



Policy:	H&S 07 – Positive Mental Health & Well-being
Version:	1 (9/23)
Approved By:	Head of Therapeutic Education
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Positive Mental Health and Wellbeing Policy

**This policy is to be read in conjunction with the
Safeguarding Policy and Staff Handbook.**

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a. Policy Rationale

Breakthrough is committed to promoting the positive mental health and wellbeing of both staff and students. We aim to promote this using both a universal whole-team approach to mental health by creating a safe and stable environment across all centres, and individual targeted approaches. In addition to promoting positive mental health, we aim to recognise and respond to mental ill-health, by providing individualised, targeted interventions. Whilst this policy aims to provide clarity about our approach, ethos and practice for mental health, there may be times where we need to respond ‘in the moment’ or dynamically to a person’s needs.

Scope

This policy describes Breakthrough’s approach to promoting positive mental health and well-being for all staff and students. It is intended as guidance for all staff at Breakthrough.

Aims

This policy aims to:

- Promote positive mental health in all staff and students
- Provide support for staff working with students with mental health issues
- Equip staff to feel confident around mental health issues and how to work with them
- Inform staff of support and interventions Breakthrough can offer students and their families, and how to signpost elsewhere
- Offer guidance to staff for their own mental wellbeing

b. Mental Health roles

Whilst it is the responsibility of all staff at Breakthrough to promote and teach positive mental health, we have the following dedicated roles in place relevant to Mental Health.

- Strategic Lead for Mental Health
- Counsellor in each Centre
- Mental Health Assistant in each Centre

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the student's Sponsor and inform the Strategic Lead for Mental Health in the first instance and record it on the CPOMs system. If there is a concern that the student is in danger of immediate harm, safeguarding procedures should be followed with an immediate referral to the designated Safeguarding Lead. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

NHS First Response service is a 24/7 urgent mental health service for people with mental health and learning disability needs. **Call 0808 196 8708**

Staff can use the internal referral form on SharePoint to refer students for counselling and mental health support internally.

c. Creating an ethos and environment

Breakthrough aspires to be a **Trauma-Infused** organisation. It is the responsibility of all staff to contribute to the creating of an ethos and environment at Breakthrough that promotes and supports mental health. Staff contribute to the ethos and environment by being emotionally 'safe' themselves around the students, modelling good mental health practices, remaining calm and gentle in manner around the students. Where activities require the environment to be louder, or more invigorating, staff will ensure that this is done in a controlled manner, making sure students are prepared and have a safe place to retreat to if they begin to feel overwhelmed. For those students who may not be able to verbally articulate discomfort there should be a previously agreed signal for doing so. Staff at all centres are required to model positive relationships at all times in front of students. Staff will be aware of appropriate language and terminology to use when discussing mental health. Staff will apply professional boundaries with students, recognising the importance of keeping contact with students to within work hours, and understanding the importance of having boundaries regarding self-disclosure.

d. Teaching mental health

We aim to equip students with the knowledge, understanding and skills to keep themselves mentally healthy, and the confidence to know how and who to ask for help when needed. Promoting awareness of positive mental health and being trauma-infused is to be woven, where possible and relevant, throughout lessons and activities.

The Independent Living Skills program/PSHE taught at Breakthrough incorporates teaching the knowledge, skills and understanding students need for their future to keep them physically and mentally safe.

Breakthrough counsellors also work on timetable with students to provide mental health education, this is separate to counselling sessions. Whereas counselling sessions are confidential and records are kept anonymous, timetabled mental health education sessions are recorded in our Daily Report system.

e. Use of Mental Health interventions and resources

Use of mental health interventions is carefully monitored in line with Breakthrough's ethos. Breakthrough transformation Trust uses a suite of approved therapies, mental health interventions and mental health education curriculum. It is important that no other interventions or methodologies are introduced without prior referral, pending permission in writing from the Strategic Lead for Mental Health. The Strategic Lead for Mental Health will refer these to the Trustees and those which are approved will be added to the suite of those which have been passed for use. Mental health interventions are **Universal, Targeted and Specialist** (See appendix 1) **Universal** interventions are for all staff to deliver. It is important that staff only use agreed resources for universal interventions, these resources have been developed to support the **safety and stability** of students. These resources can be found on SharePoint in Curriculum Resources and are for Universal use, i.e. for all staff to use.

