Mental Health Matters
for FE Teachers Toolkit

MENTAL HEALTH MATTERS
FOR FE TEACHERS TOOLKIT

POSITIVE EXPECTATION

SUPPORTIVE POLICIES

LEARNER CENTRED

ASSESSMENT

INDIVIDUALISED PROGRAMMES

+ SUPPORT

INCLUSIVE

ADJUSTMENTS

WELLBEING

UNDERSTANDING

CONFIDENCE

ACHIEVEMENT

PROGRESSION

HEALTHY ENVIRONMENT

Tricia Clark

niace
promoting adult learning

Acknowledgements

NIACE, the national organisation for adult learning, has a broad remit to promote lifelong learning opportunities for adults. NIACE works to develop increased participation in education and training, particularly for those who do not have easy access because of barriers of class, gender, age, race, language and culture, learning difficulties and disabilities, or insufficient financial resources. You can find NIACE online at **www.niace.org.uk**

Introduction

Further education (FE) teachers often express concern that they do not have the knowledge or expertise to meet the needs of learners who experience mental health difficulties. This resource, which has been supported and funded by the Learning and Skills Council as part of their commitment to the professional development of the FE workforce, aims to address that concern by providing materials that teacher educators, or those providing staff development opportunities, can use as part of the training of teachers.

The toolkit aims also to support Lifelong Learning UK's (LLUK) Workforce Strategy in terms of the professionalisation of the FE sector workforce as outlined in Priority 3, Themes 7 and 8:

- Theme 7: professionalising the workforce from initial teacher training to continuing professional development
- Theme 8: being responsive by ensuring new workforce skills demands are met

This resource is not about particular mental health conditions or their symptoms and treatments – that is for health professionals. It is about developing awareness and understanding of mental health issues and their impact on learning and achievement and equipping FE teachers with the knowledge and basic skills they need to effectively support learners who experience mental health difficulties. It is based on the belief that mental health matters fundamentally to all FE teachers because our mental health impacts on everything we do, including our ability to learn and work.

The approach taken is based on the belief, informed by twenty years of practical experience working with learners who have mental health difficulties, that FE teachers do not need specialist knowledge or skills to support these learners any more than they do to work with most learners who have other conditions or disabilities. What they do need is an understanding of the issues, some knowledge and information to underpin their teaching skills and inform their practice and the confidence that, if they are good teachers providing empowering and inclusive learning experiences, they are likely also to be meeting the needs of learners who have mental health difficulties.

Aims of the toolkit

- To support FE teachers to achieve and maintain the professional values and standards outlined by LLUK in the 'new overarching professional standards for teachers, tutors and trainers in the lifelong learning sector' to which the Toolkit has been mapped (see Tables 1 and 2).
- To support and enhance existing initial teacher training (ITT) programmes as well as continuous professional development (CPD) and staff development opportunities for the FE workforce.
- To support and build the capacity of the FE workforce to meet the needs of learners with mental health difficulties by raising awareness and improving understanding of the wider learning needs of those who experience mental health difficulties.
- To provide information, activities and strategies to enable FE teachers to effectively meet the needs of these learners.
- To signpost to other resources and sources of information of value to the FE workforce.

Who it is for

This resource is aimed primarily at teacher educators delivering initial teacher training programmes and for those offering continuous professional development and staff development opportunities for all teaching staff in the FE sector.

How the toolkit might be used

The toolkit comprises a set of laminated cards and a CD. There is also an electronic version. The content is organised around twelve 'stand-alone' but inter-connected themes, which have been mapped to the six domains of the professional standards in Table 1 using the following colour-coded system:

Domain A: Professional Values and Practice	Domain C: Specialist Learning and Teaching	Domain E: Assessment for Learning
Domain B: Learning and Teaching	Domain D: Planning for Learning	Domain F: Access and progression

In each theme, a topic card outlines key issues and an activities card outlines a range of practical activities. The principal professional standards domain for each theme is indicated by the domain bars at the top of each page. The CD includes additional materials for each theme that can be printed out. The topic cards indicate when it would be useful to conduct activities and where there are links to other themes or resources on the CD. The topic cards can be printed as handouts and used either to introduce the theme or to summarise it at the end of the activities.

The toolkit is just that: a box of tools to be used by practitioners who know their job as teacher educators, know their teachers and their working environment but who may need some particular 'bits of kit' to help them do that job in relation to learners who have mental health conditions. For this reason, there is no prescription for how the toolkit should be used but some guidance is given in the form of 'Notes for teacher educators' (and others delivering the material). The relevant teacher educator notes can be found in each theme folder on the CD. The toolkit is designed to be used flexibly: themes can be worked through chronologically or used as 'stand-alone' units. As well as including a folder of materials for each theme, the CD contains the resources organised in collections or resource banks by type, i.e. case studies, success stories, activities, checklists, fact sheets. These folders bring together, in one place, materials used in the theme folders plus a few additional ones. They are organised in this way to increase the flexibility of the toolkit because some materials, for example the case studies, have relevance to more than one theme and also so that, if only a selection of themes are to be covered, all of the materials contained in the other themes can be easily accessed and used.

It is essential that teacher educators familiarise themselves thoroughly in advance with all the materials in the Toolkit and allow plenty of time to plan and prepare for delivery. Whilst the tools can be used straight from the 'box', it is important that anyone using them makes adaptations to meet the needs of their particular audience.

Teacher educators/teachers may wish to:

- include case study examples from their own practice, the Internet or other research;
- develop their own activities, based on information and materials provided e.g. in the topic cards or fact sheets; and/or
- provide a menu of activities for each theme and invite participants to select those that are most useful for their needs.

Terminology

The word 'teacher' is used in the toolkit as a generic term for teachers, tutors, trainers, lecturers and instructors in the further education (FE) sector. For the purposes of this resource, the FE sector covers the diverse teaching workforce in FE colleges, FE in higher education establishments, work-based learning, community learning and development, offender learning and also the voluntary sector. Mental health difficulties and mental health conditions are used interchangeably throughout in keeping with government guidelines.

CD Contents

Activities Bank
Case Studies Bank
Checklists
Fact Sheets
Success Stories
- Theme 1: Why Mental Health Matters
- Theme 2: Stigma and Discrimination
- Theme 3: Enabling Self-Declaration
- Theme 4: Confidentiality and Information Sharing
- Theme 5: Active Learner Involvement
- Theme 6: Teaching, Learning and Achievement
- Theme 7: Supporting Learning and Making Adjustments
- Theme 8: Responding Positively to Challenging Situations
- Theme 9: Roles and Boundaries
- Theme 10: Collaborative Working
- Theme 11: Maintaining and Promoting Mental Health and Well-being
- Theme 12: Embedding Mental Health Awareness into the Curriculum
Bibliography

Key to the icons

CD resource

Activity link to activity sheet

Theme 5 Link to another theme sheet

Mental Health Matters for FE Teachers Toolkit

Domain A: Professional Values and Practice

Domain C: Specialist Learning and Teaching

Domain E: Assessment for Learning

Domain B: Learning and Teaching

Domain D: Planning for Learning

Domain F: Access and progression

Theme 1: Why Mental Health Matters – Topic

We all know the importance of physical health and its impact on our everyday functioning and sense of well-being. We understand a lot about our body, what supports its health, what has a positive or negative effect on it and what to do if we start to experience difficulties with it. Most importantly, we readily accept that such difficulties are common and that we will all experience physical problems and illnesses at some point.

Generally, we respond to physical health issues with sensitivity, understanding and compassion. What is often significantly different is how we, as individuals and as a society, think about and respond to mental health and those who develop difficulties with it.

CD: Frequently Asked Questions

Mental health, and its impact on us as teachers and learners, will be explored more fully throughout this pack.

What is mental health? And does it matter?

Activity

There are many definitions of mental health, one of which is:

CD: Definitions

'Mental health is defined as a state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.' [1]

Mental health is more than the state of our mind; it is about emotional resilience, self-esteem and confidence. It affects our ability to communicate, to build and sustain relationships, to learn and work, and to achieve our potential and aspirations. Clearly, then, it matters to all of us, as individuals and as a society.

What are mental health difficulties and who has them?

CD: The Social Context

We all have difficulties with our mental health at times. It is just as natural as difficulties with our physical health. Everyone experiences distress, anxiety, worry and grief. For many, these difficulties are temporary. With understanding, rest and support we recover. Sometimes, if our emotional resilience (our mental immune system) is low, recovery may take longer or require more support. We may need medication, counselling or interventions like cognitive behavioural therapy to help us make a full recovery. Our recovery may also be affected by other personal and social factors like the support available to us, the strength of our relationships, our financial or housing situation, or our physical health.

