Transcript for Creating Communities of Care for All Who Work or Study in Academia – A Critical, Collective, and Pragmatic Approach
BCcampus Research Speaker Series session hosted on December 10, 2024
Presenter: Dr. Petra Boynton
Hosts: Gwen Nguyen and Leva Lee

GWEN NGUYEN:
Good morning, everyone. My name is Gwen, and I'm a learning and teaching advisor, with BCcampus. I'm very happy and excited to co-host the session today with Leva in the office. Not very often, we have this opportunity. It's my pleasure to welcome you all to the last session of the BCcampus Research Speaker Series in 2024 on the topic. Creating communities of care for all who work and study in academia, a critical collective and pragmatic approach. Before we start, I'd like to go over a few housekeeping items. One is the session is recorded and will be posted on our site and shared with all the participants after the session. You're welcome to turn off your camera and feel free to rename yourself to "Participant" that could help you if you want to have the question for the speakers anonymously as well. A special thanks will go to Paula, who supports us behind the scenes today, and also to Leva, who has been my wonderful partner for this Research Speaker Project, and Leva will help us to start the session with the territorial acknowledgment.

LEVA LEE:
Well, hello, everyone, and welcome. So I'm normally on the unceded and traditional territories of the hən̓q̓əmin̓əm̓ and Sḵwx̱wú7mesh speaking peoples which is also known as Burnaby. But today, I'm really pleased and excited to be in the very same space as Gwen, and this is actually a lot of fun for us to be together. Here we are in the BCcampus office, which is in the unceded territories of the W̱SÁNEĆ, and Esquimalt and Songhees Nations of the Lekwungen-speaking Peoples. And we are committed as individuals and an organization, BCcampus, to continue to learn and build relationships as we actively respond to the Truth and Reconciliation Commission's call to action. It's always great to work with people remotely and you build relationships that way. But I'm just really pleased to be here with Gwen, and we're meeting with our learning and teaching team this week tomorrow and Thursday for planning. We have lots of exciting programs that we have in store for people coming in 2025. So it's a beautiful day here in the lands here, also known as Victoria, and we're very excited for our next speaker.

GWEN:
Yeah, it's a very beautiful day on the island too. You are welcome to put your introductions and territorial acknowledgement in the chat, if you wish. Turning back to our session focus today, which is on creating communities of care for academic spaces, a critical collective and pragmatic approach. When we hear the word "academic," usually we think about inquiry, we think about questioning, like discovery and evidence based or hard work. But it indeed can be very exciting, but also very challenging and stressful. So actually many people, including myself when I did the research years ago at the University of Victoria. Sometimes we experience

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anxiety and lack of sleep and many conflicts in our relationships as well. But when we enter academia, it seems like we have to leave all of those behind and more importantly, it's not often explicitly studied or mentioned in academia about mental health or well-being. But it's indeed a very challenging, stressful, and ongoing journey. And to navigate this exploration, today we are very happy to have Dr. Petra Boynton, who is my favourite author of the research Companion, a Practical Guide for the Social Sciences Health and Development. And she's here with us today and her key focus is actually on mental health rights and well-being. Without further ado, we welcome you, Dr. Petra Boynton, to share with us the topic.

PETRA BOYNTON:
Oh, thank you very much. I shall just pop my slides up, and hopefully we can begin. Yeah. Brilliant. Okay. So um This is a very informal session. There'll be points to pause where you can make comments and hopefully some time for a chat and questions at the end.

But before we start, I just wanted us to pause for a moment and check in. Often when we do classes or lectures, we're straight in, we're talking about the evidence, we're looking at figures or data or whatever, and there isn't time to just even gather yourself for a moment. I'm going to do a quick exercise with you to begin today, where we're going to take just 30 seconds and don't worry. I'm going to count you in and out of the 30 seconds where you can choose to do what you want to do. You might want to look out of your window. You might want to close your eyes. You might want to stretch. You might want to just get up and walk around the room. You might want to do a dance. I don't mind if you have the camera on or off for that. You might want to roll your shoulders or wiggle your fingers, or just be connected and aware with your surroundings. Some people find it helps just to put their feet on the floor or to lie back on a bed or just to feel yourself in a grounded way. I'm going to count you down in 5 seconds and then we're going to do 30 seconds, and then we will resume. In five, four, three, two, one: 30 seconds starts. There we go. That was either the shortest or the longest 30 seconds you've ever had, depending on whether that was something you enjoyed doing or not. I would suggest I'm not going to fill all the talk with lots of activities like that because it's quite tricky to do remotely. But I try and throw a few things in just because when we're doing our work, it really helps sometimes just to pause sometimes. It might be every half an hour, every 40 minutes, every hour that we just get up, we move or just look away from our screens or if we're using screen readers or audio, that we just turn it off for a bit and have a bit of silence. We just find ourselves just to relax, maybe gather where we are. If you're someone like me who immediately forgets what it was you were doing, you might want to write down before you pause or just allow yourself blocks of work that you know that you'll work to that point and then there'll be a rest break. But I wanted to begin with that simply because we often don't look after ourselves, we don't take care of ourselves, and even just pausing for 30 seconds can feel really strange in our working day. When you're doing it yourself, I would suggest that actually you do it for longer. You can build up to a minute, 5 minutes, 15 minutes, and just find the time to feel in a way that suits you, and I'll give you some more suggestions at the end.

