

# Understanding Your Mental Wellbeing

## A Brief Introduction to the Science of Mental Wellbeing

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# PROBLEMS WITH THE CURRENT APPROACH TO MENTAL HEALTH

Common mental health problems outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) include:

- » Depression
- » Generalised anxiety disorder
- » Social anxiety disorder
- » Panic disorder
- » Phobias
- » Post-traumatic stress disorder (PTSD)

This language of 'disorders' – the medical/disease model – has been heavily criticised for a long time.

*“Deeply flawed and scientifically unsound.” – Professor Allen Frances, the Chair of the DSM-4 committee*

*“Totally wrong, an absolute scientific nightmare.” - Dr Steven Hyman, former National Institute of Mental Health (NIMH) director*

*“It undermines genuine empathy and compassion; instead of seeing the people’s difficulties as understandable and natural responses to terrible things that have happened to them, the person is seen as having something wrong with them – an ‘illness’.” – Professor Peter Kinderman, former Vice-President of the British Psychological Society (BPS)*

The NHS website also outlines two main criticisms of the current diagnostic approach:

1. *An increasing tendency to "medicalise" patterns of behaviour and mood that are not considered to be particularly extreme.*
2. *An unhealthy influence of the pharmaceutical industry on the revision process.*

The British Psychological Society (BPS) has long called for a system overhaul in relation to mental health. They highlight several problems with the current system such as limitations in validity (i.e., inaccurate diagnoses) and reliability (i.e., inconsistent diagnoses), as well as noting the negative impact diagnoses can have on people’s identity.

We believe that the majority of mental health problems are best understood as **normal human responses to distressing situations and the culture we live in.**

Mental health is also best understood as a spectrum that we all move along in our lives. Viewing mental health as a spectrum helps to communicate that:

- » There are no clear logical boundaries of what is an ‘unhealthy’ level of mental distress that should qualify as a ‘mental disorder’.
- » The majority of mental distress is primarily due to non-biological causes such as distressing situations and damaging social systems.



- » Whilst either anxiety or depression symptoms can be more prominent, they clearly aren't separate – 'mixed anxiety and depression' is the most common diagnosis.

In the past few years, the *National Institute of Mental Health (NIHM)* has stopped funding studies that present depression and anxiety as different diagnoses.

*"Psychiatric labels refer to human conditions that cannot be pigeonholed, because they are not diseases, but subjective human experiences that exist along a complex continuum." - Peter Breggin*

It's important to understand that poor mental health is associated with **real physical changes** that happen due to our in-built evolutionary responses to distressing situations, which we'll discuss later.



### Deeper Dive

For more information, watch the talk '[Trauma and Mental Health](#)' by clinical psychologist Dr Lucy Johnstone. As Johnstone states, "People have the right to know that there are serious concerns about the scientific validity of these labels."

## CAUSES OF POOR MENTAL WELLBEING

Poor mental wellbeing is highly complex. There's no simple answer to "What causes depression and anxiety?" Many factors play a role. Here are some examples of situational and social causes.

### SITUATIONAL CAUSES

#### 1. Childhood Trauma

*"It is politically convenient for policy makers to emphasize individual biology in ways that decontextualize mental health problems and thus deflect scrutiny from damaging social systems. Childhood abuse and neglect, adulthood assault, poverty, and discrimination have devastating personal consequences, yet medicalizing subsequent distress permits a level of denial and distancing that absolves those in power of responsibility for addressing injustice and instituting legislative change." - Eleanor Longden et al.*

Research shows that experiencing childhood trauma is disturbingly common.

*The Adverse Childhood Experiences Study (ACE Study)* is one of the largest scale investigations into childhood trauma and later-life health and wellbeing.

A whopping two thirds of the participants had an ACE score of at least one – 11,078 out of 17,337 people had experienced some form of abuse or parental dysfunction.

The participants were mostly white, middle and upper-middle class, and college-educated. They had good jobs and great health care.

Research shows that as the number of ACEs increases, so does the risk for negative mental and physical health outcomes. You can find out your ACE score [here](#).



