UNIT, a set of strategies and actions to manage each of the problems mentioned in Unit 1 will be presented. This unit will be mostly practical.

Upon completion of this Unit participants should be able to:

- Put into practice strategies for promoting emotional awareness
- Know how to enhance emotional regulation
- Put into practice strategies for promoting interpersonal intelligence
- Put into practice strategies to fostering pleasant feelings

b. Unit sections

1. Promotion of emotional awareness/intelligence
    1.1. Emotional vocabulary: knowing and naming emotions
    1.2. Recognition and understanding of my own emotions and the ones in others

2. Enhancement of emotional regulation
    2.1. Difference between thought, emotion and behaviour and its interaction
    2.2. Suitable expression of pleasant and unpleasant feelings and emotions (no repression, self-control, tolerance).
    2.3. Adaptation to changes

3. Promoting interpersonal intelligence to create positive relationships
    3.1. Communication and dialogue/listening skills (verbal and non-verbal communication)
    3.2. How to give and receive compliments
    3.3. Assertiveness: How to express opinions and complaints
    3.4. Recognition of the own qualities and the ones in others

4. Fostering pleasant feelings
    4.1. Physical activities
    4.2. Artistic activities (drawing, dancing, painting, writing, etc.)
    4.3. Relaxation and meditation

c. Content

Topic 1: Promotion of emotional awareness/intelligence

1.1. Emotional vocabulary: knowing and naming emotions

- Sometimes people do not know how to describe what they are feeling because they do not really know all the variety of emotions and feelings that exist and this can prevent them from identifying and understanding what is happening to them.
- Also, some people confuse some emotions with others, for example, frustration with anger. This feeling of confusion sometimes generates negative emotions not only because of the mere fact of not knowing what is happening to them, but also because they are not able to externalize and name what is happening to them, which can generate conflict with other people.
- For this reason, it is important to cultivate and enlarge our emotional vocabulary in order to be clear about what we feel and be able to transmit it and promote healthy interpersonal relationships.

1.2. Recognition and understanding of my own emotions and the ones in others

- Similarly, to the aforementioned topic, apart from knowing that there is a bunch of emotions and feelings, it is crucial to recognize them in ourselves and in others.
- If we know how to recognize the emotions we feel and why we feel them, it allows us to know how to manage them better and reduce the impact produced by these emotions.
- Benefits of the emotional awareness:
  - ✓ Promotes the development of social skills
  - ✓ Improves self-esteem
  - ✓ Promotes self-knowledge
  - ✓ Improves self-reflection
  - ✓ Improves social relationships

Topic 2: Enhancement of emotional regulation

2.1. Difference between thought, emotion and behaviour and its interaction

Our behaviour is a consequence of our emotions and these are caused by our thoughts. But, in turn, our behaviour influences what we feel and what we think. Thus, these three aspects are interrelated but it is important distinguish them to understand the human functioning.
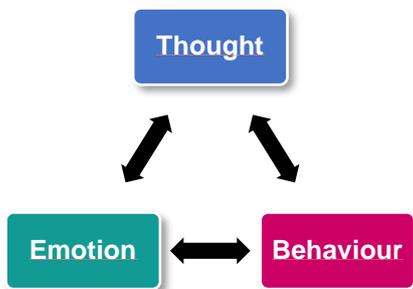
Check this video to know more about the connection between feelings, thoughts and behaviours: https://www.youtube.com/watch?v=x7agNuTrMgg

2.2. Suitable expression of pleasant and unpleasant feelings and emotions (no repression, self-control, tolerance).

- In addition to identifying our emotions and feelings, it is essential to learn how to express them correctly.
- Expressing what you feel and being understood by others, makes you feel good and you relate better with others because you improve communication.
- It is important that when expressing your emotions, you first take your time to think about it, put your ideas in order and in this way, you will be able to express yourself better.
- Some people have more difficulty than others in expressing their feelings, for various reasons. In some cases, it may be helpful to do it in writing at first. This way you can review what you

have written to be sure it is what you want to convey. However, verbal communication along with gestures is the best way to relate.

- Another important aspect is evaluating when is the right time to express emotions. For example, in the case of anger, it is often so strong that it overwhelms us and makes it difficult to think clearly.