The next thing I want to do is to begin with a bit of hope. The reason for this is basically that we really struggle, I think, when we are talking about academic mental health and well-being, because it can become very bleak very quickly. And I often find when we're talking about mental health or communities of care or working together, that people really, really struggle to find hope and to look at things positively. I wanted to begin with just one quote, and you have to bear with me 1 second because I'm just going to move all of this. I'm trying to look at my slides and I've managed to hide. Sorry, you'll just have to bear with me while I… there we go. I can't see my actual quote to read to you. This is a quote from bell hooks that some of you might be familiar with, and it's that "Hope is essential to any political struggle for radical change when the overall social climate promotes disillusionment and despair." You might not necessarily feel that academia is a site of political struggle for radical change, but a lot of people do. I certainly do, and it really helps to look at this sense of we are drawn towards being despairing, we're drawn towards finding fault. We're drawn towards picking things apart, and it's part of how we work critically, I think, in academia, but that can be really difficult if we're trying to build communities together, and we're just trying to survive as individuals as well. The image here is actually a photo originally taken by Delphine Diallo of Menelik Lee, who was 12-years-old at the time, and it was changed into this monochrome image by Richard Fairey. I've actually got this on my wall outside as a big poster, but it was designed for protest art to take to demonstrations and similar. I'll give you the link later if you want to have it. But I like the idea of these being images that we can take and use elsewhere again to share messages. This one says, "We the people protect each other." It's very much in line with our communities of care.

Our next quote is from Raymond Williams. It's about being "Truly radical is to make hope possible rather than despair convincing." It's a very similar message to that of hooks. It's really asking us to say, don't give in to the negative. I'm going to invite you to do that in a few slides time when I'm about to show you some negative things and then we will return to some positive things before the end of the talk. The image here was created by Ricardo Levins Morales, and you'll see more of their art as the talk continues. It's a bee over some thistles, and it says "Organize for a better future." This artwork was created during COVID, and it's a whole range of little images and postcards that was just designed to give people hope and let people feel like they were part of something and part of the community. Again, designed for sharing in activist spaces or other spaces.

So you might have really liked that exercise we did to begin with, where you had that 30 seconds of calming or thinking or just moving, and you might have really liked the messages of hope I just did. But you might not have done. All the way through this talk, I want you to use an exercise that I use in my teaching all the time, and it helps me not just about well-being, but thinking around any research paper I read or toolkits or reports. It's to ask a very basic question. Who does this bring in? Who does it leave out? Who might it help? And who might it harm? The reason for asking this is that you're here as I go through, there'll be lots of advice and ideas of things that will help your well-being or places you can go or ways that we can create these communities of care. But actually, they're not always set up for all to be involved with, and you

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may feel actually the suggestions are not fit for purpose. As we go through, if you feel that things are not including everyone, perhaps that's something we can talk about. Hopefully we won't have to talk about it, but I'd like you to return to that and very much centre your thinking around anything you're given in your research, teaching, working with people, working with patients, whoever it is, who is this for? Who is it leaving out? Has it got any inadvertent negative effects among the good?

What is a community of care? Basically, a community of care stands for networks and groups that might be formal or informal. It might be a group of friends or neighbours. It might be something that expands to become a charity or organization. It might be something that takes place on or offline. It's usually created in response to some need. That could be a positive thing of people gathering and celebrating something or that there's a problem that needs solving. It's also focused on turn taking and mutual assistance. The idea is that everybody at any given time could help each other. It's built on connectedness, reciprocity, and flow. There might be a time when one person in the community needs to have more help from everybody else, or it might be that at any given time you're all sharing your skills and expertise. It's not meant to be that one person always gets the help and everybody else provides it, but it is the idea that it can change and shift depending on what different people need different help at different times. It's welcoming of diversity and difference. It's a space where everybody can contribute if they want to in ways that are best suited to their needs, it's collectively organized, and when we're thinking of a community of care, it's something that will run across and through our teaching, our research, and our pastoral care. It might be you have these communities in your family or friendship groups or neighborhoods already. It might be something you already have in a department or in a university or in a professional society, or it might be something that you want to set up. But really, when we're thinking about communities and caring for one another, that value is something that really should be connecting us throughout our academic or our research or our teaching or pastoral care journey. In the image here, we've got two elephants who are trying to help another elephant up and it says underneath it, "Offer healing support." Again, that's an image drawn by Ricardo Levins Morales. Before we did the session, there was an opportunity for you to ask questions. And one person asked, What role do you believe social change and activism play in communities of care? You might already have started to guess that I think that social change and activism are essential in communities of care because a lot of these ideas are very familiar to you if you are used to labour organizing or unions or activist spaces. But they go far far deeper than that. When you unpack it and explain it like this, really what we mean by a community of care is what many communities globally just call community. It's about being connected. It's about being responsible, it's about being responsive and it's about being there for one another. Particularly for Indigenous communities, this may well be something that is entirely familiar. Something we can think around when we talk about bringing people in and leaving people out is that often there are systems and practices that should be honoured and respected. But what we tend to do in academia is put a new name on it like "communities of care," and suddenly it's a thing, and we're all citing it all over the place, whereas actually, it's come from somewhere else, and that's the place that we should begin. It

may well be that there are plenty of community groups like this set up locally to you that you could draw and learn from here from, listen to the people within those organizations, who will be able to explain far better than I, particularly in terms of a local context.

So why might we need a community of care? Why is it important? I want to begin by looking at what's going on outside academia. What's going on in the wider world? There's plenty happening at the moment. I think that we only ever turn on the news and there's yet another development or story local to us or globally. Some of that is very much an alarming thing to be hearing about.