One in four of us experience powerful changes in the way we think or behave and these difficulties have a significant and sometimes lasting impact on our everyday lives, affecting our ability to learn, work, enjoy relationships, and achieve our potential. We may be more vulnerable to developing mental health difficulties at certain times, such as when moving away from home to study; starting a new job; after bereavement, divorce, redundancy or retirement; or when dealing with prolonged illness or disability. Some people are exposed to even greater risk, especially those who experience poverty, crime or abuse, homelessness, unemployment, racism or other forms of discrimination. Even positive changes, like the birth of a child or promotion at work can make us more vulnerable to mental health difficulties.

CD: Frequently Asked Questions

Just like our experiences with physical illness, our responses to life changes and challenges are completely individual and often unpredictable. Many are surprised to find themselves, or those close to them, developing mental health difficulties despite being ordinary, optimistic, strong and capable individuals. The fact is that none of us is immune; potentially we can all develop mental health difficulties, just as we can all develop difficulties with our physical health.

1   *Promoting Mental Health: Concepts, Emerging Evidence Practice*. World Health Organisation (WHO), 2005.

Mental Health Matters for FE Teachers Toolkit

A continuum of mental health

It is useful to see health, whether physical or mental, as a continuum. At one end is good health, where a person is able to communicate and work effectively, to sustain positive relationships and build good social networks. At the other end is poor health or illness and its negative impact on daily functioning, work, and relationships. And there is a whole range of experience in between. There is, however, a second aspect of the continuum which is to do with our sense of well-being rather than our actual state of health.

Activity

CD: Mental Health Continuum

The key point is that we all move up and down on this continuum of mental and physical health. Many people with mental health difficulties have periods when they are at the 'good health' or 'positive sense of well-being' ends of the continuum. Some people with no diagnosis may experience difficulties with their mental state, like periods of stress, grief or depression from which they recover, or they may have a poor sense of well-being at times. Labels and diagnoses are not necessarily indicative of a person's ability to learn or work effectively and may therefore not be very helpful to us as teachers.

Why does mental health matter to FE teachers?

Activity

Mental health matters fundamentally to teachers for the following reasons:

- Most teachers will, at some point, work with learners who experience mental health difficulties that impact their ability to learn, whether they are identified or not.
- Some learners are particularly vulnerable to developing mental health difficulties (e.g. those who also experience another disability, young people, offenders, care leavers and carers, and those who experience poverty, homelessness, unemployment, crime, abuse, racism or other forms of discrimination).
- It is estimated that by 2020 the incidence of depression will be second only to chronic heart disease.
- People with mental health difficulties are the key focus of many government policies and the social inclusion agenda.
- Learners and staff who experience mental health difficulties have rights under the Disability Discrimination Act.
- Engagement in learning is proven to support the recovery process, build confidence and enhance mental well-being.
- Teachers have a crucial role to play in creating positive and healthy learning environments, in challenging the stigma and prejudice that still surrounds mental health, in promoting positive mental health and well-being, and improving employability.
- The mental well-being of staff is fundamentally important and this is acknowledged in the Learning and Skills Council National Mental Health Strategy (2009):

  'It is in an institution's best interest to design services which are widely accessible and appeal to a diverse number of users, including disabled people. It is equally important for institutions to recruit staff and students from a broad pool of talent if they wish to be successful. This will include disabled staff and disabled students.'

Further reading

Understanding the Disability Discrimination Act: A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain. Disability Rights Commission, 2007.

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 1: Why Mental Health Matters – Activities

Before beginning activities, refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction

Activity 1: What is mental health?

- Discuss 'What is mental health?' in pairs or small teams with the aim of arriving at an agreed definition.
- Record the final definition on paper.
- Record the key points of your discussion. What informed your thinking?

Activity 2: Attitude check

Consider the following statements and decide how many of them you agree with. Record and keep your personal responses for future reference.

1. People with a diagnosed mental illness are not well enough to be in learning or work.
2. Mental health difficulties are the same as learning difficulties.
3. Mental illness is an illness like any other.
4. People with serious mental illness are likely to be aggressive.
5. One of the causes of mental illness is a weakness of character or will power.
6. Learners with mental health needs are more demanding than other learners.
7. If I take on a student or employee who has a mental health issue they are likely to disrupt lessons or the workplace.
8. Having students or employees who experience mental health difficulties may bring benefits for other learners and/or employees.
9. Having students or colleagues who have a mental health issue will involve a lot of extra work for me.
10. I am confident in my ability to respond to someone who has mental health difficulties.

When you have recorded your individual responses, discuss some of them in pairs or small teams.

You may find it useful to repeat this activity at intervals and compare your responses to the ones you have given now.

Activity 3: Why does the mental health of learners matter to FE teachers?

Consider the question above and list your immediate responses individually, in pairs or in small groups.

You may want to think about:

- relevant legislation;
- issues and policies related to equalities, social justice and social inclusion;
- your individual responsibilities and those of your organisation;
- professional values and practice;
- anticipating needs and planning for learning;
- learning, teaching and support issues;
- assessment of learning; and
- learners' achievement and progression.

Mental Health Matters for FE Teachers Toolkit

Activity 4: The mental health continuum

Read the following cases, then discuss the questions that follow:

Jaymain: 'I have been on medication for a year now so my health has improved over that time. Before Christmas I felt out of sorts and at odds with myself and life, probably because of all the pressure to get everything done, all the expense, end of another year, terrible weather, kids under my feet and all that. Since the new year I have felt better though my actual health hasn't changed and I still need the tablets. I feel better in myself though, more comfortable with things, I'm generally more able to just get on with stuff.'

Winston: 'I feel pretty bad at the moment, no particular reason. Can't put my finger on anything specific. I keep myself fit, go to the gym regular and play football. Maybe I just need a change, a holiday or something.'

- Discuss the concept of a continuum of health, both physical and mental.
- Identify personal experiences that help you distinguish between your state of health and your sense of well-being. If you are willing, share these with each other.
- Identify examples that illustrate this distinction for both physical and mental health and well-being.
- Design a visual representation of the continuum that can help others to understand it using these experiences and/or the cases above.

A final question: How do the issues explored in this theme impact on your professional practice?

Further reading

- *Attitudes to Mental Illness*. Department of Health, 2009.
- *New Overarching Professional Standards for Teachers, Tutors and Trainers in the Lifelong Learning Sector*. LLUK.
- *Understanding the Disability Discrimination Act: A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain*. Disability Rights Commission, 2007.

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 2: Stigma and Discrimination – Topic

People who experience mental health conditions often say that stigma and the discrimination that results from it are more damaging and difficult to deal with than the actual health issues themselves. For many, their perception of themselves and their mental health difficulties, their self-esteem and confidence can all be damaged by negative attitudes. Their ability to manage their difficulties, to openly discuss their needs or seek support can also be further impaired by the negative perceptions and attitudes that they experience. The effects of stigma and discrimination can be felt by those experiencing mental health difficulties long after the actual symptoms have been managed or resolved.

And yet research consistently indicates that one in four of us experience some kind of mental health difficulty and in a 2009 Department of Health (DH) survey, one in five said that they currently live or had at some time lived with someone with a mental health problem.

> *'1 in 5 people have dandruff. 1 in 4 people have mental health problems. I've had both.'*

Ruby Wax[1]

Language

Language has long been a key indicator of stigma, prejudice and discrimination whether with regard to age, race, gender, sexual orientation or disability. This applies also to mental health. Language is very powerful in conveying messages whether intended or not. We are all aware of and have almost certainly experienced the effect of the negative connotations that words can carry. Words most certainly can and do hurt and damage.

Commonly used terms like 'mentally ill', 'mental illness' and 'mental health problems' can carry negative or unhelpful connotations. They may indicate an inappropriate degree of severity or permanence or may be dismissive or disempowering of people who experience difficulties with their mental health.

It is really important to consider these issues of language, what's appropriate, and when and how we use specific terms. Mental health difficulties or mental health conditions are currently the most commonly accepted terms.

CD: Frequently Asked Questions

Activity

Some facts about attitudes

When asked to estimate what proportion of people in the UK might have a mental health problem at some point in their lives, respondents to the 2009 DH survey tended to underestimate – only 13 per cent of respondents correctly stated one in four, whilst the majority, 65 per cent, thought it was one in 10 or even less (24 per cent thought one in 10, with 41 per cent thinking it was less than this).

1   BBC Headroom/Ruby's Room at www.bbc.co.uk/headroom/rubys

Mental Health Matters for FE Teachers Toolkit

Attitudes to mental health have been improving in some respects since 1994 illustrated by the following.

- The belief that virtually anyone can become mentally ill increased from 89 per cent in 2008 to 91 per cent in 2009.
- The belief that people with mental health problems should have the same rights to a job as anyone else increased from 66 per cent in 2008 to 73 per cent in 2009.

