

Reading Time: 11 minutes

Well. I guess it's time to do this.

To start, I'd like to thank those who have checked in on me, and supported my wellbeing in a friendly, unjudgmental way. It's been a long and tough journey this past few years, and whilst I'm not out of the tunnel yet, hopefully, 2026 will be a better year than this and the past few. Many will have noticed that I've largely been off of social media the past few years with a few exceptions, and that was done more for my safety than ignoring people.

My key headline is that in one way or another, I'm going to be leaving Birmingham City University in early 2026, from my roles as an Assistant Lecturer, Director Of Recruitment, Student Misconduct Officer and other roles at the university.

This is the end effectively of a 16 year journey, which started when I was given a lifeline and granted the opportunity to study on a Undergraduate Degree program in the field of town planning. I subsequently completed a Masters Degree in Environmental & Spatial Planning Degree. Following the completion of this, whilst simultaneously working as a Planning Consultant for a local consultancy which gave me massive opportunities to advance my knowledge of the industry, I was approached to essentially lead a student success department at Birmingham City University.

I joined Birmingham City University full time to work in and essentially lead this student success department, which was high paced, emotional, but rewarding work. I wrote research papers, attended conferences, and eventually contributed to a game changing app to support students through their first phases of education. I applied for, and was given the position of Assistant Lecturer within the university, focusing primarily on the Built Environment area, but also working on two different programmes supporting students; the first is those struggling with their studies, the second being students completing a Foundation Degree (Junior College for my US friends), and therefore needing a deeper integration into Higher Education studies.

Mental & Physical Health Decline

I went off on long term sickness a few years ago. There are various reasons for this, but stems from issues related to returning to work after an extended stay in hospital for severe Diabetic ketoacidosis. To put it simply, I had worked in my new sub-role during a period known as Clearing in university terms. This is essentially a second opportunity to allow students to commence studies that September. I also planned and was executing our Welcome / Freshers Week, before I suddenly became ill. And I mean seriously ill. When I was deposited at the A&E department at my local hospital, I couldn't even write my name on the form. I don't know what happened next, but a day and a half later, I woke up with enough tubes coming out of me to make me a living Pinocchio!

I was in hospital for 2 weeks, and when I went back to work, I had high hopes of returning to my teaching activities, as well as my new admin roles leading up to our first open day. Working late in my customary 7AM - Whenever my work is done shift, a staff member whom I shall not name but had their desk near to mine started to admonish me for what happened, claiming I wasn't looking after

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myself, and making personal attacks about my clothing, hair and 'attitude' to my new job role. I have always said that I wear jeans and a jumper / shirt over a suit because this is a way to lower the perceived gap between students and staff. This is of particular importance to me as one of the main modules I taught was one to our Foundation Year students, who I desperately needed to engage with.

Once I went onto this long term sickness, my physical and mental health continued to deteriorate. Since 2023, I have spent 3 stints as an inpatient in a secure mental health hospital due to my health, following suicide attempts. I also had a stint in the QE Hospital in Birmingham, sharing a recliner with three other people in what would normally be a one person bed bay, constantly monitored by a mental health nurse, which lasted about 3 days before being assessed again at the national mental health centre just down the road which took 4 days. The only positives of these experiences is that the last doctor who saw me in Birmingham essentially told my team in Dudley that I was being misdiagnosed and mistreated, and I also made an amazing friend for life (If I don't put that last part in, I'd lose Godfather status to her son).

I again shan't name names, but in each case there was a contributing factor, to my time off from work. To put the 'track talk' to rest about those who have been commenting about me in back handed WhatsApp groups for years; no, it wasn't because I was pissed out of my face. I don't know why I have to say that, but I know well enough what people have been saying and their perceptions of me. What they forget is that when talking about someone like that, you make it more and more difficult for them to feel safe about their character in the workplace. It is nothing short of character assassination, and if I may be blunt, it makes me laugh that the same people would come to them for advice when I was almost always the first to complete my marking and associated admin work. To 3x many students.

In addition, my physical health continues to decline, no matter how well I (or try to) look after myself. I have T1.5 diabetes (Yes, that's a real thing), and this has caused a number of complications. I have massively high arches in my feet, have also lost sensation in them, and struggle to walk. There have been days where I have been left to struggle in a wheelchair. This has also led to my hands having a constant tingling, seizing up easily. Sometimes I am in so much pain I can't even open the bottle to my pain meds. In addition, I also have a partially fractured disc in my spine, a bulging disk, and issues to my coxix. In short, if you bought me as a car, you'd return me pretty quickly.

So, What's Next Then?

I am working productively on my mental health, and when the appointments come, my physical health. Some of you may know that I wrote a book chaptering the first phase of my life; this was actually assigned to me as some emotional therapy technique, and it just so happened someone thought I should publish it.

Do I feel well in myself? That varies from day to day. As I'm writing this, this is the first 'good' day I've had in over a week, amplified by this wonderful flu bug going around. The key thing here though is that that's not enough for me to do my roles to the standards I, and most likely the university expect. Frankly though, I care more about how my health impacts on students paying good money for the privilege of a Higher Education. If I can't teach them effectively for a 13 week teaching period followed by a 3 week assessment period, then I'd be doing a disservice to them. I hate the idea of

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transactional education, but if I were a student, I'd feel out of pocket financially, as well as educationally.

What makes matters worse is that I have a rather unique teaching style, which would make it hard for someone to jump in and continue if I say had a month off. I don't put an essay on a PowerPoint slide (Newsflash. You shouldn't), and in fact one module I taught complete through discussion on topics rather than death by PPT. When others during lockdown expected every student to have a laptop and still complete everything, I saw the bigger picture. There may be a laptop in the house, but it's shared by 4 people. So what do you do? Make it so that students can use the one device our own research show they almost universally have. Their phone.