Targeted and **Specialist** mental health interventions are only to be carried out by counsellors and specialist staff. As well as for the **safety and stability** of students, Targeted and Specialist interventions support **recovery**. It is important that all staff recognise when to signpost to the counselling team using the internal referral form on SharePoint.

However, conversations around mental health can occur at any time. Breakthrough are committed to ensuring that staff are trained to have these conversations in a safe and confident manner, and where relevant to signpost or refer students to other organisations. (See appendix 2 - Having conversations about mental health)

f. Staff training

All staff at Breakthrough receive training on what it means to be **trauma-infused**. Breakthrough counsellors are **trauma recovery** trained. All staff are required by Breakthrough to undertake training on Mental Health. Training provided at Breakthrough will equip staff to

- Spot and support mental health issues
- Improve listening skills
- Manage disclosures
- Understand the difference between Trauma Infused practice and Trauma Recovery practice
- Use Trauma Infused language
- Know how to signpost students and understand the referral procedure
- Understand how to use Safety plans and Mental Health Support Plans

Staff are also asked to complete CPD throughout the year relevant to mental health to keep their knowledge up-to-date. All staff are also provided with safeguarding training at the appropriate level.

g. Managing Disclosures

If a student discloses that they are feeling suicidal, or plan to harm themselves, staff need to know how to respond appropriately. Staff should always remain calm, supportive and non-judgemental. Staff should listen rather than advise. Staff should never promise confidentiality, but rather explain that keeping the student safe is the most important thing, and in order to do that we need to get some help from a named person. The conversation should be recorded on CPOMS and include the Safeguard Lead (Charlotte Stephens) and the Mental Health Lead (Rachel Gilbert).

A **Safety Plan** should be completed with the student, this is best completed with the person they have disclosed to, or another staff member they feel safe talking to.

If a student's mental health deteriorates, a **Mental Health Support Plan** may be created to be put in place until their mental health improves. Please see appendix 3 for templates of and further information on the Safety Plan and Mental Health Support Plan

Breakthrough are committed to staff well-being, and recognise that hearing a disclosure and working with a distressed student can cause secondary trauma in staff. It is important that staff have the opportunity to **emotionally decompress** as soon as possible after an incident. Within 48 hours we recommend that staff have the opportunity to **debrief** about the incident and how they are doing with a counsellor.

h. Referrals

Internal - If staff are concerned about a student's mental health, the Strategic Lead for Mental Health is available to discuss individual situations.

If the student requests counselling, Breakthrough has counsellors available at each centre. Staff can use the internal referral form (sent via Head of Centre) to request Counselling or other Mental Health support.

External - If an external referral is needed to CAMHS/AMHS, the Strategic Lead for Mental Health can help support this referral. CAMHS referrals can be made by parents/carers, staff, GP or students themselves. See youngminds.org.uk for a guide on CAMHS referrals.

i. Signposting

We are committed to empowering students with resources and information so that they can seek help for themselves. Breakthrough have compiled a list of local and national organisations and the topics they provide help for. This list is available to students and their families. At each centre we are developing an area where students can find resources for themselves. (See appendix 4 – Signposting)

j. Staff Mental Health

At Breakthrough, although the needs of the students have to come first, we greatly value every member of staff and are invested in their well-being. We recognise that staff's own mental health is important in order to hold a student's mental health safely. Creating an ethos and environment that supports wellbeing is central to the work at Breakthrough, and this should be evident within a supportive, encouraging, affirming staff team. We encourage all staff to fully utilise their break from 2.30-3pm to move away from screens and take a break from work, using this time to benefit their well-being.

We also encourage staff to take care of their mental health by keeping good professional boundaries, keeping work between 8.30am-4.30pm. We know that it is sometimes hard to switch off our minds from work, and we would encourage staff to find healthy ways to switch off at the end of the day.

Breakthrough aspires to a working environment where there is no shame regarding disclosing mental health struggles. Staff should feel able to talk to their line manager if they feel their mental health is suffering. Breakthrough will listen to and give great consideration of any requests for reasonable adjustments at work on a case by case basis.

While it is important to show sensitivity, Breakthrough recognises that in certain cases it may be appropriate for line managers to intervene if they have concerns, as with any other aspect of performance.