## 2. Loss and Entrapment Situations

- » Feeling lonely and disconnected from others,
- » Feeling trapped in a relationship you no longer want to be in,
- » Feeling trapped in a job you don't want to be in anymore,
- » An unwanted period of unemployment,
- » Divorce or relationship breakup,
- » Personal illness,
- » Bereavement.

## 3. Threat Situations

- » Lacking a sense of security and/or control in terms of employment, finances, and housing,
- » Work-related stress, which has been shown to be related to six core areas:
  1. **Demands** – issues with your workload, work patterns and work environment
  2. **Control** – lacking control over the way you do your work, the pace of your work, and when you take breaks
  3. **Support** – lacking sufficient encouragement and resources at work
  4. **Relationships** – experiencing conflict and unacceptable behaviour
  5. **Role** – a lack of clarity around your role and responsibilities
  6. **Change** - problems with effectively communicating organisational change and a lack of consultation between employees

## 4. Change Situations

- » Changing jobs,
- » Moving house,
- » Pregnancy and becoming a parent,
- » Getting married,
- » Being a carer for a family member or friend that requires a lot of support.

## SOCIAL CAUSES

- » The lack of compulsory mental wellbeing skills education in schools,
- » Rising levels of work-related stress,
- » Excessive funding cuts to local authorities and mental health services,
- » The loneliness epidemic,
- » Damaging neoliberal values in Western societies (i.e. individualism, competitiveness, overwork and materialism),
- » Helicopter parenting and the impact of neoliberal values on parenting styles (i.e. parents placing higher demands on their children),
- » The harmful effects of social media and excessive mobile/tablet usage (i.e. perfectionism, blue-light exposure, and body image issues),
- » Toxic masculinity (i.e. the pressure that exists on men to suppress their emotions and thus not reach out for support),
- » The harmful effects of non-constructive and sensationalist journalism (i.e. news that revolves around negative and conflict-based stories),
- » High levels of income inequality,
- » The crisis of inadequate, unaffordable and insecure housing,
- » The fact that a fifth of the UK population is now living in poverty, amid the worst decline for children and pensioners in decades.



## ANCIENT STRESSORS



## MODERN STRESSORS



*Inspired by The Illustrated Happiness Trap by Russ Harris and Bev Aisbett*

## OTHER CAUSES

- » Problems with the thyroid gland,
- » Vitamin deficiency (e.g., B12),
- » Hormone problems,
- » Gut infections,
- » Anaemia,
- » Diabetes,
- » Complications with other medications,
- » High alcohol and/or caffeine intake,
- » Recreational drugs,
- » Chronic exposure to low levels of carbon monoxide.

*If you suspect a physical health problem may be underlying your poor mental wellbeing, it's worth discussing this with your GP.*



# PARENTING STYLES ASSOCIATED WITH POOR MENTAL WELLBEING

*“Sometimes people become depressed even though they have not recently experienced any actual major loss, but in the course of therapy it may turn out that they have never felt loved or wanted by their parents or partners, and are in a kind of grieving-yearning state for the closeness they lack.” – Dr Paul Gilbert*

Poor parenting styles such as the ones listed below are also associated with poor mental wellbeing. Note that sometimes parents don't fit neatly into one category, so you may have experienced more than one parenting style.

## 1. Affectionless-Control

- » Lack of warmth and care,
- » Overcontrolling,
- » Impose high standards of achievement,
- » Intrusive,
- » Critical,
- » Low frustration tolerance - prone to angry outbursts,
- » Child experiences fear and anger towards the parent.

## 2. Enmeshment and Boundary-Violating

- » Does not recognise a child's own individuality and tries to control their lives,
- » Places adult responsibilities onto child such as looking after a younger sibling,
- » Shares information that is not age-appropriate for the child such as relationship problems,
- » Child may feel a responsibility to “rescue” parents,
- » Child feels a sense of burden and guilt.

## 3. Unpredictable

- » Loving one minute and distant the next,
- » May be verbally and/or physically abusive,
- » Child loves but also fears the parent.