Topic 3: Promoting interpersonal intelligence to create positive relationships

3.1. How to give and receive compliments

- The way you react to a compliment says a lot about how you value yourself. In general, for people with good self-esteem, being complimented on a job well done or being admired by others is a positive experience. It makes them feel accepted by others and increases their sense of well-being. However, for those with low self-esteem it does not have the same effect, they feel ashamed and look for ways to escape the situation. This is because the comment contradicts their view of themselves.
- When receiving compliments:

  ✓ Do not play it down
  ✓ Do not question it
  ✓ Do not give it back
  ✓ Do not deny it
  ✓ Say thank you

3.2. Assertiveness: How to express opinions and complaints

- Assertiveness is the ability of people to express their emotions and opinions appropriately, without aggressiveness and in an honest way.
- Assertiveness is a skill that can be trained, and furthermore, practicing assertiveness makes a person feel more self-confident, increases confidence and self-esteem.

3.3. Recognition of the personal qualities and the ones in others

- It is very important that you recognize your qualities and achievements without shame, without belittling yourself because it is a simple way to increase your self-esteem.
- If you recognize and accept all that you have good, you can enhance it.

Topic 4: Fostering pleasant feelings

4.1. Physical activities

- In addition to the physical benefits, physical activity has numerous psychological benefits. In particular, any physical activity promotes positive feelings.
- Physical activity doesn't just mean playing a sport. You can be active in a variety of ways. The important thing is that you find what you enjoy and what makes you feel good.

Watch this video to find out more on benefits of the physical activity: https://www.youtube.com/watch?v=Muz0YR0ILaU

4.2. Artistic activities

- It is well known that the arts are a form of non-verbal expression and help the personal and emotional development of people. Many people find the arts to present a way to communicate since through images, tone of voice, colours, feelings and emotions can be externalized. The benefits of artistic activities are those associated with emotional expression, and one of the main advantages is that these kinds of activities promote pleasant feelings.

- Although some people have ease or even predilection for this type of activities, but in other cases it can be stimulated or encouraged. It is just a matter of finding what you like and what motivates you.
- There are a multitude of artistic activities: drawing, dancing, painting, writing, singing, acting, etc.

H. Assessment questions

a. Check your knowledge activities

1. Anxiety:
A. is always dangerous
B. can be positive and adaptive
C. is only physical

2. Stress responses can help people adjust to new situations and changes.
A. Yes
B. No

3. Negative automatic thoughts are involuntary and are typical of depression.
A. Yes
B. No

4. Intolerance to uncertainty have no relation to emotional problems.
A. Yes
B. No

5. Noshophobia:
A. Is exactly the same as hypochondria
B. It is different to hypochondria
C. Refers to the fear of confined spaces

6. The grieving process:
A. Is always the same for everyone
B. Should be fast
C. Can be normal or pathological

7. Choose from the list risk factors for mental health:

Social isolation
Physical activity
Positive parent and family relationship
Neuroticism
Unsupportive work conditions
Perfectionism

8. Knowing and recognizing protective factors:
A. Is useful for preventing future problems
B. Is useless because we cannot do anything for preventing future mental health problems
C. Is only a task of the professionals

9. Which of the following is a strategy for handle anxiety?
A. Emotional expression
B. Problem solving

C. Diaphragmatic breathing

10. One of the most used techniques to handle depression is:
A. Problem solving
B. Behavioural activation
C. Distraction

11. Flexibility and adaptability to change are two skills mainly useful for:
A. Handling uncertainty
B. Overcoming fears
C. Reducing sleeping problems

b. Questions for final assessment

1) Anxiety:
A. It is a normal and adaptive reaction
B. Always is pathologic
C. It can be normal or pathologic depending on the frequency, intensity and persistence

2) Burnout syndrome:
A. It is myth
B. Refers to inadequate coping with chronic stress, and is characterised by emotional exhaustion and decreased personal performance
C. Only happens to women.

3) Protective factors for mental health are:
A. Variables or events that decrease the likelihood of having a disease
B. Variables or events that increase the likelihood of having a disease
C. Variables that cause emotional disorders

4) Diaphragmatic breathing is a strategy to handle anxiety.
A. Yes
B. No

5) Resilience is a non-modifiable trait.
A. Yes
B. No

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