Breakthrough's counselling service has been created to offer counselling to students. However, our counsellors are available to informally chat to after 3pm if you would like some support. Counsellors also provide staff process groups for staff to receive support if their work with students has effected them. If staff feel they would benefit from receiving counselling, Breakthrough provides access to DAS Depression and Anxiety free counselling service for staff and their immediate family members. (See appendix 5 – DAS counselling service)

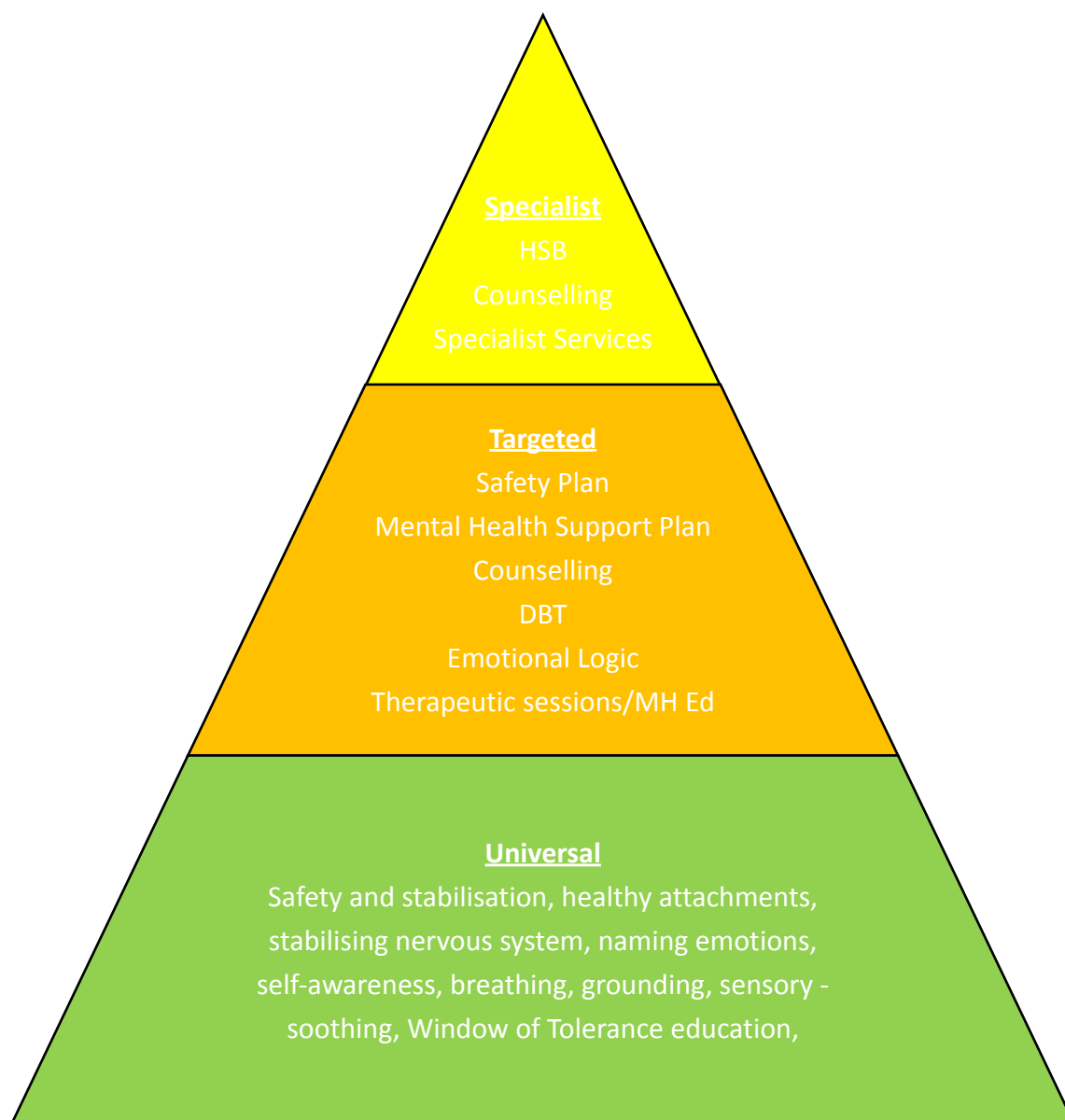
Appendices

[Appendix 1 – Mental health interventions at Breakthrough](#)

Universal – All staff

Targeted – Breakthrough Counsellors

Specialist – Counsellors, Specialist Intervention Practitioner, Specialist services



Appendix 2 – Having conversations about mental health

INTRODUCTION

It is important that all staff know how to have a conversation with a student around their mental health, as you may be the person they choose to talk to. **Please remember, whilst it is important you are confident to listen and have a conversation around mental health, it is also important that**

you don't attempt to turn the conversation into a therapy session. Please signpost students to Breakthrough's counselling service using a referral form if they would like counselling.