The things that come up a lot in these sessions that I run or when I'm doing workshops or training, are these topics. Now, you may look at this and think, Actually, there are other things that I would add, and you're very welcome to take this and just adapt it to your purposes and needs. But the big things that people talk to me about are really concerned about climate change and really feeling climate change, about war, conflict, and displacement, about the pandemic, its impact, and its legacy, it's ongoing legacy, widening inequalities that have been there beforehand, but are growing since the pandemic. Barriers to accessing help. It's more and more inequalities, but harder to get help, increased poverty and political instability. Also, I think, really crucially, historic harms and abuse. In some communities, recent upheaval is a thing that they're dealing with. For other communities, this has been part of life for hundreds of years, and it's not stopped and it's not gone away and the ripples and the harms are still there. So when we often talk about well-being, it's very much situated in the now and the individual and the new. Which leaves those who have got these historic harms very much disadvantaged because they're supposed to be quiet about them. As we go through the talk, we'll, I think, explore a bit more about why that's not helpful in academic spaces at all. Those are some of the things that might be affecting you, your family, your friends, your loved ones, your work colleagues, your students, other people around you. It's also going to be impacting on participants in research, too, and that will make a difference of whether or not they trust you or want to join in. Something I haven't put on here, but I think it is also really relevant is social media. In the past, all of these things may also have been present. But we may not have heard about them all the time. At the moment, we potentially have a war in our back pocket in that we're carrying phones with us and we're constantly checking and constantly seeing things. That's a very understandable reaction when we are under pressure or stressed or worried about loved ones. But it also can become habitual in that you are consuming things constantly that are very alarming and some of them are directly threatening to you and some of them are not. But when we're thinking about hope, it's really difficult to have hope if you're constantly feeling overwhelmed. This is also why I asked you to hold on to hope because this bit is negative. But I think it gives us a sense of why we are feeling the way we are at the moment. We've had year upon year or decade upon decade of this that we are still expected to continue on with. It's why I think a lot of us are at this point in our careers or our lives, or feeling really, really tired and exhausted, and we can talk about some solutions to that later on.

But why are we feeling the way we are in academia, because everybody in a way, to a greater or lesser extent is affected by those things I've mentioned and more. There's something really important about academia. It's interesting because all the research on academic spaces tells us that it's far worse to work in academia than many other careers. There's a greater level of dissatisfaction. It does seem to be worse for us than working in a lot of other occupations. Now, people working in those occupations will probably disagree, but a lot of the research on this is telling us there are specific reasons why we are struggling. The next slide is going to show you why we're struggling, and it's meant to be overwhelming. But I'm going to tell you this in advance because people often have quite a strong reaction to it, quite a visceral reaction to it. It's meant to indicate to you the systemic reasons why academic spaces can be a problem. Not all of you are going to relate to this. Fortunately, not all of you are going to have problems in academia, but those of you that do, I think will understand that there's lots going on. I'm not going to read out every single bit of the next slide because you will have the slides afterwards and my notes. I think it's important you take time to read through or listen to it, digest it. Think about what it is that's going on here and what relates to your circumstances and your particular research needs.

I've really built it up now and it's probably going to be quite anticlimactic, but this is why you might be struggling. There is a lot going on and you could probably add more as well. But just to summarize this whole picture for you. What we have here is lots of boxes filled with different words describing systemic problems in academia. It's things like competition, metrification, the publish or perish mentality that's combined with precarity. People are worried about pay, they're worried about their pensions and low wages. Although some of this relates to those who are in academic jobs, it also relates to students and it relates to ancillary workers as well, auxiliary workers, too. When we talk about people who are brought in and left out, we often forget that there will be people who are cleaners or caterers or people working in the post room, or those who are involved in catering. You've got people also who are working as administrators or technicians. There's a whole range of people who are employed in a university who will be affected by all of these structures. We have things around bullying and sexual harassment. We have this idea of inadequate training or equipment or supervision. There's a lot of issues around not being able to do the job you were hired to do. There are extractive practices both within academia itself, but also extended to wider communities and that can be a particular burden and barrier in research, as we think about legacies, recent and long past of extractive work around how we've used participants, particularly in health research and also psychological research that has made an environment where that seems to be okay. We've also got the idea that to do well in academia you're supposed to move. You have to move away from home. You have to often move far away, maybe across the world to succeed, and that constant relocation is a good thing to be doing. It ignores that that actually separates families and communities, and it also has a huge impact on loneliness. Loneliness is a massive factor in mental health problems, and yet we actually build it in. It's baked into academic practice that you should be moving, you should be relocating, you should be on your own. We obviously have issues around safety and well-being, general health and safety, but also looking

at sensitive topics and secondary data. We have problems with research waste. We have violence both on campuses, but also enacted within the university system and by academia itself. All of those things and many more explains why often we are struggling. That's why, again, I asked you at the beginning to think about having hope. I'm going to continue with this, but I can go back to this slide later if you want to look at it a bit more, ask me about it, and I'll check in on the chat in a minute to see if there's anything I've missed out on.

It's obviously very difficult for us to build or maintain communities in systems that are broken. What are we going to do about it? That's where communities of care can come in. Now, a community of care isn't necessarily going to be able to overturn all those things, but it may be a good response to help us feel less alone, more connected, more empowered. Just the fact that we can actually maybe do something about it, we're always stronger together as the saying goes.

However, I'd like to put things in perspective. Having talked about how terrible it all is, and that's probably a discourse you're quite used to hearing, the way we talk about academic well-being, it tends to be around mental health and quite negative terms. We don't talk about the systemic stuff as much. It tends to be just more of a generic idea of feeling anxious or sad.

But I wanted to pose a few questions to you, and you can put your answers in the chat if you want. Before I ask the questions, I'm just going to draw your attention to this bar chart here. Now, this bar chart shows that over the last 25 years, things have changed. If you search up, as I did, a quick search on PubMed, research about academic mental health. Around 25 years, we weren't publishing on it. It doesn't mean that we didn't have problems with academic mental health for students and staff in all fields. We could go back way further than 25 years. We could go back 250 years or maybe 600 years at some of the much older universities, and staff and students were talking about their worries and their problems then. But something has changed in the last four or five years really, and that particular spike, you can see is 2021, which is the research that's starting to come in following COVID. That's academic mental health pinned around COVID. It's a genre, it's a thing. It's a topic. It's a recognized category, if you will, and it's a discourse now. It's got books, it's got toolkits, it's got all things related to it and also research. All talking about a crisis of academic mental health or the crisis of academic ill health. That's the first question I want to ask you is do we believe that there is a global mental health crisis across academia? If we do, then having communities of care is probably a really good idea. But are we sure about that? I work in this area. My area is really about safety and well-being for researchers, but it's morphed increasingly into looking at mental health. I am not convinced that there is a mental health crisis. I do think that we are really struggling to talk about it, but I'm not sure that it's a crisis specific to academia. I do think we have a global mental health crisis overall, and I think that there's certainly lots of evidence talking about how that manifests in different countries and why it's occurring. So yes, I think there are issues around mental health, worsening mental health, particular individuals are more adversely affected. Is it specific to academia? We could debate that, and if it is, is it more likely to be related to those systemic