However, it is concerning that there have also been notable reverse trends, as follows.

- The belief that one of the main causes of mental illness is a lack of self-discipline and will-power increased from 14 per cent in 2008 to 18 per cent in 2009.
- The belief that there is something about people with mental illness that makes it easy to tell them from normal people increased from 17 per cent in 2008 to 21 per cent in 2009.

Survey respondents were also given a list of descriptions and asked to indicate which they felt usually describes a person who is mentally ill. Overall there were significant increases from 2003 to 2009 in the proportions of people selecting the more severe of these descriptions.

- The description most likely to be selected was 'someone who is suffering from schizophrenia' – this increased from 56 per cent in 2003 to 61 per cent in 2009.
- The next most often selected were 'someone who has a split personality' and 'someone who has serious bouts of depression', both of which were selected by 54 per cent of respondents in 2009.
- 'Someone who has to be kept in a psychiatric or mental hospital' increased from 47 per cent in 2003 to 52 per cent in 2009.
- 'Someone prone to violence' increased from 29 per cent in 2003 to 33 per cent in 2009.

So we can perhaps understand why many people who experience difficulties with their mental health object to being labelled as someone who has a mental illness. Even if someone has a long-term condition, their state of mental health will vary over time just as our physical health does.

CD: Mental Health Continuum

CD: Enabling Declaration Checklist

Contrary to popular misconceptions, complex and enduring mental health conditions are usually well managed. Most people who experience them continue to lead active and purposeful lives and many recover completely.

Whilst the DH survey found that levels of understanding and tolerance of people with mental illness seemed generally high, since 1994 the proportion of respondents voicing more tolerant opinions has actually decreased from 92 per cent to 85 per cent.

The survey also notes attitudinal differences by age group, gender and social grade. Consistently throughout the survey, those expressing the most negative attitudes towards mental illness were men rather than women, those in the youngest age group (16–34), those in semi-/unskilled manual occupations and people dependent on state benefits.

These findings are important for those working throughout the FE sector because:

- they help us to understand why so few declare their mental health difficulties or seek support;
- the age and social groups found generally to be the least tolerant are those who are themselves amongst the most vulnerable in terms of mental health and also those often most in need of good learning opportunities; and
- the FE sector can have a major impact not only in providing positive learning experiences but also in being an agent for attitudinal change.

Further reading

Education not Discrimination (END) website at: www.time-to-change.org.uk/what-were-doing/education-not-discrimination

Theme 2: Stigma and Discrimination – Activities

Before beginning the activities, refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction

Activity 1: Language traffic lights

- Divide into pairs or small groups (no more than four per group).
- Using a set of flash cards plus 'traffic lights' (i.e. green, orange and red sheets of paper or card) discuss and categorise each term, deciding whether each is okay or not okay to use, in speech or written material.
- Each pair/group should try to reach a consensus and assign each word to a specific category:

   🟢 **green = ok**   🟠 **amber = neutral/ unsure**   🔴 **red = not ok**

- Provide feedback to the whole group on discussions, decisions made and reasons for them.
- Devote some time to discussing any differences in choices.
- Spend time discussing those terms in the 'amber' category and why people could not decide about them.

Activity 2: Graffiti wall

- Create a 'graffiti wall' by pinning up flipchart paper.
- Divide the 'wall' into two.
- On the left side write all the negative, critical, and judgemental words or phrases used in association with 'mental health'.
- On the other side record acceptable, neutral or positive words or phrases.
- Compare the lists:
  - Are there far fewer acceptable/positive terms?
  - What effect might this have on how we talk and think about the people who experience mental health issues?
- Consider and discuss why certain words or phrases are particularly negative or positive.
- Consider the language that you hear being used in the environment in which you work and in the context of this theme:
  - Do students or staff use terms which are inappropriate?
  - What are these terms and what impact might they have?
  - What do you think could be done to address this?
- How do these issues impact on your practice?

Activity 3: Media review

- Using articles from magazines and newspapers, look at how mental health issues are reported.
- Categorise the coverage into negative, neutral and positive as before.
- Discuss media attitudes to mental health (e.g. in magazines, on television).
  - What impact you think media coverage has on attitudes, like those reflected in the Department of Health annual survey?

Activity 4: Wei Liu

Wei Liu has started a child care course at her local college. It took a lot of courage to get over her anxieties about it. She has been honest with the college about her past mental health difficulties and has been well supported so far by her tutors.

She is doing very well with the course and on her first work placement. She was really enjoying it but one of the other people working there overheard a conversation between Wei Liu and her tutor in which her past difficulties were mentioned. Since then she has heard a few of them talking about her and questioning whether she should be working there.

Wei Liu is understandably becoming more and more uncomfortable at her placement and is feeling quite stressed. Her work is beginning to suffer and she is concerned that, although she has been fine for a few years now, her previous difficulties will return.

Consider and discuss the following:

- How far is Wei Liu being disabled by the attitudes around her rather than by any actual difficulties with her health?
- What might have been done to prevent this situation arising?
- To what extent is she possibly being affected by past experiences, a lack of confidence and/or negative self-perception?
- If you were her tutor, how could you support her?
- Would you know where you or she could get further advice or support?
- If you were her employer/placement supervisor how would you approach this issue? What support could you offer?
- What could be the impact of this situation on Wei Liu, in the short and longer term?

Further reading

Attitudes to Mental Illness. Department of Health, 2009.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

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Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 3: Enabling Self-declaration – Topic

Making the decision to declare mental health difficulties is not an easy one and learners must be supported to make an informed choice about what is best for them. They have the right not to declare, but need to understand the implications of either choice. This important decision can be made much easier if learning organisations and their staff make clear at every opportunity what the benefits and consequences of this decision may be. When learners are able to declare their mental health difficulties, it opens up the opportunity to discuss with them how their particular difficulties might impact on their learning, and how their needs might be met. Many people who have mental health conditions do not declare their needs or difficulties because they do not consider themselves to be disabled, though they may consider that they have particular requirements. Many are understandably concerned about the consequences of doing so, having experienced discrimination and harassment when they have been open about their mental health.

Theme 2: Stigma and Discrimination

Evidence suggests that learners are more likely to be open to discussing their needs and difficulties when they believe they will be treated sensitively with acceptance, understanding and respect. Also, people can develop difficulties with mental health at any time and existing conditions can fluctuate, impacting on functioning to varying degrees. It is important, therefore, to provide many opportunities for declaration and discussion of requirements and not just at application, interview or enrolment.

A whole organisation approach to procedures and practice

CD: Positive about Disability

If teachers are to encourage and respond well to declarations of mental health needs by learners, they need the support of a strong organisational approach to the underpinning issues and values that inform policy, procedures and practice. Ways in which this is being done are varied and include:

- positive whole organisational approaches to the health and well-being of staff, learners and visitors e.g. Healthy FE and Mindful Employer initiatives;

CD: Healthy FE and Mindful Employer

- policies and procedures that give staff clear guidelines on their roles and responsibilities;

Theme 9: Roles and Boundaries

- positive attitudes and procedures that support staff in being open about personal experience with mental health difficulties, thus modelling good practice for learners; and
- commitment to relevant and timely training and continuous professional development for all staff, both teaching and non-teaching, with regard to the range of issues explored in this toolkit.

The process of enabling declaration starts even before an application is made because:

- what other learners say about their experience may influence potential learners' views;
- previous personal experiences of learning, both in school and afterwards, will affect an individual's views of the value of learning as well as their confidence in their own abilities;
- an organisation's marketing materials are a key tool not only in supplying information but in conveying attitudes. Often such materials focus on the support available for learners with specific disabilities, medical conditions or learning difficulties, which can perpetuate a narrow view of disability with which many, including those who experience mental health difficulties. This may not identify; and
- for many, the first point of contact is with 'front of house' staff, via the phone, the Internet or face to face (e.g. in reception or at enrolment). Appropriate training and support for these staff is vital, to make them aware of the wider issues that influence declaration and enable them to support those who have mental health difficulties to do so.

Mental Health Matters for FE Teachers Toolkit

What influences declaration?

Learners who experience mental health difficulties are more likely to declare needs in a conversation rather than on a form, but application and enrolment procedures are still heavily reliant on forms.

Activity

Theme 2: Stigma and Discrimination

Learners often don't declare mental health needs at the outset, for a number of reasons such as:

- fear of prejudice and a lack of confidence that they will be treated with respect and dignity;
- their view that their mental health needs are not relevant to their learning;
- previous bad experiences of learning;
- belief in their right to privacy and concerns about confidentiality;
- not being able to express their needs or having opportunity to do so confidentially; or
- they are not experiencing mental health difficulties at that particular time.