## 4. Unreliable

- » What they say and do differs – they may talk about being loving, but don't always act that way,
- » Child perceives parents as unavailable for reliable protection and support.

**The common theme in these parenting styles is that they interfere with our sense of social connectedness and safety.**

Research has clearly demonstrated that people who experience parental love and affection develop a well-functioning soothing system, meaning they're biologically well-equipped to handle distress (see page 9).

On the other hand, experiencing emotional disconnection, coldness and hostility can lead people to develop an underactive soothing system.





## A Thought Experiment

*A little girl gets hit by a car on a street with a 30mph speed limit. The driver was looking down at their phone and didn't see the little girl crossing the road. Sadly, she broke two ribs and her leg. It's now six months later, and she's just had her leg cast removed.*

*Do you scold the little girl for not knowing the exercises to regain her muscle strength?  
Do you belittle her for being in pain, telling her she shouldn't feel that way?  
Do you tell her she's being a burden by asking others for help?*

*Of course, the answer is no. Yet, we so often treat ourselves this way, don't we?*

*We beat ourselves up for not being able to manage our emotions and bodily responses. We don't remind ourselves that mental wellbeing skills aren't taught in schools and it's not our fault that we struggle to cope.*

*Just like the physical injury wasn't the girl's fault, your mental injury is not your fault. However, just like the girl can do leg exercises to build up her physical strength, you can do mental and behavioural exercises to build up your mental strength.*

*You can rewire your brain and body. You can help yourself feel better. Your brain state is not your fault, but it is your responsibility to help yourself heal.*

## HOW POOR PARENTING AFFECTS YOUR RELATIONSHIPS

*"If we look beyond the list of specific symptoms that entail formal psychiatric diagnoses, we find that almost all mental suffering involves either trouble in creating workable and satisfying relationships or difficulties in regulating arousal (as in the case of habitually becoming enraged, shut down, overexcited, or disorganised). Usually it's a combination of both. The standard medical focus on trying to discover the right drug to treat a particular "disorder" tends to distract us from grappling with how our problems interfere with our functioning as members of our tribe." - Bessel van der Kolk*

Poor parenting is associated with what psychologists call 'insecure attachment styles'. Having an insecure attachment style can make it more challenging to develop and sustain healthy long-term relationships. As described in the quote above, this plays a significant role in mental health.

There are two main types of insecure attachment:

1. **Anxious attachment**
2. **Avoidant attachment**

Like poor mental wellbeing, insecure attachment styles can be understood as normal, in-built evolutionary responses attempting to keep us safe in the domain of social relationships.

### Signs of Anxious Attachment

- » Uncomfortable being single,
- » Crave constant reassurance and affection,
- » Prone to obsessing over relationships,
- » Prone to falling in love quickly,





- » Forgo own needs in order to please others,
- » Lack strong sense of identity due to excessive focus on others,
- » Hypersensitive to criticism and signs of withdrawal,
- » Fears rejection and abandonment,
- » Prone to worrying their partner doesn't like them enough,
- » Distrusting,
- » Prone to jealousy and anger,
- » Experience chronic doubts about self-worth,
- » May be manipulative in order to gain attention and care,
- » Highly uncomfortable with uncertainty,
- » Difficulty managing intense emotions.

## Signs of Avoidant Attachment

- » Strives for independence and self-sufficiency,
- » Uncomfortable with closeness; feels "suffocated" by intimacy,
- » Keeps an emotional distance from others,
- » Rarely turns to others to ask for help,
- » Less likely to share what they feel deep down,
- » Distrusting,
- » Prefers to work alone,
- » May use work to avoid meaningful relationships,
- » Casual sex may feel easier than intimate sex,
- » Prone to focusing on other people's flaws,
- » May lack insight into personal weaknesses because acknowledging them makes them feel less self-sufficient,
- » Avoids dealing with relationship conflict,
- » Can be oblivious to genuine signs of caring and emotional availability,
- » Prone to suppressing emotions.