issues that I raised earlier? I would argue it is, but you may not, and I think that's something we might want to talk about in a minute. Is there a global health, mental health crisis? If there is, are discussions about these problems making it worse? Is the fact that I'm here talking about it actually making everything worse? Would it be better if we didn't talk about it, or maybe we focused just on addressing the systemic issues and we didn't talk about well-being at all? Think that's a question that's really important to have, is the way we talk about it and how we research it and document it is going to make a difference to the narrative overall. When we think about who is brought in and who is left out, whose discussions are dominating? One group that really dominates this field is America, STEM young post-graduates who are fully funded, mostly not in relationships, able-bodied and straight. That is a particular cohort that does the research, talks about things, and discusses issues. Have they got problems? Undoubtedly, but are they the only category across the whole of academia worldwide? No, so who are we not hearing from? Are there actual differences if you look in different countries? Actually, there are. Weirdly or perhaps not weirdly, in countries where you'd expect there to be really high rates of mental distress because of poverty or lack of ability to access services or lack of funding for university spaces. Often they're actually quite positive. International students in the UK who are often treated far worse than their counterparts report a higher level of satisfaction with their studies. There's quite a lot of disparity there around what's going on in mental health. Then I guess my third question is, are we in danger of using mental health discourses when we're talking about difficult but understandable normative issues? I'll give you an example for that. You might be doing a PhD at the moment or have done a PhD or thinking about doing a PhD, and all of you will recognize that doing a PhD is challenging. It's difficult. Sometimes it's really boring and you've got to really continue and sustain and stick at it. There will be times when you love it and there will be times when you hate it, and it is meant to test you in many ways. That's what it's for. We could debate whether that's a good thing or not, but that is what it's for. What it's not meant to do is to make you ill. It's not meant to make you unsafe. It's not meant to bankrupt you. It's not meant to put you in a position where it causes or worsens mental distress. So it may well be that we are medicalizing things where people talk about difficulty or worry or fears or normal reactions to situations and we medicalize them. Maybe that is what we're doing. Or perhaps it's the case, actually our systems are so broken, we are making people sick. And so when they're trying to talk about this, what we're actually hearing is how broken academia actually is. So those are some issues that we've got going on at the moment that are a particular problem. I think that we can really struggle with those and wonder about, you know, how do we talk about this? Why are we talking about it and what ways that we might want to make it easier on ourselves. I'm going to continue. What I'm going to do is I'm going to have a quick look in the chat, if I can, just to pause and just see some lovely comments here about people talking about the way that people are having to work and how they're having to act. Some people are saying that we should talk about it, it's not going to make it worse. Yeah, I think other people are saying, yes, we have got a crisis, but not just academia. And something that I think is really interesting. And I will go back through all these comments, by the way, just later on, so I've got the opportunity to really digest what you're saying and maybe share extra resources if need be, that I can actually say those questions now,

and two years ago, I probably couldn't have done. And I think the reason for that is that we were still so raw with the pandemic at the time, that anything that suggested anything other than being really supportive of academic spaces, really meant that people thought you were being critical of it altogether. I think we're moving, and I think you can expect to see some more of these kinds of discussions and questions as we go along.

Sorry. I'd like you to now pause. I gave you a sneak preview by going ahead on the slide. And if you could write down in the chat, some of the ways that there are barriers to getting help or building community. If you are going to start building your community of care now, what barriers would be in the way? What would be the things that would make it hard for you to do so? And if you want to pop it in the chat, I can have a look. "Stigma around mental health," yes, very much so. "Funding," yes. "Seeking support is seen as failing." Yeah, that's a really good one. I think stigma comes up a lot, and it's also I think linked to particular groups and communities, and we'll talk about them. We've got a great useful thing about communities of care and enclaves as well, very helpful. Yeah, there's lots of things around leadership. Yes, trying to talk to people who are the people. Yeah, all of those things are really, really helpful.

When I talk about this with people, these are the types of things very similar to all the things you've just raised. Who's got the time to do this? There's real barriers of time, cost, trusting. I think that goes with stigma. People aren't necessarily trusting either of the fact that they can ask for help or build a community of care, or what the purpose of that community is for. If your help is going to be available or will it sustain. There's often issues around rationing, that it can't be given to everybody, particularly in academic spaces. There may be issues around eligibility. I think a lot of us are used to trying to access maybe counselling and your rationed to six online sessions. There can be all issues there about what we can feasibly offer and how people react to that. Awareness, other people, I think mentioned this in the chat already about people knowing that you've got support there. Is it accessible and inclusive? Does it actually meet the needs of people who want it? Can everybody who needs to actually make use of it in the way that they need? You need to have confidence to ask for help and accept it. A lot of people really struggle with that, particularly if they've had negative past experiences or been refused or rejected, and that either maybe historically because their community or culture has been rejected in some way, or it might be that they are from a location where there just isn't health systems available. It feels very strange to be asking for this support. It may also be that people aren't safe either because of the way that communities of care or support is set up, or that the appropriateness of it is not suited to their needs. That may be due to who is accessing it.