I likely care too much about students, but I remember me in 2009 and how even though I was learning, there was little sense to the question Enron famously asked; why? It took an empty seminar to have a lecturer give me fundamentals I should have learned a year prior, and I put these fundamentals into every aspect of my teaching. Making every student feel a part of a positive process, and actually care if they're not 'getting it'. It's not rocket science, but taking the core concepts of a decent lecture, an engaging seminar, and a promise that you wouldn't ask them to do something you wouldn't do yourself, you have engagement. Also feedback may not be read in real time, but it will later, so make it count.

At the end of the day, my future all came down to one key question. Could I, in my current position deliver a 13 week teaching period, a 3 week assessment period, and effective support in any resit period to a group of students of any size, to a standard of delivery I would expect of myself, instead of reverting to 'boring old lecturer'? I've spent months thinking about this, and it was the question I discussed with HR and others, and whilst I could say yes on a given day, I know the honest answer is no. And if it's a no, then I can't carry on. Simple as that. It was a decision that I made, no one else, and I've owned it.

To finish this off, I've been working with our Human Resources department and our Teachers Pension scheme to consider something known as 'Medical Retirement'. In short, they ask the same question above and others, and whoopa, I've had to provide a *lot* of medical evidence, from about 8 different professionals from both my physical and mental health. I have also undergone two different occupational health assessments, a full medical; heck I'm surprised they never asked me for a semen sample!

I received a letter on the 11th December stating that I in fact have been considered 'incapacitated' to the point where I meet the criteria for ill health retirement. Of course there will be more paperwork, and there will be plenty of other things to do before I officially leave Birmingham City University, however after a wait longer than an airport terminal with no A/C and no shopping outlets (Paris CDG comes to mind), the end is pretty much confirmed. The only thing potentially remaining is me resuming or restarting my Ph.D. The only issue there is that at least 2/3 of my research team are no longer with the university, and I don't know if I'm even able to complete it under the conditions of this ill health retirement process.

Final Words

Look. I don't hate Birmingham City University. I actually have a tattoo of the university's logo on my arm, so I can't have too much ill will! I do however think that there are still some things unresolved that I would like to be resolved before I leave, and I certainly wish that I'd be allowed to pen a document on best practices in teaching underprivileged students, as there are some amazing teaching staff, and some frankly stuck in the stone ages. In addition, there needs to be a radical shake up of on site first aid, as on at least 3 occasions staff should have recognised my symptoms and called 999. DKA causes confusion and the 'patient' tries their best to carry on, often necessitating a third party intervention.

It's been an amazing 16 years. I got to live out my dream of getting a degree (Actually 2, and two PG Certs), and both my roles as a Student Success Advisor Team Leader and Assistant Lecturer have largely been a blast. I have this unwavering commitment to teaching and I can see from a mile off just how rewarding it can be from a student to both feel listened to, but also successful. It's important to note that not every student will, or even wants a 1st Class Honours Degree. One student I remember with great pride was able to just finish off all the modules, despite their own issues. I was never prouder to see a student deliver the closing speech as on that day, because it shows success takes many forms.

Again, to those who have, and continue to believe in me, thank you. Thank you to every student I had the pleasure of teaching, and all the staff who made me feel welcome as an equal and sometimes even a friend.

Peace, Rage & Lots of Love

ADDENDUM

Since going on long term sick leave, I have been diagnosed with:

1. Borderline Personality Disorder (BPD) / Emotionally Unstable Personality Disorder (EUPD)
2. Manic Depressive Episodes / Seasonal Depressive Disorder
3. Non Verbal Tics (Things like clicking tongue, neck cracking, compulsive movements etc)
4. Autism / ADD (Though my local NHS Trust doesn't specify this more than serious ADD on the scale)
5. ADHD (Low - Medium, tied into all the above).
6. Severe foot complications with my feet due to diabetes, and insulin resistance.

Though I would never like to play a 'look I have this' card, they have informed the debate on my medical report. They would normally require workplace adjustments, which through discussion with

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Human Resources could be implemented for a few, but not for all, plus my previous medical history.

There is also the situation where I previously had a horrific mental health doctor, who instead of helping me, decided to stop much of my medication unless I came to him barking like a dog / begging cup in hand. This is the one time alcohol can feed into the debate, as I only drink when I'm suicidal, and actually don't like drinking. I can go to a Wetherspoon and try to stomach one of their breakfasts, and not want a drink, but most doctors until recently have gotten this cycle of mental health crisis, and self destructive behaviour like drinking the wrong way round. Taking all of the above into account, thankfully my new mental health doctor is far more supportive on this.

In this time I've become a mental health advocate, and sadly have lost a few people to the illness and the way people try to cry for help (Calling a hotline and being told to wait a week for an appointment frankly doesn't work). On at least three occasions I've had to call 999 on suicidal friends because of the fact that out of hours (OOO) services are just a holding pattern, not providing any help. Paramedics have been amazing in all these cases, but sadly, MH Nurses / Doctors in my local hospital are less so; this is due to the fact that they are technically a separate NHS Trust (One which I have berated ad-auseam), despite being essentially next door. When people do erratic things as a call for help, it's often because those who should be listening are not. The only other option in the UK is making a S72 suggestion to the police, but that's often more scary for the patient.

I'll be posting more about how my life fell apart and came back together this year, in what will surely be a massive chapter in Book #3. I want to make it clear however that if I honestly felt I could deliver for students, putting aside all the research (Not admin as I find it soothing), I'd be back at work. I put what a student would feel above anything else, and it's not worth lying to myself to harm the chances of a life changing experience for others.