It is most common for learners to declare later when:

- they are more aware of the prevailing attitudes within an organisation;
- they have built relationships in which they believe they can trust;
- they have a better understanding of their own learning needs in the context of a specific programme and learning environment; or
- they have better knowledge of the adjustments that could be made or the support that may be available to them.

Theme 7: Supporting Learners Effectively

Ongoing opportunities for self-declaration

Because learners will declare needs at different points, numerous and varied opportunities need to be available to them to do so. Evidence suggests that the least common way for learners with mental health needs to declare is on a form. There may be many reasons for this including the format of the questions, the language used and the lack of information about what will be done with the information provided. Learners are more likely to declare in the following situations.

- On course: Learners may declare difficulties if struggling with work, after missing deadlines, not meeting expected or required grades or after a period of absence.
    - What strategies do you have for supporting them or linking them into other sources of support?
    - Can they access missed learning materials online?
    - Is there provision for additional coaching and teaching support or peer support?
- In class: Many learners say that it is a relationship with an individual tutor that encouraged them to declare because they felt confident that they would be properly listened to and have their needs addressed. Learners say that tutors who challenge stigma and discrimination during sessions and demonstrate a positive attitude to the mental health of all their learners create an environment which feels safe and is enabling.
- Examinations/assessments: Some learners have specific needs in relation to exams and assessments so this is a common trigger for declaration. They also bring additional pressures and anxieties which may exacerbate pre-existing difficulties, such as with concentration.
- Field trips and work placements: These take learners out of their usual learning environment and some learners may feel that they need support in these new situations.

Further reading

- James, K. *Supporting Learners with Mental Health Difficulties*. Learning and Skills Development Agency, 2006.
- Rose, C. *Do You Have a Disability – Yes or No? Or Is There a Better Way of Asking?* Learning and Skills Development Agency, 2006
- *Should I Say?* NIACE, 2009.
- *You Can Do It!* NIACE, 2009.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 3: Enabling self-declaration – Activities

Before beginning activities, refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction

Activity 1: Is there a better way of asking?

In pairs/small groups, consider the following questions or statements and discuss their suitability in encouraging or enabling learners to declare mental health difficulties or mental health support needs:

- Do you have a mental illness?
- Do you have any disabilities?
- Do you have any mental health difficulties?
- Is there anything wrong with you that might affect your ability to study?
- Is there anything that might affect your experience at college?
- Is there anything you would like to talk about that might affect your ability to do well on your course?
- How can we support you to do your best at college?
- Are you on any medication that might affect your performance at college?
- You can come to me to discuss any support needs/worries you have.
- If we can talk about any needs or challenges that might prevent you from getting on, we can work out together what we can do to support you.
- You can tell me anything and I'll sort it out.

When you have decided which are most appropriate, consider how they could be used:
- on application/enrolment forms;
- in interviews; and
- at other times.

How else might you encourage or enable earners to declare their needs?

Why is this important to you as a teacher?

Activity 2: Design a question

Part 1.
Look at the following example taken from an application form:
Are you disabled? Yes   No

If yes, please tick the relevant box below to indicate the type of impairment:

☐	visual impairment	☐	hearing
☐	disability affecting mobility	☐	dyslexia
☐	emotional/behavioural	☐	medical condition
☐	learning difficulty	☐	mental illness
☐	developmental disability	☐	other

Discuss:

- Why might people not answer this question?
- How can the question be improved?

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice
Domain C Specialist Learning and Teaching
Domain E Assessment for Learning
Domain B Learning and Teaching
Domain D Planning for Learning
Domain F Access and progression

Part 2.

Design a question for use on your organisation's application form, which would encourage people to declare the mental health difficulties that affect their learning.

Consider:

- Are there words or associations that could distress or offend?
- Is it made clear why you are asking for the information? Is this stated on the form or elsewhere? How would people find this information?
- Are the benefits of declaring difficulties or conditions made clear?
- Is it clear what will happen to the information once it's given?

Activity 3: Scenario – Jenny

Jenny enrols on a part-time evening class in pottery. On her enrolment form, she ticks the 'yes' box for the question 'do you have a disability?' and she ticks the box for 'mental ill health'. Information in very small print at the bottom of the form explains that her rights are covered by the Data Protection Act 1998. It also explains that the information she gives will be held on the college database and passed on to the Learning and Skills Council for statistical analysis to monitor the college's performance, improve quality and inform future provision. Jenny is not sure what this means or who the Learning and Skills Council are, but she is happy to sign the form.

She does not want her tutors or students on her course to know about her disability, but does not have an opportunity to tell anyone that she wants this information to remain confidential. No one tells her that college teaching staff will have access to this information.

Several weeks after the course starts, a tutor says, 'I didn't realise that you suffered from a mental illness until I looked at the college database for information on the group. How are you, Jenny?'

- Identify the key things that specifically led to this situation.
- What impact might this have on Jenny in terms of
  - her confidence in the organisation, her tutor, the group, herself?
  - her relationships with the tutor and fellow students?
  - her learning and performance on the course?
- Consider the wording on your organisation's application, enrolment and other relevant forms. Do they need to be changed? How might they be improved? What action can you take to support improvement?
- How do you ensure that students know how the information they disclose will be processed and who will have access to it?

Good practice: Kirklees College's Student Support page explains clearly the support that the college is able to offer to learners who have additional needs of any kind. Visit the website at http://www.huddcoll.ac.uk/sservices.asp.

Further reading

- Rose, C. *Do You Have a Disability – Yes or No? Or Is There a Better Way of Asking?* Learning and Skills Development Agency, 2006
- *You Can Do It!* NIACE, 2009
- *Should I Say?* NIACE, 2009

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 4: Confidentiality and Information Sharing – Topic

Learners are far more likely to be open about their needs and difficulties if they feel that they are in an organisation that:

CD: Positive about disability

- has a positive and supportive atmosphere;
- demonstrates, in a wide variety of ways, an ethos that supports disabled people, including those who experience difficulties with mental health; and
- has a value base that ensures that all personal information will be treated with sensitivity and respect and used only for the benefit of learners.

It is important that learners know that confidentiality will be respected. This is likely to encourage them to be open about their mental health and any relevant difficulties they may experience and to seek support if needed.

Theme 3: Enabling Declaration

Clear and effective policies and practice are essential; under the 1998 Data Protection Act, all data relating to a person's physical or mental health is regarded as sensitive personal data and must be managed accordingly.
(For more information, visit www.ico.gov.uk/what_we_cover/data_protection.aspx.)

In practice, this means teachers need to do some or all of the following.

- Explain to learners why specific information about them is obtained and why such information might need to be shared.
- Ensure effective procedures are in place to obtain the informed and meaningful consent of learners to hold and share specific information about them.
- Explain to learners that, even with this consent, information will only be shared on a 'need to know' basis and that the learner will be involved in determining who needs to know what.
- Make sure that if specific need arises to discuss a situation with someone else, without the learner's prior permission, we do so without revealing the identity of the learner.
- Ensure that any written information avoids the use of jargon and labels. Diagnostic labels should generally not be used unless they are based on proper clinical assessment and are necessary in the learning context, and then only with the agreement of the learner.
- Ensure that information about the learner is not left exposed to public view via computer screen, papers on desks etc., or discussed in a manner that can be overheard by others.
- Information about the learner should be shared only from the point of view of supporting the learning, success and achievement of the learner.

Exceptional circumstances

Certain rare and exceptional circumstances may allow for the sharing of personal data without prior consent, such as:

- when there is an immediate and serious threat to personal safety or to the safety of others; or
- if there is an overriding legal requirement to disclose information (e.g. related to crime).

Some features of best practice

- A proactive, whole organisational approach to the safeguarding and effective management of information.
- Learners are encouraged to recognise the benefits to them of appropriate information sharing.
- The informed consent of the learner, authorising any relevant exchange of information, can be evidenced and is reviewed regularly. It is not assumed that a learner has given general consent by completing or signing a particular form at a specific point in time.
- Recognised levels of information sharing – who needs to know what, when and why?
- Learners are encouraged and enabled to discuss and indicate in writing who information can be shared with on a 'need to know' basis (e.g. specific course tutors, support or exams staff).
- Learners are made aware that staff may have legal responsibilities to disclose certain information, e.g. regarding child protection. Absolute confidentiality should not be promised.
- Clear information is given about the additional criteria and confidentiality exceptions that may apply to specific courses

Mental Health Matters for FE Teachers Toolkit

involving care for the public (e.g. teaching, nursing, care of children or the elderly).

- Learning adjustments are consistent with any request for the nature or existence of a disability to be kept confidential.