Who are the people who might be particularly vulnerable? Again, if you could pop in the chat. If you're thinking about it, we're going to set up some support for one another. It might be an informal chat group, it may be that you're having tea on Fridays, virtually altogether. It might be that you're going to start a mindfulness session and bring in a trainer to help with that, or maybe it's going to be learning about different practices for mental health. Maybe you want to bring in a counsellor or to learn how to do peer support for one another. If you were thinking

about any kind of intervention for well-being at all, who would be the people who would be particularly vulnerable that you'd want to either aim at or think about their particular needs? Oh, people who've recently "Indigenous students," absolutely. "First time instructors." So "people who've recently relocated," yes, "sessional or faculty, racialized, disabled, or queer," yes, "international students." Yes. You're really good at this. I don't need to give this talk. You know all the answers. So let me just return to my slides. Sorry. I'm just going to go back to my slides and open them back up for you. Okay.

So who are the people who are vulnerable? Well, as you all just said, These are particular groups who may very much need a community of care, but they also may be very much shut out of communities of care. You may look at this list and actually see, or when I read it to you, you'll recognize yourself in this list. Because we don't fit into nice little neat categories, you'll probably fit into more than one of these categories. I fit into more than one of these categories. It's also worth noting that a lot of these categories will present with different needs at different times. Sometimes those needs can pull against each other, either for the individual, or for different groups of people. There may be more groups or more pressing needs any given time. There isn't a limit on caregiving or what communities of care can do, but it may be that you have different focuses of your community, or you have multiple communities that perhaps collectively join together on occasion to deal with the specific support needs of different people. We have those who are low income. That was mentioned around salaries as well and that points to the systemic things we heard earlier. Those who are estranged from their family, who are away from home, who are working class, from an ethnic minority wherever they are, disabled, have learning difficulties, are physically or mentally unwell, parents or carers, who are care experienced, who have grown up in foster care. Who are self-funding their studies, are refugees or asylum seekers, who are at risk of violence, who are of a particular faith, particularly if that faith is not recognized or comes with additional prejudice. There are part-time workers or scholars, or LGBTQ+, who are on placement or doing field work, particularly if they are somewhere where these other vulnerable categories are either not supported or are persecuted. International scholars, those who are older or mature, those who are working or studying remotely, women, Indigenous, first generation. That's the first in the family to go to college or to move away from the community. Those who are bereaved, and I've given that a particular category because I think bereavement has become such a big issue through the pandemic, but for multiple other reasons as well. Those who are living with past or current trauma or have social and emotional problems. Now, when we talked earlier about who are we bringing in or leaving out, this is who we are bringing in or leaving out and these will include your research participants, your communities, your students, your friends, all sorts of things as well. It's really important when you're setting up a community of care or any kind of activity really where we're trying to build care and nurturing and support and respect and reciprocity through our teaching and our learning and our pastoral care, that we begin with those who are most likely to be left out. We begin with these categories and we build from there. What generally tends to happen is we have a model that excludes these groups completely and then tries to either shoehorn them in at the end, or it makes out that they are somehow difficult or

obstructive or a nuisance because they cannot or will not accept the care that we're offering. If the care or the advice or the information or the support or the counselling or whatever it is we do does not tend to the needs of these groups, then they're not going to use it. They may attend, but it's not useful and they may not necessarily feel able to say so. If they do say so, again, they may be used to negative consequences.

How do we support the most vulnerable? Well, one phrase I really liked was coined by a scientist called Jaqueline Gill, and they referred to the idea of Team Muskox. Was back in the days when Twitter was all right and you could be on it. I haven't been on it for about a year and a half, but when it used to be reasonably okay, there were lots of discussions about how would we build communities together to look out for each other. Team Muskox, is basically the idea of that muskox. The strong protect the weak. They look after the sick, the elderly, the young. It's this idea that those of us who are in a strong position at any given moment can look after those who are less strong. It doesn't have to be physically strong or emotionally strong. It might just be that you have something you can do that lends care and support to somebody else. And you need that help yourself, you can ask for it in return. Can be active bystanders or upstanders, as people like to call it. If we see things going on, we can speak about it. Recognizing again, if we talk about bringing in or leaving out, that's often quite a strong position that only a certain number of people can occupy. If you think about the vulnerable people we just discussed, being an upstander or a bystander is often falling to them to do, but they're often the most at risk to do it. If we are in a position where we have a privilege in any given area, we can be an upstander in that area to support others. We can join unions, we can create support groups, we can draw in expertise as we need it. In the words of the late Congressman John Lewis, "We can make good trouble." Again, it might depend on our status. Making good trouble is great if you are relatively settled and secure. But if you aren't, then it might be that falls to somebody else to look after and make the things for you. It may be that you have the ideas and you are given credit, but actually when things are taken to a point, it could make you at risk of maybe losing your job, for example, somebody else in a secure role takes that over. We enforce boundaries. Now, I think this is an interesting one. One you might react to maybe with discomfort. I don't know. When this happens or we talk about this in workshops, a lot of people are reticent because I think we've become so used to having to take on the work and look after each other that saying no feels challenging. Of course, we all know that there's lots of people in academia who say no readily, which puts the burden of care onto the rest of us. That's not what I'm saying. I'm not saying that you don't do your work or you ditch pastoral care because you can't be bothered with it or you let your junior staff or your insecure or precarious staff do all your marking. I'm talking about having a clear boundary of what we can and can't do. Going back to this question about, is there a mental health crisis in academia? One of the boundaries that we can enforce is to think about where our role as academic spaces begin and end. In many ways, schools and universities, during and since the pandemic have become what is jokingly, but not really jokingly called the fourth emergency service. We are having to pick up things that social services, health care practitioners, and mental health care can no longer provide because they are either oversubscribed or because funding has been withdrawn, and they no longer exist. So

we need to think about enforcing boundaries in saying, we operate in an academic space, and this is what we can offer. We can have communities of care and we can work together, but there are other places externally that might be better suited to providing mental health provision, and there needs to be connections and networks between the two. Of course, that only works if those things are there, and we need to think about what we do when they are not, which we'll do in a minute.