People with many signs of both are understood to have a *'fearful-avoidant'* attachment style.

These styles of relating to others can be seen in relationships with partners, friends, and colleagues. It's possible to exhibit one attachment style predominantly in one area and another in a different area.

Interestingly, research suggests that women are more likely to be anxiously attached, whereas men are more likely to be avoidantly attached. This may be due to the role toxic masculinity plays in society, with men experiencing more social pressure to suppress their emotions than women do.

Anxious-avoidant relationships are very common. This may be because the anxiously attached person is more likely to persist in their attempts to develop a relationship with an avoidantly attached person, whereas a securely attached person would be more likely to move on.

Anxious-avoidant relationships tend to be very difficult for both parties involved. On the other hand, they can give rise to increased self-awareness and highlight our areas for personal growth.

Research shows that the most effective way to reduce an insecure attachment style is simple: enter a long-term relationship with a securely attached person.



## Signs of Secure Attachment

- » Comfortable with closeness,
- » Trusting,
- » Strives to resolve relationship conflicts
- » Comfortable sharing feelings with partners and friends,
- » See themselves as worthy of love,
- » Don't worry about being abandoned,
- » Seeks out social support.

## THE SUBORDINATE APPROVAL TRAP

Another way poor mental wellbeing can affect your relationships is through what Dr Paul Gilbert calls *The Subordinate Approval Trap*. Whilst everyone seeks approval to a certain extent, it tends to be particularly pronounced in people with poor mental health.

Poor parenting styles and traumatic experiences such as bullying are strongly associated with the emotion of shame. To help deal with shame - consciously or unconsciously - you may attempt to adapt yourself and your behaviour to please others and gain their approval. This leads to the vicious cycle shown below.



It's your parent's duty to instil you with a sense of unconditional love and acceptance, a sense of your own 'basic goodness'. If you received inadequate love and affection from your caregivers, it can lead to the feeling that author William Moyers describes as a 'hole in the soul', and the vicious cycle described above.

As Nicky Lidbetter, CEO of Anxiety UK, explains:

*"Individuals who experience high functioning anxiety are often very driven, high achievers who set incredibly high standards for themselves. They can find themselves constantly*



*striving for perfection in everything they turn their hand to.”*

Perhaps you've labelled yourself as having the 'Type A personality'. You're driven, ambitious and achievement-oriented, and it's helped you do well in academics and your career.

We'd encourage you to consider how much these tendencies could be understood through *The Subordinate Approval Trap*.

More importantly, how much are they taking their toll on your health and wellbeing? How do they affect your relationships with others? Is it worth it?

If you want hijack this vicious cycle, over time, you can. Additionally, you can learn techniques to help you deal with a critical inner dialogue that impacts your mood and undermines your self-esteem

## DR PAUL GILBERT'S EVOLUTIONARY MODEL

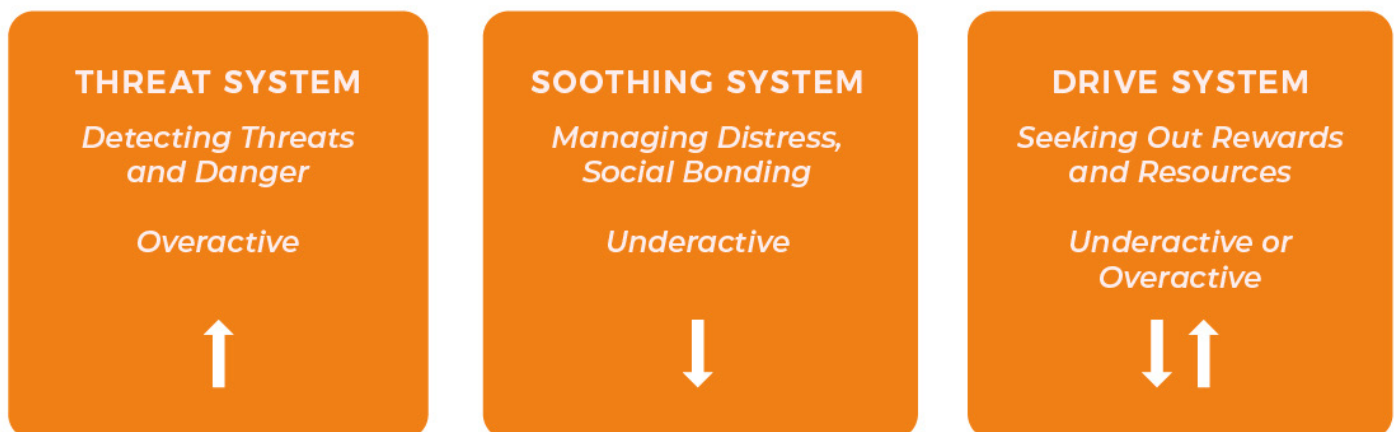
Earlier, we mentioned that poor mental health is associated with **real physical changes** that happen due to our in-built evolutionary responses to distressing situations.