CD: Disability Discrimination Act

'Once one member of staff knows about a person's impairment or health condition, and explicit consent has been obtained to share this information with others, then it is up to the organisation to have effective channels of communication to pass this information to relevant staff'.[1]

Consent forms

Activity

A wide variety of consent forms have been developed by organisations attempting to address these issues. When thinking about the design of a consent form, it is helpful to remember that the ethos underpinning the Data Protection Act is one of openness, honesty and transparency about the information that is held on people and what is done with that information. In a learning context, a consent form should therefore focus on learner needs and the adjustments that the organisation will make to meet these. It should enable the learner to clarify what information is going to be passed on to staff and why, and allow the learner to identify who should have access to what information.

A good consent form will:

- be simple, clear and easy to understand;
- explain what will happen to the information given and what the information will be used for;
- identify those who are permitted to have access to the information;
- ensure staff understand their responsibilities and any restrictions to sharing information; and
- ensure staff understand that by signing the consent form, the learner is consenting to this information being processed and shared only in the ways described.

Some students may need support, even when the wording is clear, to understand fully the implications of giving or not giving consent. Time needs to be spent talking through the issues with the learner.

Email is not secure and may not be an appropriate mechanism to pass on information about a person's mental health. Before information is shared in this way learners should be made aware that this is not a secure medium and asked to give specific consent for email to be used.

Effective and appropriate sharing of information calls for a whole organisational approach to the development and implementation of clear and coherent policies and procedures, and the need to engage learners in establishing these, such as through learner focus groups.

Theme 5: Active Learner Involvement

But however good policies and procedures are, they mean nothing if they are not translated into good practice and that requires staff to take individual as well as organisational responsibility. Organisations can only have confidence that practice matches policy and procedure if all staff are aware of their individual responsibilities and if practice and learner experience are systematically monitored and evaluated.

Encouraging disclosure, effective mechanisms to pass on information, and respecting confidentiality are central to ensuring that people who experience mental health difficulties have access to successful learning opportunities.

Further reading

- Data Protection Act at www.ico.gov.uk/what_we_cover/data_protection.aspx.
- *Disclosure, Confidentiality and Passing on Information.* Learning and Skills Council, 2003.
- *Understanding the Disability Discrimination Act – A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain.* Disability Rights Commission, 2007.
- Visit www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00340/ for government information on sharing personal information.

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1 *Understanding the Disability Discrimination Act: A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain.* Disability Rights Commission, 2007.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 4: Confidentiality and Information Sharing – Activities

Before beginning activities, refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction

Activity 1: Sample consent form

In pairs or small groups discuss the sample consent form that you have been given. Consider:

- What, if anything, does the form do well?
- How clear and 'learner friendly' is it?
- What does it not do?
- How clear is it to staff using it what their responsibilities are?
- How useful would such a form be to you? To others in your organisation?
- How would you improve it?
- What else might be needed in conjunction with this form?

Activity 2: Design a consent form

In groups, design a form that would enable you to obtain, record and share relevant information about a learner who has mental health difficulties. Consider:

- What would you need to know? Why?
- What might you need to share? With whom? Why? And how?
- How would you negotiate this with the learner?
- How would you support the learner to give their consent?
- What other documents or materials might support you in this?
- Once completed, what would happen to this form?
- Would completion of the form be the end of the process?

Activity 3: The envelope activity

- Write down something that you would not want others in the group to know. This could be a middle name or a 'pet' name someone uses for you or anything personal.
- Put the paper into an envelope, seal it and write your first and last names on the front.
- Give the sealed envelope to the group tutor.
- Wait for further instructions.

Activity 4: Scenario – Sergei

(This scenario is based on an actual situation.)

Shortly after applying to study at college, Sergei went to Student Services to find out about financial assistance. After a useful conversation with a member of staff, he was advised that he could apply for financial assistance from the college's Learner Support Fund. The procedure was explained to Sergei by the member of staff who took some personal details.

Sergei has a diagnosis of bipolar disorder. His condition is well managed and he is very well most of the time. Consequently, Sergei made no mention of this condition or of any additional needs when applying to the college. However, when discussing the application for the Learner Support Fund, Sergei did mention his diagnosis to the member of staff in Student Services. He had not heard of bipolar disorder so Sergei explained it used to be referred to as manic depression and that he is fine if he takes his medication regularly.

Shortly after this, the member of staff from Student Services, who had recently received some information and basic training about the Disability Discrimination Act, sent an email to the Additional Learning Support (ALS) Coordinator and the relevant course tutor informing them of Sergei's diagnosis and alerting them that he might need some additional support or adjustments. He also copied the email to the college's Director for Additional Learning Support (ALS)/Learner Services who is his line manager.

The course tutor, who had already scheduled Sergei to attend an interview, contacted the ALS Coordinator to request that she attend the interview as well to discuss Sergei's additional needs and the support that might be available for him. She agreed.

On receiving the original email from Student Services staff, the Director asked his secretary to email the course tutor, the ALS Coordinator, and the Senior Admissions Officer, advising them that if it was considered suitable at the interview, Sergei's offer of a place and enrolment on a course should be subject to a full risk assessment being conducted.

When Sergei arrived for the interview, he was surprised and angry that the ALS Coordinator was also there.

Discuss:
- What key issues does this scenario raise?
- What assumptions appear to have been made?
- What misunderstandings have contributed to this situation?
- What responsibilities have been (a) fulfilled (b) neglected?
- In what specific ways could the situation have been better handled? By whom?
- What should now be done to ensure that something like this does not happen again?
- What, if anything, might prevent such a situation arising in your organisation?

Reflect and record:
- What are your personal key learning points from this activity?
- How might these impact on your individual practice?
- Do you need any information, clarification or support from your own organisation to support you in meeting your responsibilities?
- How will you get this?

Further reading

- Data Protection Act at www.ico.gov.uk/what_we_cover/data_protection.aspx.
- *Disclosure, Confidentiality and Passing on Information.* Learning and Skills Council, 2003.
- *Understanding the Disability Discrimination Act – A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain.* Disability Rights Commission, 2007.

Mental Health Matters for FE Teachers Toolkit

Theme 5: Active Learner Involvement – Topic

'Views of learners, potential learners and employers are powerful forces that will help us to develop an FE system able to respond to the challenges of the 21st Century.'[1]

Bill Rammell *Former Minister of State: Lifelong Learning, Further & Higher Education, DIUS, 2006*

The government's commitment to active learner involvement, expressed in *Further Education: Raising Skills, Increasing Life Chances* (2006) has given rise to some important developments, not least that all FE providers are expected to have in place a Learner Involvement Strategy (LIS) enabling learners to influence provision. The expectation that learners and staff with diverse experience, needs, difficulties or disabilities can and should be actively involved in their organisations is also a clear requirement of the Disability Equality Duty (2006) which many organisations have now incorporated into their Single Equality Schemes. This has consistently been reinforced throughout LSC strategies[2] and more recently within initiatives like Healthy FE and Mindful Employer, both of which recognise the individual and organisational benefits that may result.

CD: Some Core Principles of Active Learner Involvement

The formation of national, regional and local learner panels has been an important development. The National Learner Panel, in operation since 2006, is a rich resource representing much of the diversity of the FE system with learners aged 17–67 coming from colleges, work-based learning and the adult education sector (Learning and Skills Council, 2009). In addition, there has been an increase in the number of student governors on the boards of FE corporations.

But commitment to active learner involvement goes much further than representation on panels – it underpins the wider personalisation agenda which is transforming service delivery in other sectors like Health and Social Care. Many people with mental health difficulties are increasingly used to participating in shaping the services they receive. Similarly, personalisation puts the learner at the heart of shaping their learning experience, learning programmes, training services, and support not just because of the benefits for individuals but in the belief that this will deliver, for more learners and at all levels, skills that are needed to sustain an advanced, competitive economy and promote a fairer society. This is particularly significant for those with mental health difficulties who face significant barriers to learning and employment and who are amongst the most socially excluded.

CD: Themes 1 and 2 and The Social Context of Mental Health

The approach ideally needs to be one of working in partnership with learners, employers, and agencies from other sectors, to tailor and integrate services in ways that best meet the needs of individuals, employers and communities and are therefore more likely to deliver successful outcomes.[3]

'A fundamental part of this commitment is the development of services which are personalised around the needs of disabled people and which provide seamless support to help people achieve their full potential.

This report sets out our shared vision of how the three Departments most closely involved in this area: Education and Skills, Health, and Work and Pensions, will work together to deliver high quality support and incentives for young people and adults with learning difficulties and/or disabilities in further education and training'.[4]

Theme 10: Collaborative Working

Meaningful involvement of learners is key because it is more likely to:
- increase participation, particularly amongst traditionally underrepresented or excluded groups;
- help identify and remove barriers that may deter people from engaging in learning;
- be a powerful tool in identifying and addressing issues that lead to poor attendance and achievement and high drop-out rates and lead to improvements in these areas; and
- lead to more people engaging in learning, obtaining valuable skills, and improving their life chances, employment prospects and economic well-being, all of which support mental well-being.