Let's think about building our community of care. Where are these places and spaces to get help? Now, when I talk to post-graduates, particularly about getting help, one of the most common things they say is, I haven't asked for help, I need it, but I haven't asked for help, and the reason I haven't asked for help is because there isn't going to be any help. If I do ask, it will be refused. That attitude primarily seemed to come from social media, and I think it comes back to that idea of are we almost talking ourselves into thinking things are really awful. There are systemic problems. I showed you a great big slide with that on earlier, but is there a case that actually there isn't any help there for you?

I like to look at this. Now, these are some of the places in academic spaces you can get help. Interestingly, compared to people, particularly say students who compared with other their peers outside university. Students have a lot more support than their peers outside university have. Most of them also report worsening mental health, and the question is whether that's because there's more help for them to report it to, or there is something specific about academic life that they are struggling with. But there is stuff available. I'm just going to run through what it is. I think again, you can think about who does this bring in and leave out? Who does it help or harm? There should be. Not always, but there should be supervisors and managers for research, but also other jobs. I worked as a cleaner on campus for a long, long time and I had a manager there that oversaw the work I did. All the people who are working will have managers or supervisors and those who are studying too. There will be graduate and undergraduate offices or they might be called schools or programs. There will be dedicated guidance, welfare, or pastoral care leads somewhere in institutions, not always, but usually. Increasingly, they might be called well-being advisors. There may be counselling on or offline. There may be or should be an international students office if there are international students. Similarly a disabled students office. There will be student support services, which would be places where you have help with your careers advice, CV writing, but also study skills. That might be mirrored with the library. You're also going to have campus healthcare in many universities or academic spaces. Some often have food banks, and that's also often run in collaboration with either the student union or the chaplaincy. There will be security, which may be called campus police, depending on where you are, and they will have different roles depending on what country or state setting you're in. There will be mentors and representatives. There may be peer support. The people who fund our research. There are Ombuds that can be reported to if things go wrong, mediators that may be appointed by Ombuds or they might be within the university, third party monitor, human resources, occupational health, proactive or environmental investigations. Those are things that prevent

problems from happening or look at what's gone wrong if they do. You could have witnesses, allies, and upstanders, which might be more formally put into place, or societies and hubs that either exist within the university or professional organizations outside or community organizations outside. That's just a few places where you might get help. Now, you may look at this and think, they don't exist, or they do exist, but they don't work well. Part of your community of care can be feeding back to these organizations if there are areas where you think that they could change or improve. Again, bearing those vulnerable students or vulnerable groups, not just students, in mind, but also they will have a wealth of knowledge and experience. I very often find I'll go and do talks about well-being in the universities where they'll confidently tell me that there is no well-being support, and they have a resident well-being advisor. So it may well be if you can find these people to connect with them because very often they have huge skill sets to draw upon, and they may not necessarily be in the academic spaces, but they will be somewhere in the university. If they're not, maybe this is a thing to say, actually, we need this support. We need it put in. Harder in times of financial cut and change. But these are going to fit with some extra information I'm about to show you about research, culture, and integrity. I just wanted to pick up also human resources and security are interesting ones because the human resources department can be a huge help. But they may also be a problem if you are in conflict with your university or in dispute with them because their job is to protect the institution. It's not to protect you. Security, there's been some really mixed incidents around the fact that in some places, security have been particularly discriminatory against vulnerable or minoritized staff and students or even visitors to the campus. But equally, security will report that they are often also on the receiving end of particularly racialized violence and abuse. There's also issues when we think about our working patterns, that some of the support in these groups are people who are going to be working on social hours. Security is one, but pastoral care may be another. Quite often, if you're a well-being advisor, you will be expected to do some nights or evenings and weekends as well. So there's a whole load of things about how we care for those doing these care jobs and how we signpost between them and how we map this information so we know where it is and that people can go to the right person at the right time because it shouldn't all fall to you. When we're building a community of care, this may form the bedrock of your community of care, or equally, it might be that actually, you want to do away with this completely and set up a community of care that is almost not in defiance of it, but is in response to these things if you feel that they are not adequate for you.

Further things you can draw on. Well, as I mentioned, when we look at our research and integrity, ethics, our research culture, discussions, our research concordats, all of these guidelines are equality, diversity, inclusion, and belonging statements. All of these are pointing towards mental health, well-being, safety, rights, dignity, and justice. If those things are allegedly important to universities, to funders, legally, because they fall within health and safety workplace rights, well-being guidelines, and legislation, or under bigger recommendations from places like the UN General Assembly, if these things are important to us, then those places that I mentioned previously should be enabling us to do those things. Now, as we know from the slide, I showed earlier, the systemic problems mean that those

things are not happening. But once you've got a sense of what these things are and where they might be, If you're creative, you might want to draw this. I've seen people make this into a game, or they've sketched it out, or they made it into an app or a care map, or it's a physical map that people can access online or even see in buildings. Sometimes it's an interactive one where you can also have it combined with things like accessibility spaces or where there are prayer rooms or other spaces you might need. You can develop this however you want. But again, it might be that that's something your community of care works on together because unless you're funded to do this full time, and even if you are, this is a huge job, it's not a job just one person can do. But a lot of people are doing similar jobs all the time, and it might be about finding them and bringing them into your community.

Very quickly, can you pop in the chat, any local support you can think of on campus, in health care, within your community, that you use personally or that you think is great. You'll probably go away and then think, Oh, I wish I'd mentioned this. You can email us later and we'll collate this because several people have said what support is available locally, and I don't know what that support is, but other people will know. The more you want to draw on this, the better. Elders. Brilliant. Yeah. Absolutely. In here. So faculty post-secondary educator group, growth and harmony with health care and social workers, Fellow parents in the neighbourhood, the unions, labour board. I think this is the thing about this is it's not that we don't know, and it's not that things aren't going on. It's just having that space. So you remember when we started and we had that 30 seconds just to pause and reflect. It's just having that space to sit down and note this stuff together and to write about it. You may well find at the end of the day, we're only doing this for an hour that you actually would like to spend more time doing this as a group or collectively. I think inclusive teaching methods, yes, absolutely. I think the way that we change this is really, really important, the way that we approach what we're doing. It might be that you're thinking about organizations or support groups, and networks, but it might be the way that we actually alter the whole way that we go about it. And yes, having this care-focused information is integral really to all we do.