Dr Paul Gilbert offers us an extremely useful framework for understanding these physical changes.

The way our brain works is incredibly complex, but it can be simplified to include three main emotion regulation systems:

- 1. The Threat System.** Responsible for detecting threats and danger; activates feelings of anxiety, anger and disgust.
- 2. The Soothing System.** Responsible for managing distress and promoting social bonding; activates feelings of safety, contentment and trust.
- 3. The Drive System.** Responsible for motivating us to seek out rewards and resources; activates feelings of wanting, vitality and focus.

Poor mental wellbeing is thought to lead to these systems being out of balance, for example:.



These imbalances can lead to the symptoms of poor mental wellbeing outlined on the following page.



MIND	BODY	BEHAVIOUR
<ul style="list-style-type: none"> <li>» Low mood and tearfulness</li> <li>» Numbness and emptiness</li> <li>» Hopelessness</li> <li>» Uninterest in life</li> <li>» Feelings of inferiority and worthlessness</li> <li>» Feeling as though there's a barrier between you and others – like you're an outsider or alien</li> <li>» Losing your sense of humour</li> <li>» Irritability</li> <li>» Impatience</li> <li>» Frustration</li> <li>» Mood swings</li> <li>» Memory issues</li> <li>» Finding it difficult to communicate</li> <li>» Racing thoughts</li> <li>» Worry</li> <li>» Fear and a sense of dread</li> <li>» Anger</li> <li>» Loneliness</li> <li>» Guilt</li> <li>» Paranoia</li> <li>» Intrusive thoughts</li> <li>» Disturbing mental images</li> <li>» Feelings of unreality</li> <li>» Thoughts of death and suicide</li> <li>» Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>» Breathing difficulties – the resulting imbalance of CO2 and oxygen can lead to: <ul style="list-style-type: none"> <li>• <i>Chest tightness</i></li> <li>• <i>Shooting chest pains</i></li> <li>• <i>Feeling like you can't breathe</i></li> <li>• <i>Heart pounding and racing</i></li> <li>• <i>What feels like an irregular heartbeat</i></li> <li>• <i>Butterflies in the stomach</i></li> <li>• <i>Sweating or hot flushes</i></li> <li>• <i>Feeling dizzy or light-headed</i></li> <li>• <i>Weakness</i></li> <li>• <i>Feeling sick</i></li> <li>• <i>Shaking hands and legs</i></li> <li>• <i>Sweaty palms</i></li> <li>• <i>Tingling or numbness of the arms, legs, fingers, toes or face</i></li> <li>• <i>Blurred vision</i></li> <li>• <i> ringing or pulsating in the ears</i></li> <li>• <i>Body tremors</i></li> <li>• <i>Panic attacks</i></li> </ul> </li> <li>» Sleep problems</li> <li>» Fatigue</li> <li>» Digestive issues – stomach cramps, bloating, constipation, diarrhoea, indigestion, heartburn and acid reflux</li> <li>» Muscle tension in the neck, shoulders and jaw, which can result in physical aches and pains</li> <li>» Acne</li> <li>» Skin rashes</li> <li>» Dry mouth</li> <li>» Eye twitches</li> <li>» Temporary hair loss (which grows back)</li> </ul>	<ul style="list-style-type: none"> <li>» An urge to withdraw and avoid situations</li> <li>» Feeling frozen/stuck</li> <li>» Finding it hard to slow down and relax</li> <li>» Constant fidgeting</li> <li>» Seeking reassurance</li> <li>» Sleeping too little/too much</li> <li>» Eating too much/too little</li> <li>» Using tobacco, alcohol and other drugs more than usual</li> <li>» Low libido and sexual problems</li> <li>» Neglecting self-care</li> <li>» Moving slowly</li> <li>» Excessive yawning</li> <li>» Excessive urinating</li> <li>» Picking or pulling your fingers, nails and hair</li> <li>» Self-harming</li> </ul>