1 *Further Education: Raising Skills, Improving Life Chances* TSO (The Stationery Office). Department for Education and Skills, 2006.
2 *LSC Mental Health Strategy – The Way Forward*. Learning and Skills Council, 2009.
3 *Reaching Out: An Action Plan for Social Inclusion*. HM Government, Cabinet OFfice, 2006.
4 *Progression Through Partnership*. DfES, DWP and Department of Health, 2007.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Whilst important for all learners, the principles underpinning the personalisation agenda are of fundamental significance for learners with mental health difficulties, who are amongst the most disadvantaged and excluded in society. Learners with mental health difficulties are 'experts by experience' who can provide insights that will help learning providers to widen participation and develop inclusive learning opportunities.

CD: Themes 1 and 2 and The Social Context of Mental Health

However, involvement must not be confused with consultation. Involvement requires a much more active approach to encouraging and enabling a diverse range of learners to participate on many levels, including courses and committees, focus groups, forums, surveys, interviews, contributing to open days and induction week activities, conferences, workshops, student union activities and events, staff development sessions and inspection processes, policy development and review.

With proper planning and training for both staff and learners, highly effective mechanisms can be devised to ensure that learners' contributions are widely sought and recognised. This may be particularly important for learners who experience mental health difficulties, around whom a high level of misunderstanding, anxiety and prejudice still exists and who may not readily put themselves forward to be involved.

Theme 2: Stigma and Discrimination

The active participation of learners who have mental health difficulties, as part of a diverse range of learners, has the potential to transform negative perceptions, to promote mental health and well-being, to impact positively on the learner experience and to improve retention and achievement, all of which are beneficial not only for individual learners and teachers but for organisations and society.

Learners (and staff) who have experience with mental health difficulties can and already do bring significant benefits to organisations by contributing to the development and review of policy as well as practice. They can be involved in the following to good effect.

- Developing marketing and publicity materials, such as web sites, that are inclusive. Such materials may include personal learning experiences, challenges and achievements. Learner journeys can also be embedded in the curriculum in some subject areas.

Theme 12 and CD: Success Stories

- Stimulating demand – learners share their positive experiences with learning, internally and with external agencies and service providers to encourage others.
- Quality assurance, validation and inspection processes, Investors in People, Healthy FE and Mindful Employer.
- Policy development, review and implementation (e.g. disability/single equality schemes, confidentiality and data protection, etc.).

Theme 4: Confidentiality and Information Sharing

- Peer support activities and volunteering opportunities.
- Developing well-being programmes or groups; Newcastle College Case Study, Healthy FE.
- Contributing to awareness-raising events (e.g. World Mental Health Day). Involvement can be extremely varied and creative (e.g. art work, poetry, dance, drama, etc.).

Whatever form it takes, learner involvement must be meaningful and properly facilitated and the contribution of learners respected and acknowledged. For this to happen, the commitment and support of individual teachers is needed in conjunction with a strong whole organisation approach.

Further reading

- Adult and Community Learner Involvement Strategy Learning and Skills Improvement Service (LSIS), 2009.
- *Further Education: Raising Skills, Improving Life Chances*. TSO (The Stationery Office). Department for Education and Skills, 2006.
- Jacobsen, J. *The Learner Voice*. NIACE in partnership with Learning and Skills Council, 2009.
- *LSC Mental Health Strategy – The Way Forward.* Learning and Skills Council, 2009.
- *Progression through Partnership.* DfES, DWP and Department of Health, 2007.
- *Reaching Out: An Action Plan for Social Inclusion.* HM Government, 2006.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 5: Active Learner Involvement – Activities

It is important to establish some key 'ground rules' that will support openness and participation in activities. Please refer to the Ground Rules Factsheet on the CD.

CD: Factsheets Ground Rules

Activity 1: Learner voices

Read what Hannah, Helen and Nicola have said about their different experiences of active learner involvement.

In each case, discuss and record how their active participation benefited:

- the learners;
- other learners;
- the professionals involved; and
- their organisations and/or communities.

Activity 2: Examples of good practice

One organisation regularly uses a variety of student forums to obtain feedback. However, they recognised that such forums can be intimidating. They involved staff from a local branch of MIND (the National Association of Mental Health) to empower students with mental health difficulties to have a voice in such forums. After the training, some of the students volunteered to work as advocates for other students with mental health difficulties.

A director at one college convened a group of disabled students to help inform plans to improve accessibility. This was an informal group that was given high status with the use of the boardroom and notices around the college. Students were provided with a buffet lunch and a choice of gift vouchers or phone credits to help recompense attendance. The group has become a valuable advisory group to the college. Students meet regularly to provide advice and are informed of the changes that have taken place as a result of their input. This helps to acknowledge their time and expertise.

Discuss:

- Why might collaborating with external organisations help learners with mental health difficulties participate more actively?
- Why might learners need training? To take part in what kinds of activities? How might this training be provided?
- What are the benefits of having a director involved?
- Why do you think the director thought it important to use a boardroom for meetings? And provide a buffet lunch, vouchers, etc.?
- Are there positive examples in your own organisations of actively involving learners?
- How would you build on these?

Activity 3: Case study – Newcastle College Well-Being Group

A learner-led self-help support group called the Well-Being Group was set up at Newcastle College and already the benefits to all are obvious.

Using the advice of a mental health service user group in the community on how to get such groups up and running, the learner group at Newcastle College had its inaugural meeting in March 2008. The learners established a set of ground rules, agreed how they wanted to develop the group and arranged a regular time to meet.

The learners worked with the mental health support team and the Student Union to secure resources and publicise the group to learners across the college. The Student Union also organised a welfare week at the college and the Well-Being Group was part of that event. The college marketing team also helped out by creating an iconic image for the group, which was designed to be recognisable to learners with literacy needs and to those speaking English as a second language.

A second meeting was held to look at substance misuse and was very well attended with positive outcomes, such

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

as students who don't normally mix coming together to learn and talk about an issue that they felt affected them all. Since then, the Well-Being Group has gone from strength to strength and now meets fortnightly for a full programme of activities. Other benefits include learners increasing their social networks and learners independently looking at issues of well-being and other subjects that interest them.

The benefits are felt by others as well. On realising the importance of well-being at work, the Vice Principal signed the college up to become a Mindful Employer, the first to do so in the North East. The human resources team has used the template for learner involvement to set up something similar for staff. Overall there is a move to make the college a mental-health-friendly place and to tackle the stigma associated with poor mental health.

Referral agencies working with people with mental health problems have heard about the positive work going on and have been more ready to refer people to learning at Newcastle College. A local occupational therapy team also meets with the college to set up protocols for getting people with complex needs into college. The manager for mental health at Newcastle College said:

> 'This isn't just about promoting well-being because it is a good thing to do, it's also good business sense. It helps with the recruitment and retention of learners who experience mental health difficulties. Awareness has been raised and some young people have sought help for worries before they have problems. It's also bringing about a change in the culture of the college.'

- What contributes to the success of this group?
- What are the benefits for learners and the organisation?
- What elements of this example could you introduce into your own practice?
- How will you do that? Make a list of specific actions you will take (e.g. finding out more about Mindful Employer and Healthy FE, introducing discussion of well-being issues at team meetings, etc.)
- What support, if any, will you need from learners, colleagues and your organisation?

Further reading

- Adult and Community Learner Involvement Strategy. Learning and Skills Improvement Service (LSIS), 2009
- *Further Education: Raising Skills, Improving Life Chances.* Department for Education and Skills, 2006.
- *LSC Mental Health Strategy – The Way Forward.* Learning and Skills Council, 2009.
- Jacobsen, J. *The Learner Voice*. NIACE in partnership with Learning and Skills Council, 2009.
- *Reaching Out: An Action Plan for Social Inclusion.* HM Government, 2006.
- *Progression through Partnership*. DfES, DWP and Department of Health, 2007.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 6: Teaching, Learning and Achievement – Topic

Good teaching and learning for people with mental health difficulties hinges on and reflects the themes of this toolkit. Teachers are more likely to be able to co-create, with learners, positive learning experiences for those who experience or develop mental health difficulties if we understand:

- why mental health matters so fundamentally **(Theme 1);**
- the impact of stigma, prejudice and discrimination for these learners in particular **(Theme 2)**;
- how to enable self-declaration of mental health difficulties at all levels **(Theme 3)**;
- the importance of confidentiality, how to safeguard and share information **(Theme 4)**;
- the importance of active learner involvement and how to support it at all levels **(Theme 5)**;
- how to create a culture that supports learning and achievement **(Theme 6)**;
- how to support learners effectively by being responsive to individual needs and making or accommodating adjustments to meet those needs **(Theme 7)**;
- how to respond to challenges if they should occur **(Theme 8)**;
- our different roles, their boundaries and when and how to signpost or refer learners to other services or professionals **(Theme 9)**;
- the benefits of effective collaborative working, for individual learners and teachers and for organisations and services **(Theme 10)**;
- the importance of working in ways that support, maintain and promote the mental health and well-being of learners and staff **(Theme 11)**; and
- the benefits of embedding mental health awareness and understanding into the curriculum, the policies, systems and procedures and the culture of our organisations **(Theme 12 and throughout the pack)**.