What are some ways we can do it alongside the things you've said, accessible instructions that tell us what to expect, what to do, and how to do it. A large part of stress that's reported in academia at the moment is from people who just don't know what they're doing. They are so anxious about doing the right thing. We are expected to do these highly skilled jobs that include pastoral care and teaching often with no formal training and even our research training, if we're honest, doesn't tell us the basic stuff, so we're in at the deep end and then we wonder why all goes wrong. Actually, that's really how I started in this. It was looking at these very basic how tos and how do we stay safe. It's morphed into this more collectivist and community-based approach because to me, that seemed a logical way to do it. We need places to work, we need the training and supervision. We need support and encouragement. A lot of us are doing really good work, but nobody says, thank you, or well done or rewards us or praises us. I think that can be really demoralizing actually. A place to reflect and feedback like we're doing here, but on a much bigger scale and probably with tea, I would say in cake. Opportunities for practice and

making mistakes. We're at a point in time and I think social media adds to this, but there's lots of cultural factors that probably those of you who are more aware of this can explain than myself, but that we don't have space to go wrong. We are expected to know how to do this really efficiently, whether that's our research, or teaching, our pastoral care, our advocacy, and our outreach. This isn't a one-size-fits-all model. We've got to be flexible and adaptive, and we will make mistakes, and we also grow and learn. So we need that opportunity to practise and to ask questions and to express the unknown in places that we feel safe, so we don't then inflict mistakes needlessly onto, again, particularly the more vulnerable groups that really don't need it. Managing expectations is another thing. I think a lot of people have really got such pressure on them of what they should be doing or what they can do. We need and lots of explanations in varied formats. I've talked about trauma-informed approaches here. That could be a whole other long series and lots and lots of trainings, but I think it's really important to note that a lot of what we need to think about in terms of our teaching, our research, our practice, working with communities, with participants, with our peers, with our friends and neighbours, need to account for the trauma we don't know other people are carrying. I think at the moment when we talk about a global mental health crisis, it's a large proportion to do with untreated, unrecognized trauma that people are experiencing. It might be that we use things like mental health first aid or psychological first aid in that, although again, I think we can be critical of it because not everybody is convinced it's particularly useful, but that might be something to think about. An effective sign posting. Where we've got all these different places we could use or draw upon, how do we know where they are? How do we know who's running? When we can access them? Are they open or closed? If we're referring people to it, was it useful? Say, if we, for example, refer a young lesbian post-graduate student to a local counselling service, and we discover actually that they're really homophobic. We don't want to send anybody else there regardless of their sexuality. Sending people to the right places and getting feedback on, are those places effective and safe at any given moment.

As we come to the end, I would like you to share your favourite well-being ideas. These might be things that if you were to set up a community of care where you are, nurturing and looking after one another, that you're building into research, and you're drawing on our teaching practice, our research practice, all of these guidelines and things that are governing our work into a more care, collaborative, community-focused way. What sort of things would you like to do there? That might be things like sharing food. It might be talking, it might be all sorts of things that you'll do. I'll tell you some of the more popular ones I've talked about in a minute, but pop in the chat some of your well-being ideas. My well-being ideas, this is up the road from where I live. I'm very lucky. You might have even seen it in various films because it's quite a popular filming location. It's also not somewhere I'd want to go at the moment because it's very stormy. I don't think I'd want to be on the beach or up on the cliffs there. But when I need to just get out of my own head or just relax or whatever, I will go and walk around here and whatever the weather really, it's a beautiful space. That might be one of your well-being ideas, but pop them in the chat and see what you can come up with. "Opportunities to laugh with colleagues." Yes, absolutely. I think a lot of this can become extremely worthy. And, you know,

I'm sort of worried that when I do these things that, yeah, you're either focusing on the really negative or you're trying to be really good about caring and things. But actually, sometimes a really good laugh to go outside to look at nature. "Bitch and stitch," somebody said, Yes, bitch and stitch is great. Knit and kvetch. There's a whole load of different things of shared things together. I saw a great thing recently where everybody was baking bread, and they absolutely pounded the bread while they were making it, and then they cooked it and they ate it afterwards, and that was a shared thing together. Jokes, laughter, inclusive pedagogy, dialogue around conflict, actually, that's really important. I think there is a lot to be said for the fact that some of these things are difficult. Some of these conversations aren't easy. A community of care is about care, but sometimes that does involve difficult, challenging disagreement and not always having a shared purpose or goal. Having that opportunity to know how to manage conflict in ways that are suited to diverse needs again because we all manage conflict and express it in different ways can be very helpful. Sometimes again, it's just managing expectations and saying to people, well, this is what we can do and what we can't do. So we're not going to yell at each other, but actually we might want to express something in a strong way, or we are going to yell, but we're not going to yell at somebody or we're not going to call names directly at somebody, but we are going to talk about stuff and we are going to call out bad behaviour. People create these different guidelines together. "Colouring, creative activity, and rest as resistance." Love that.