HOW TO LISTEN WELL

- Being truly listened to and feeling heard is rare for many people. When we listen it is important that we are listening with a view to understanding the student. A 5 minute conversation where they are heard is more powerful than a longer ineffective conversation.
- **Keep your tone calm and quiet** The student may well be feeling very anxious or heightened, your calmness will help regulate them.
- **Don't try and fix it** Although it is tempting to give advice, or try to solve the problem, we are just simply listening and being present in that moment with the student. It's ok to not be able to fix the student's problems. We want to empower the student to come to their own decisions.
- **Try not to assume** what they are saying or what they might say next, it is easy to misunderstand or not hear the main point. We may assume it will be about one thing and miss what it is really about.
- **Offer a non-judgemental approach** Notice your body language and facial expressions. Crossed arms or a stern or even blank facial expression can give a judgemental impression even if you don't intend it to. Keep your body language open, perhaps nod slightly, and show an understanding expression. Phrases that might help might be *'There is nothing you could tell me that would make me like you any less....'*
- **Be ok with silence.** It can feel so awkward but it can give the student a chance to find the right words. Getting words out can be really difficult, so if after a while you realise the silence is stressful, perhaps offer a pen and paper for them to write down what they want to say.
- **Reflect back** what you have heard, using words the student themselves have used. If a student says *'I feel angry because I was supposed to be going to see my dad but he has cancelled it again'*, you would simply respond with: *'So you're feeling angry because you were supposed to be going to see your dad but he has cancelled it again'*. Reflecting back what they have said shows you have listened, and also gives the student chance to hear back what they have said. It feels a bit odd but it's very effective.
- **Paraphrase** their words back to them if you can't remember all that they said. It's ok to put it into your own words, but try to remember key parts such as names, feelings etc. Don't worry if you get it slightly wrong, it gives the student chance to correct anything you didn't quite hear correctly. Perhaps you could say *'I'm hearing you've had a bad weekend with lots of visitors and unexpected things happening, is that right?'*
- **Asking questions** is ok but only if it's for the student's benefit, such as to clarify your understanding. It is tempting to ask questions out of our own curiosity, but we need to stop ourselves asking questions that take the student off their point.
- **Validate** the student in what they are saying by using phrases such as *'That sounds really difficult, I'm sorry', 'It sounds like you have had a really disappointing weekend', 'I'm hearing that you're going through a really difficult time at the moment, you're really brave to talk about it, I'm sorry this has happened to you, I'm here to support you'*. These type of phrases show you understand, they're not alone anymore and you are standing beside them. This can be so much more powerful than trying to fix it for them.
- **Focus on the feelings words** They may give lots of information which may make it hard to reflect back, but try and focus on the feelings words. *'You've told me a lot there about all the different things that have been going on for you, and I notice you say that you feel angry, is that right?'* This gets to the heart of their message to you. I feel angry.

- **Try not to panic** The student may need to talk about something you may find disturbing, such as their rituals around their eating disorder, or about their self-harm. This may be alarming to hear, but please try to stay calm. To them it is normal, and it may be the first time they have shared their world with someone else. Allowing them to talk can build bridges, and to see you aren't repulsed or alarmed by it can help them open up.
- **Say thank you** It probably took a great deal of courage for them to open up to you. By saying 'thank you for trusting me' shows you value that.
- **Don't promise confidentiality** If it is a safeguarding concern then follow safeguarding procedures. If the conversation is not a safeguarding concern the student will still need to know that you will need to record the conversation and who will see it. Often if this is done well it helps build trust rather than damage it. For example you might say *'You've got so much going on, and I think it might help for your staff team to know what's happening so we can help you together. Then if you're feeling overwhelmed we will all know how to help you in the best way.'* *'When we talk I can't promise confidentiality, but if you'd like to talk in confidence to someone who is trained to help you we have a counsellor here who you could talk to. Would you like to meet them?'*
- **Anything is better than nothing** You might feel anxious about having these types of conversations, and you might feel worried about saying the wrong thing, but by using some simple listening skills you can make a big difference.
- **Self-care** is really important after a mental health conversation. We can take on the trauma of the student without realising it. As soon as you can, do something that you know is good for your wellbeing, such as a walk, talking to your team leader, listen to music etc. The Mental Health Lead or Deputy Mental Health Lead are available if you have been affected by what you have heard. Please see the Staff Mental Health section of the Positive Mental Health and Wellbeing policy.