The government firmly advocates that a personalised learning approach is central to good teaching and learning.

> *'........we are facing a critical challenge in education: how do we achieve both excellence and equity? The solution is to build on what the most successful teachers do best, to create an education system with personalised learning at its heart.'*[1]

Personalised learning puts the individual learner at the heart of shaping their learning experience, learning programmes, training services, and support not just because of the benefits for individuals but in the belief that this will deliver, for more learners and at all levels, skills which are needed to sustain an advanced, competitive economy and promote a fairer society. This is of particular significance for those who experience mental health difficulties, who face greater social exclusion and barriers to gaining employment than any other group of people with disabilities.[2]

Theme 2 and The Social Context of Mental Health

Personalisation permeates everything a good teacher does. Often it is not what is done but the way in which it is done that achieves personalisation. For this reason, personalisation may not show up on a lesson plan or in the scheme of work, though it may well be evident in individual learning plans. Personalisation is actually not new – good teachers have always done it. However, it does chime with new agendas and developing concepts of the teacher's role. Once, teachers taught courses, subjects and classes; now we teach individuals. This is good news for many learners and especially for those who experience mental health difficulties or develop them whilst in learning.

CD: Factsheets

A personalised approach to learning recognises that there is no such thing as a typical learner. And there is no such thing as a typical learner with mental health difficulties. Some are very able and may have previously achieved high level qualifications; others may need to develop literacy, numeracy and ICT skills. Some will have already held professional positions; others may have never had paid work. Even those with the same diagnosis will experience it differently. Like physical health, mental health also fluctuates, having a greater or lesser impact on functioning at various times. The key, therefore, is to find out about the individual learner; their abilities, difficulties, needs and aspirations, their previous learning experiences, their mental health condition and if it impacts on their ability to learn, how it does that, what specific requirements the learner may have and how those can be met. This process may be quite difficult for some, particularly those adult learners whose previous experiences of education may cause them to hold outdated or stereotypical views of

1 '*Personalised Learning: Building a New Relationship with Schools*' speech by David Miliband, Minister of State for Schools Standards. DfES, 2004.
2 *Work, Recovery and Inclusion*. HM Government, 2009.

Mental Health Matters for FE Teachers Toolkit

teaching and teachers as 'experts who impart knowledge' rather than as facilitators of learning who want to know about learners as people in order to better support their learning.

Good personalised teaching and learning is therefore, by its nature, good for all learners no matter how diverse. It also supports good mental health and well-being for all. However, because of the additional barriers faced by learners who have mental health difficulties, creating positive and successful learning experiences for them may involve providing something more, better or different in key areas.

Activity

CD: Factsheets More, Better, Different Diagram

The key components of each of these areas of focus are identified in more detail on the Good Teaching and Learning Flowchart.

CD: Factsheets: Good Teaching and Learning

The ability to create relationships based on respect and trust, with and between learners; to obtain relevant information; to use it appropriately to enhance the learning experience and to support the learner to achieve their potential are fundamental to good teaching for all.

> *'Most people do not listen with the intent to understand, they listen with the intent to reply.'*[3]

Good teachers listen with the intent to understand – and to use that understanding to inform their practice. This forms the basis of sound assessment for learning.

Theme 7: Supporting Learning

CD: Factsheets: Assessment for Learning

Good teaching and learning is therefore based in ongoing dialogue with individual learners and active listening on the part of teachers. This dialogue is likely to focus, at different times, on the key elements identified in the diagrams indicated above.

So what, if anything, do learners who experience mental health difficulties actually need to succeed, apart from a personalised approach to learning; a positive and enabling environment, understanding and support when appropriate; positive relationships with staff and other learners based on mutual respect and trust; and responsive programmes and flexible methods of assessment?

Probably nothing.

> *'The LSC believes that what makes good-quality learning for most learners who experience mental health difficulties is not different or specialist learning opportunities, but access to good-quality, mainstream learning opportunities alongside their peers without identified mental health needs.'*[4]

Further reading

- *LSC Mental Health Strategy – The Way Forward* Learning and Skills Council, 2009.
- Miliband, D., MP. 'Personalised Learning: Building a New Relationship with Schools' speech. Department for Education and Skills, 2004.
- *Progression through Partnership.* DfES, DWP & Department of Health, 2007.
- William, D. *Assessment for Learning: Why it Matters for all Students*. NIACE, 2008.

3   Covey, Stephen R. *The 7 Habits of Highly Effective People*. Simon & Schuster Ltd, 2004.
4   *LSC Mental Health Strategy – The Way Forward*. Learning and Skills Council, 2009.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 6: Teaching, Learning and Achievement – Activities

Before beginning activities, refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD Factsheets and Introduction

Activity 1: How do you effectively approach learner diversity in your teaching?

1. What kinds of 'differences' do learners bring that you need to take account of in your teaching?

2. In small groups discuss the differences between:
- mixed ability teaching;
- differentiated learning; and
- personalised learning.

3. Which of these approaches do you consider to be:
- the most effective?
- the most challenging?
  Why?

4. Identify what the advantages or benefits of a personalised approach might be:
- for a learner who has mental health difficulties;
- for you, the teacher; and
- for your organisation.

5. What might the challenges of such an approach be:
- for the learner?
- for you?
- for your organisation?

6. How can you embed a personalised approach into your practice?

Activity 2: Developing effective strategies

- In groups of three to five, share ways of approaching and accommodating some of the 'differences' you identified in Activity 1.
- Might any of the approaches or strategies that you have identified be useful for a learner who has mental health difficulties?
- Can you identify any specific strategies which would be of benefit only to a learner with mental health difficulties?

Activity 3: More, different, better…

Part 1
- Look at the 'More, different, better' blank template and label those areas in which learners with mental health difficulties may need something more, different or better. One area is done to start you off.
- When finished, compare your answers with the completed flowchart that you will be given. Discuss the flowchart and the implications for your practice.
- Reflect, discuss and record how the concept of 'More, different, better' affects your practice.

Part 2
Look at and discuss the 'Good teaching and learning' flowchart.

- Do you agree with the elements identified in each box?
- Are there any other elements that you would add?

Mental Health Matters for FE Teachers Toolkit

Activity 4: Teaching and learning checklist

Part 1

In pairs or small groups, discuss the Teaching and Learning Checklist.

Consider:

1. How might something like this checklist support:
- a learner who has mental health difficulties?
- any learner?
- you?

2. What challenges might be involved in using such a checklist?

3. How would you overcome these challenges in your practice?

Part 2

- Try using the checklist with a learner or with a colleague.
- Give feedback later to the group about how it went. Was it useful? Were there problems?
- Would you adapt it? If so, how and why?
- Alternatively, use the following case study as a basis for completing the checklist. Imagine using the checklist as a basis for a conversation with Maria, noting the relevant information from her email.
- Write an email in response to Maria.

Maria is a mature, final year student. She is very capable and hard working and is doing really well. She has missed the last few classes, which is unusual. You have just received this email.

Hi Judith.

I'm sorry I'm not in today. I feel really bad about that but I didn't sleep again last night and my tablets don't seem to be helping. I keep worrying about the exams coming up in a few months' time. I keep waking up in the night dreaming that I have failed them which is making me even more anxious. I know you keep telling me not to worry and that I will be fine but I can't seem to help it. It's such a long time since I have done exams and I'm sure I'll make a mess of them. Just the thought of sitting in that huge hall with all those rows of people makes me feel sick. In fact, I feel panicky every time I come in and walk past the hall now. People keep telling me to snap out of it and get on with revising and finishing my course work but I really can't concentrate a lot of the time. I don't know what to do about it really. I have worked so hard but it all seems to be falling apart. I've spent hours revising but I've got a memory like a sieve. I'll try to come in tomorrow, but I feel so exhausted. I'll bring in my assignment which is finished now – sorry it's a bit late. I have done my best and spent ages on it but I'm not sure that it's any good. I will feel awful if mine is rubbish when we all get them back in the group tutorial next week. I work really hard, often late at night because I'm useless in the mornings. But it just takes me so long to do things – that's something else that worries me about the exams. I'm sure I'll run out of time.