# YOUR PERSONAL SIGNS OF POOR MENTAL WELLBEING

As the old adage goes, “If you listen to your body when it whispers, you won’t have to hear it scream.” When you become more aware of your signs of poor mental wellbeing, you can take quicker and more effective action to help yourself feel better.

Many people are so fixated on what’s causing their distress, and not on how it’s impacting them. This can lead to rising levels of poor mental wellbeing that creep up on us in slow and insidious ways. As Mandy Stevens explains in an article in *The Guardian*,

*“Despite 30 years’ experience as a registered mental health nurse I didn’t recognise, acknowledge or even notice the range of symptoms I had been experiencing, or how they had been affecting me. It was only when I finally cried at work that I realised something was wrong.”*

Review the previous page and use the boxes below to create an overview of your personal signs of poor mental wellbeing:

MIND

BODY

BEHAVIOUR



# UNDERSTANDING PANIC ATTACKS

Panic attacks can happen when your threat system is overactive (see page 9). We urge you to familiarise yourself with the signs so that if you do ever experience one, you understand what's happening and can follow the steps for dealing with them listed below.

Panic attacks are caused by a surge of adrenaline into your system and can be one of the most distressing things you'll ever experience. They can feel completely out of the blue. They might come in waves, and typically last between 5 minutes and half an hour. Although they're very frightening, they're not dangerous.

MIND	BODY	BEHAVIOUR
<ul style="list-style-type: none"><li>» Feeling a sense of terror or impending doom</li><li>» Racing, anxious thoughts</li><li>» Feeling disoriented and strange</li><li>» Feeling a loss of control</li><li>» A sense of not being connected to your body</li></ul>	<ul style="list-style-type: none"><li>» Heart pounding and racing</li><li>» What feels like an irregular heartbeat</li><li>» Chest pains</li><li>» Sweating</li><li>» Trembling</li><li>» Tingling or numbness of the arms, legs, fingers, toes, around the mouth, or across the side of your face</li><li>» Feeling weak and faint</li><li>» Dizziness</li><li>» A choking sensation</li><li>» Ringing in the ears</li><li>» Nausea</li><li>» Dry mouth</li><li>» Experiencing chills</li><li>» Needing the toilet</li></ul>	<ul style="list-style-type: none"><li>» Feeling frozen/stuck</li><li>» Feeling an urge to run away from the situation</li></ul>

**Step 1. Slow Your Breathing.** Your breathing and heart rate are interconnected. If you notice you're breathing quickly, start by trying to slow down your breathing or practise a breathing exercise.

**Step 2. Step Back and Observe Your Mental Activity.** It's common to experience racing, anxiety-driven thoughts such as, "What if I'm having a heart attack?" and "What if I'm dying?" You can start to slow down a racing mind by taking a step back and observing your thoughts rather than getting carried away by them.

**Step 3. Use Coping Statements.** Remind yourself that you're not in any real physical danger. Repeat whatever coping statement feels the most natural for you, such as "I'm safe," "I can handle this," or even, "bring it on!"

**Step 4. Try to Stay Put.** By riding out the panic attack where you are, you signal to your amygdala—the part of your brain that generates the stress response—that the situation you're in doesn't present any real danger. This helps your brain and body become less stress reactive in the long run.