Appendix 3 – Safety plan and Mental Health Support Plan

A **Safety Plan** is designed for use with a student who has disclosed that they are feeling suicidal, they may well have a plan as to how they will carry it out. The Safety Plan is to be completed with the student and the member of staff they have disclosed to or another trusted member of staff.

The purpose of the plan is to encourage the student to think of and record ways to keep safe while they are in a more rational state of mind, in the hope that if they feel suicidal they can bring to mind the things on the plan.

Once completed, the plan should be photocopied, and the student keep a copy, and the staff member can upload a copy to the students file on Sharepoint. It is important that you inform the Mental Health Lead that you have completed a Safety Plan, and inform the staff working with that student that a Safety Plan is in place. It may also be appropriate for the Families Team to update the parents and carers of the student that this is in place.

A **Mental Health Support Plan** is to be created if a students' mental health significantly deteriorates. It is to be completed by Mental Health lead or Counsellor in collaboration with key staff around the student (eg. Sponsor, SEND assistant, Head of centre). It is intended for short-term use and reviewed until the students' mental health improves. The purpose of this document is to gather the student's staff team together to piece together what may be the cause of the deterioration and collaboratively create a plan of support that all staff will use. This is to equip staff to know how to be around the student, phrases to use or avoid, boundaries that may need to be put in place, provide consistency for the student and to ultimately provide the student with an extra level of safety and stability they need at Breakthrough.

Please see below for examples of the Safety plan and the Mental Health Plan

BTT Safety Plan

Student Name:	
What have I done in the past that has helped?	
Safe place – where is it, how can I get there?	
Safe person – Who is it and how can I contact them?	

Safe object – Where is it and how can I get to it?			
Safe activity – What is it and how can I do it?			
What can make me feel worse or more out of control?			
What messages can I tell myself as an alternative to the dark thoughts?			
What can others do to help?			
Who can I call? What are their numbers?	Friends		
	Relatives		
	Healthcare professionals	Devon NHS Urgent Mental Health Helpline Call: 0808 196 8708 (24 hrs)	CAMHS call: 03300 245 321 (8am-5pm) 0300 555 5000 (out of hours)
	Telephone helplines	Samaritans Call: 116 123 (24 hrs)	Papyrus Hopeline Call: 0800 068 4141 Text: 07860 039967 (9am-midnight)
		Mental Health Matters Devon Call: 0800 4700317 (24 hrs)	
	Other		
If I still feel suicidal, I will go to A&E or call 999 and ask for help.	When calling 999 for help I could say: "I feel suicidal, I don't feel safe and I need help." At A&E I could say "I feel suicidal and I'd like to be seen by the duty psychiatrist. I need help."		

Name of student	
Date	
What do we already know? E.g. What is their mental health history? What medications are they taking? What are their triggers? Do they have external MH agencies?	
What does this deterioration look like? What possible reasons might there be for the deterioration of their mental health?	
Is this a Mental Health or a Safeguarding issue (or both)?	Mental Health ☐ Safeguarding ☐ If safeguarding please follow BTT protocol
Student's voice	<i>What do you need at Breakthrough to feel safe?</i> <i>What would you like staff to know?</i>
Plan of how to work with the student at this time Key phrases (eg. 'You're safe here' 'good choice', 'healthy/unhealthy control') Tone of voice What/who needs to be left out of/added to the timetable for now? Listening skills What we will not say/talk about What safe place can they go to Resources needed	
Any referrals needed? (Internal/external)	
Review date	