Just as we get to the end, I think you pre-empted it. Lots of rest, bathing, hair washing or brushing. Again, when we think about adapting this to diverse needs, it's not always possible to bathe because of all of reasons, but it might be just washing with a flannel or baby wipes and getting into some clean clothes really can help or just brushing your hair. I like to when I think about well-being things is to try and break it down to what's, how many different ways can we do the same thing and how many different ways can we make that work for people with diverse needs, budgets, mobility, income, things like that. There is a place for venting and righteous anger in all this. There is a place for being in nature, whether that's getting out and about or looking out your window or watching a nature documentary. People like to watch TV shows, to relax, to meditate. Reading, listening to stories, sharing stories, just hearing from elders or hearing from youngers, hearing from people who have something to say. It's important to note as well, I think in terms of mental health that something that's become very popular in the whole sphere of mental health and academic mental health too is that somebody who's experienced trauma or distress or had experience of mental illness will share their story. That's very popular. But I'm also quite critical of it because I think that that often leaves the person retelling and rehearsing their trauma over again, particularly when we think about those who've experienced multiple traumas. We're talking about people who are say Indigenous staff or students or people with history of abuse or people who are refugees, that they've got to keep telling their story. It can be profoundly disempowering actually and make people more sick for the benefit of others who are doing it. I think even within this, we should be asking for these things about who they're for. The final thing that you could think about here is look after yourself as well as you would your phone. Whenever I say this, people are like, I don't look after

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my phone very well, but actually, you usually recharge it. You probably have it with a screen protector or maybe in a packet or a bag, you keep it in. You upgrade it, you do your download, put in your new upgrades, you regularly review it. You probably do look after your phone better than you do yourself. If you have a phone, look after it well, and look after yourself even better.

Quickly, before we finish because I know you're probably heading off. I know some of you wanted me to do the academic well-being bingo game. This is a game which you have heard me say some of these things during the talk. None of these things are bad. Some of them, I would say, are slightly problematic, but they are used a lot in the discourses around academic mental health, and I want to see if you'd heard about them and how you react. You can give yourself a score out of 24 of how many of these you have heard.

Resilience, wellness, trauma-informed, belonging, academic mental health. Just reach out, reach out if you've got a problem, you just reach out and we'll be there. Positivity, empowerment, imposter syndrome, time to talk, and probably a cup of tea, exercise, burnout, self-care, mindset, usually phrased as a growth mindset, healing, intentionality, recovery, detox, readiness, decolonization, mindfulness, buoyancy, authenticity as in bring your whole self to your work or study spaces and therapy dogs. Now, I've used quite a few of these in my talk already, so you've got a few to check off already, but you may well be familiar with them. Some of them take on a very medicalized or therapeutic discourse, recovery, detox, healing. Others will talk about individualized messaging, the resilience, your mind set, your self-care, so it's about the project of the self. These are very much beloved I think of educational managers. They like these types of programs. I'm quite skeptical of them, I have to say, because I think while there is a place for resilience, maybe we call it something else. Often, what this really translates to when we think of all those systemic harms is enduring systems that are hurting us. I think it's worth being critical of them and self-care, I think, is another one where it can be really profoundly powerful, but quite often it's tied up with influence of culture of commercialism. It's very much tied in cultural appropriation and taking ideas that had a real spiritual and cultural meaning at one point to various communities, and then repackaging that to sell on in expensive ways, including to universities. Things like decolonization, trauma-informed, and impostor syndrome are put on the list because again, I think they're very important things. But they seem to come up as often as buzzwords, and I'm not entirely sure they're always used as intended, or they're not necessarily used with authenticity or effect. Impostor syndrome is an interesting one because I think a lot of the time I'm asked to do sessions on impostor syndrome, but that's not really what people want. What they actually want is either presentation skills because they're worried about presenting. Or it's the fact that they are a minoritized student or staff member, and they feel unwelcome in spaces. Actually, it's not that they need to talk themselves into believing how fantastic they are. They are genuinely not welcome there. Sometimes I think what we're picking up on with these phrases can be obscuring. When we play academic well-being bingo, and you can change the bingo card and put your other phrases on it if you want. It's important to think about everything critically, but don't just necessarily discard it. Obviously, therapy dogs have to stay on the bingo card

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because they probably aren't going to change systemic harms, but I see a therapy dog once a week called Dotty, and I love her. I just think there's a place for the positive. The levity that we talked about earlier, the kindness, the fun, the quirkiness, the creativeness, but also just something nice. It's that bread and roses thing that we do need to make these big systemic changes and these small community of care for changes, but if things aren't pleasant while we do so, it's going to be quite a harsh journey, and I think we won't find it easy.

Let's return to hope. This is a quote from Marianne Kaba which is "Hope is the discipline... we have to practise it every single day." It's not always easy. You may feel like hope isn't the thing you want to hold onto. There might be something else that works for you, and you may want to share that in a moment.

That's really where I'm going to be finishing. I've got one more slide to show you in a minute, but we'll have some questions first. You can keep in touch with me via email, via LinkedIn. I'll be sending you these slides anyway, so don't worry if you can't note this down. Also on Bluesky on there as well. Most of what I've talked about there for those who like references and some more theory, because I do tend to scrap all that while I'm talking. It's in *Being Well in Academia* that you might find helpful and ideally get in your library because then you don't have to pay for it, but I still get paid, which is great. So that's all I was going to talk about. The only thing I was going to say is that in the new year, if you liked what I did in this session in terms of talking about a community, you can join one.

Every January, I run something called Researcher Renew. It's online, it's free. There's no obligation to do all of it. All that happens is every two days, I share an idea to support your well-being. Sometimes it's a very practical thing like cleaning your data, and sometimes it's a really nice, cozy thing about making your home feel more nurturing for you. You can do it just by yourself. You can take all the ideas and use it in your own teaching or in your own community of care, or you can join in on social media. If you bookmark that, and again, this is in the slides so you can come back to it. And I'll be sharing on social media as well. You're very, very welcome to join in the new year. It's in its seventh or eighth year, I think I've been doing this now, so it will be nice to see you there.

GWEN:
So if you have any questions, please email us or Petra with your question. Thank you so much for engaging in the chat with your questions, with your comments, and yeah, maybe we'll see some of you at the Researcher Renew, what Petra is offering. Also, we are happy to see you back again with our Research Speaker Series in the winter and spring, with the three talks starting from January 21. Thank you and have a great day.