## WHY IT'S UNDERSTANDABLE WE STRUGGLE TO COPE

We're far from functioning at our best when we're in the poor mental wellbeing brain state. Factors that make it especially hard to cope include:

- » Poor concentration,
- » Memory problems,
- » Low energy,
- » Low motivation,
- » Less creative thinking.

So, please try to be kind to yourself if you're finding things really difficult. It's all about breaking things down into small, manageable steps. Importantly, we strive to make all our materials as 'fluff-free' and easily digestible as possible. Nobody wants to be faced with a 500-page book when we're feeling this way.

## HOW TO IMPROVE YOUR MENTAL WELLBEING

Poor mental wellbeing is created and sustained through vicious cycles such as *The Subordinate Approval Trap*. Improving your mental wellbeing is all about developing awareness of your vicious cycles and hijacking them to create new virtuous cycles.

The cognitive behavioural therapy (CBT) cycle is an extremely useful framework to help you understand how to do this. Without an understanding of the CBT cycle, it's easy to feel overwhelmed and unsure where to start when it comes to helping yourself feel better. The good news is that changing just one part of your cycle can make changing the other parts easier. The CBT cycle is broken down into these main areas:

- » Situation
- » Thoughts
- » Emotions
- » Behaviour
- » Physical Reactions

Here are some examples of ways you can improve your mental (and physical!) wellbeing by shifting from vicious cycles to virtuous cycles:

VICIOUS CYCLE ELEMENTS	VIRTUOUS CYCLE INTERVENTIONS
<b>Situation:</b> Lack of social connection	Taking steps to connect with like-minded people, understand your relationship patterns and improve your communication skills
<b>Thoughts:</b> Rumination (a.k.a. 'overthinking')	Using various cognitive and behavioural methods to reduce rumination
<b>Behaviour:</b> Decreased activity levels and social withdrawal	Practising observing emotions and taking positive action regardless of feelings
<b>Behaviour:</b> Rarely communicating your feelings and needs to others	Improving your assertiveness skills



<b>Behaviour:</b> Focusing so much on others that you forgo your own needs and lack a strong sense of identity	Practise tuning into your needs and strengthening your sense of identity
<b>Behaviour:</b> Avoidance coping (i.e., the tendency to deny, minimize or avoid dealing with problems and stressful demands)	Developing your problem-solving and self-coaching skills and reducing your use of addictive tools (i.e., alcohol, overworking, and love and sex)
<b>Behaviour:</b> Getting less than 7 hour's sleep a night and suffering from poor sleep quality	Adopting good sleep habits to better meet your body's sleep needs
<b>Physical Reactions:</b> Diet-induced chronic low-grade inflammation	Eating an anti-inflammatory diet
<b>Physical Reactions:</b> Hyperventilation-induced physical anxiety symptoms (i.e., chest tightness, feeling dizzy and panic attacks)	Practising controlled breathing exercises for 2 minutes 3 times a day

All of these virtuous cycle interventions are outlined within [The Mental Wellbeing Toolkit](#).

It's important to be mindful that improving your mental health is a slow, gradual process.

Changing your thinking and behaviour takes time. Rewiring your brain and body takes time.

There is no quick fix. Just like you wouldn't expect to be able to play the piano overnight, you can't expect to develop new habits and strong mental wellbeing skills overnight.

And just like you can't heal a physical injury overnight, you can't heal a mental injury overnight.

Slow growth is normal growth.

Please try to be patient and persistent. We're here to help you on your journey. Our unique tools address root causes and incorporate the science of habits – helping you feel better, sooner.

Wishing you the very best on your mental wellbeing journey,

*The Wellness Society*





# We love hearing from you.

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Thank you to everyone who shared their experiences with us for the development of this guide.

Collaboration is incredibly important to us, and we really appreciate your help in making our tools the best they can be.

Do you have any feedback on the workbook? Or suggestions for future updates/tools?

Please email us at [hello@thewellnesssociety.org](mailto:hello@thewellnesssociety.org).

We love to hear from you!

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