Appendix 4 – Signposting

National/Local

Charity	Focus	Contact details & Information
Samaritans	Listening service	Tel :116 123
SHOUT	Online 24/7 mental health service	Free, 24/7 mental health text support in the UK Shout 85258 (giveusashout.org)
MIND	Information and support on mental health issues	
HOPELINEUK (Papyrus)	Listening service/Suicide prevention	Call: 0800 068 4141 Text: 07860 039967 9am-midnight
Young Minds	Textline	Text YM to 85258
Childline	Call, email or chat online	0800 1111
NHS	Urgent helpline	Mental Health Helpline for Urgent Help - NHS (www.nhs.uk)
NSPCC		www.nspcc.org.uk
R U OK?	Self-help for teenagers	RU-OK.org.uk
National self-harm network	Self-harm support	www.nshn.co.uk
NHS First Response	24/7 urgent mental health service for people with mental health and learning disability needs.	0808 196 8708
The Moorings	Mental Health Support to anyone aged 18+ in the Devon area	Barnstaple – 07850 927064 devonbarnstaple.mhm@nhs.net Exeter – 07990 790920 devonexeter.mhm@nhs.net Torquay – 07483 991848 devontorquay.mhm@nhs.net
Together Drug and Alcohol Services	Drug and Alcohol support	08002 335444
Young Devon YES (youth enquiry service) Exeter	Free and confidential advice and support	http://www.youngdevon.org/where-we-work/exeter-yes-centre 08082 810155
SAFE services	Domestic Abuse	Tel: 0303 030 0112

Pete's Dragons	Comfort after suicide loss	Tel: 01395 277780
Balloons	Child Bereavement counselling	01392 826065
Plymouth Domestic Abuse service	Domestic abuse	01752 252033
Devon rape crisis service	Rape and sexual abuse services	01392 204174 support@devonrapecrisis.org.uk
Pegasus Men's wellbeing centre CIC Cornwall	Men's wellbeing service for anxiety, depression, emotional distress	Pegasusmenswellbeing.co.uk 01209 205785 07817 261494

Appendix 5 – DAS counselling service



COUNSELLING SERVICE

Modern living creates a multitude of strains and stresses on individuals and families alike. Though most of us can carry one or two problems at a time, sometimes things just pile up.

24 HOUR HELPLINE SERVICE

- **CONFIDENTIAL**
- **NON-JUDGEMENTAL**
- **SUPPORTIVE**

Counselling is a process of learning to understand yourself and others by exploring your thoughts and feelings in a supportive and non-judgemental space, enabling you to make a constructive change in your life, whether in crisis or an ongoing situation.

As part of your policy with us, DAS provides a confidential counselling service 24 hours a day, 365 days a year to you and members of your immediate family – providing they live with you and are over the age of 18 (or aged between 16 and 18 and in full-time employment). DAS counsellors are members of The British Association for Counselling and Psychotherapy and are covered by their code of Ethics and Practice.

Callers' concerns could include:

PERSONAL ISSUES

- ELDERCARE
- FAMILY BREAKDOWN
- STRESS, ANXIETY, DEPRESSION
- BEREAVEMENT
- RELATIONSHIPS (DIVORCE/SEPARATION)
- DOMESTIC ABUSE
- SUBSTANCE ABUSE

WORK ISSUES

- PRESSURE
- BULLYING AND HARASSMENT
- WORK CONFLICT
- DEATH IN SERVICE
- WORK OVERLOAD
- WORK LIFE BALANCE
- REDUNDANCY
- CHANGES AT WORK

Counsellors may be able to help you work through your problems and find ways of dealing with them. Remember, you choose when you call and what you talk about. Calls may be recorded to help check and improve our service standards.

You need not be alone.

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HELPLINE SCENARIOS

The following scenarios are fictitious, although typical, examples of Counselling Helpline calls.

Parent – Teenage anguish

A mother calls the DAS Counselling Service, distraught at the behaviour of her teenage daughter. The caller showed signs of feeling angry, upset and very frustrated by her daughter. Although the mother phoned about her daughter, in the counselling we concentrate on the caller and how she feels.

Together we look at ways that she could rebuild the channels of communication between herself and her daughter. We help her to look at the situation through the eyes of her daughter.

Over a series of calls, and a lot of work in between calls by mum, they are able to rebuild their relationship.



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1 (9/23)	New Policy	Rachel Gilbert	September 2023