Anyway, sorry for whining. I'll try to come in tomorrow or later this week anyway.

Best wishes Maria

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 7: Supportive Approaches and Making Adjustments – Topic

'The LSC believes that what makes good quality learning for most learners who experience mental health difficulties is not different or specialist learning opportunities, but access to good quality, mainstream learning opportunities alongside their peers without identified mental health needs.'[1]

All learners need to feel included and valued as learners, reassured that they are progressing well and supported when experiencing difficulties or during more stressful times such as exam periods. Like many other learners covered by the Disability Discrimination Act, some learners who experience mental health difficulties may require specific adjustments to be made. Some may experience multiple disadvantages or have more complex needs, requiring ongoing support. However, supporting the learning of those who experience mental health difficulties does not require specialist mental health knowledge, nor is it the sole responsibility of specialist support staff even if organisations have them. Whilst some support may be provided by specialist additional support staff, it is vitally important that all teachers have sufficient knowledge, understanding and skill to effectively support the learning of those who experience mental health difficulties and to make any necessary adjustments that they may require on a daily basis. This is the responsibility of all teachers.

Supporting people who experience mental health difficulties therefore requires a whole-organisation approach, rather than being seen as the role of a few dedicated/specialist staff. Ensuring that all staff have knowledge, understanding and opportunity to develop appropriate skills and expertise relevant to their role and that staff collaborate effectively together to support learners and implement any adjustments they may require is the responsibility of the organisation as a whole. A strong organisational approach to supporting learners with mental health difficulties may also include collaborating with external professionals to develop integrated, holistic packages of support.

Theme 10: Collaborative Working

In providing supportive approaches for learners with mental health difficulties certain personal qualities of professionals are found to be as important as any specialist knowledge, expertise or formal qualifications.[2] Values or skills considered to be at the heart of supportive practice are:

- respect, openness and trust;
- empathy, acceptance and caring;
- belief in partnership and collaboration as equals;
- positive expectations of learners and support for learners' aspirations for their futures; and
- a willingness to 'go the extra mile'.

Encouraging declaration and discussion of learning needs

To meet the requirements of the DDA, colleges, universities and adult community learning providers must have robust processes in place to encourage declaration of additional needs and discussion of support and reasonable adjustments for learners who experience mental health difficulties.

Theme 3: Enabling Self-declaration

They must also have in place inclusive and supportive practices that anticipate and address the needs of those learners who experience such difficulties but who choose not to declare or receive specific support or adjustments. For those who do declare, the policies, procedures and referral mechanisms between staff involved in admissions and staff responsible for supporting learners who have additional needs and teaching staff must be clear.

Theme 4: Confidentiality and Information Sharing

1   *LSC Mental Health Strategy – The Way Forward*. Learning and Skills Council, 2009.
2   Shepherd, Boardman and Slade. *Making Recovery A Reality.* Sainsbury Centre for Mental Health, 2008.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Assessment of learning needs

CD: Factsheets

The foundation for providing specific support and adjustments must be sound and comprehensive assessment of individual learning needs. Such an assessment would ideally include:

- assessment for learning, conducted by teachers and contextualised to the learning programme;
- assessment of additional learning needs, which may be done by additional support staff and/or teachers, looking at course adjustments, exam arrangements, additional tutorial support, etc.; and
- assessment of wider personal, health and/or social needs that impact on learning. This may be done by additional support staff and/or teachers, ideally in collaboration with appropriate external professionals.

Too often assessment of the learning needs of those who experience mental health difficulties is compartmentalised, with different professionals conducting limited assessments in isolation. For some people with mental health difficulties to be able to access learning opportunities and successfully achieve, they may need an holistic approach to assessment and an integrated package of support including access to mental health, social care and employment support (Learning and Skills Council, 2009).

Theme 10: Collaborative Working

Reviewing student support

To ensure that an organisation and individual staff can meet their responsibilities to make adjustments staff will need to listen carefully and regularly to what learners who have mental health difficulties say they need. It is highly unlikely that adjustments established at the beginning of their learning experience will still be relevant and appropriate at the end of their course. Some learners may need considerably more and different types of support/adjustments at the beginning than they will need once they become more confident and established in their learning. The support available to learners needs to be designed to accommodate the fluctuating nature of many mental health conditions.

CD: Mental Health Continuum

Support/adjustments should, therefore, be routinely and regularly reviewed. Some learning programmes have regular one-to-one review tutorials with teachers or personal tutorials that provide an ideal opportunity for this review of needs. Learners who receive additional support may also have regular contact with support tutors, support assistants or mentors. It is important that learners who move on to need much less support know that they can access it again if their needs change and that clear mechanisms are agreed for them to be able to do that. The scheduling of 'checkpoints' at regular intervals or at specific points in a programme, e.g. before assessments or exams, are very valuable not only in providing agreed opportunities to review the learner's progress and needs but also in maintaining the relationship with the learner, which may make it easier for them to initiate a request for further support if they need it in the future. Arrangements to meet with a learner occasionally for a coffee or lunch can often be a much more positive and productive way of reviewing how things are going than a formal review meeting.

A large FE college has revised its individual learning plans (ILP) and tutorial procedures for one-to-one interviews between a tutor and a student. There are five prompts on the ILP that act as an aide memoir for tutors. One of these is to discuss if the student is receiving additional support or if adjustments are in place and, if so, if these are working well. Another provides a further opportunity for declaration by asking if the student would benefit from additional support

Activity

Further reading

- James, K. *Supporting Learners with Mental Health Difficulties*. Learning and Skills Network, 2006.
- Rose, C. *I don't want to sue anyone... I just want to get a life. Inclusive risk assessment*. Learning and Skills Development Agency, 2005.
- *Understanding the Disability Discrimination Act: A guide for colleges, universities and adult community learning providers in Great Britain*. Disability Rights Commission, 2007.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 7: Supportive Approaches and Making Adjustments – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction to pack

Activity 1: Making adjustments

Part 1: What adjustments can be made for learners who have mental health difficulties?

- In pairs or small groups, using flipchart paper and pens, brainstorm any adjustments that could be made for learners who have mental health difficulties. Identify as many as possible.
- Divide your ideas into categories, e.g. supporting learning, assessment, coursework, etc.
- Review the adjustments listed and identify ones that you have made or could make for your learners.
- Have you identified adjustments that you couldn't make but which could be made by others in your organisation? What are they? Who could make or arrange them?
- Review your main list again and identify any adjustments that you think apply only to learners who have mental health difficulties.
- Share your responses as a whole group.
- Are there any adjustments or areas of support that some of you did not identify, e.g. supporting confidence building? Add these to your lists.
- Have any adjustments been identified that apply only to learners who have mental health difficulties? What are they? Why do they apply only to these learners?

Part 2: Tahir – a case study

You are preparing to take a small group of students on a week-long residential trip to France. Shortly before the trip, Tahir, who is a very quiet and capable student, comes to see you to tell you that he has a diagnosed mental health condition. He is on medication, and is seeing a cognitive behavioural therapist once a week for support with social anxiety disorder. He is very keen to take part in the trip but very anxious that he may not be able to cope with the challenges of this unfamiliar situation.

1. What would be your reaction to what Tahir has told you? What would be your biggest fear or concern?
2. What advice might you give to Tahir?
3. What would you do?
4. What could you offer to support him to cope better with the experience?
5. Does anyone else need to know? Or be involved?
6. How would you deal with involving others?
7. What organisational policies or procedures cover this situation?

Activity 2: Doreen – a real life success story

(The name of this learner has been changed)

Second year art students are going on a week-long residential trip to Paris. Doreen, a mature student, has a declared mental health difficulty and has been receiving regular additional support since beginning the course. She wants to go on the trip but is not sure that this will be possible because of her enduring mental health difficulties, particularly her very high levels of anxiety and the psychogenic (non-epileptic) seizures that she regularly experiences. These episodes have caused her to be admitted to hospital on several occasions. Despite daily medication, the seizures still occur on a regular basis, especially if Doreen is highly anxious or distressed. The precise cause of them is still not known and Doreen is not able to foresee them occurring.

Doreen becomes very distressed in confined spaces, using lifts, and being in crowded locations. Doreen's course team decide that it is not possible for her to go on the trip on the grounds of health and safety, because of the challenges she will face and the additional demands that this will place upon teaching staff or her fellow students. However, Doreen is determined not to be disadvantaged by not participating in this important element of her course when everyone else is going so she talks to her additional support tutor.

A full needs assessment is conducted, involving Doreen, her course tutors and additional support staff and in consultation with external medical professionals involved in her care. Finally, it is decided that she should be accompanied on the trip by her additional support tutor, who knows her well and in whom she trusts.

Over the next few weeks a number of planning meetings take place, involving Doreen, her course tutors and support tutor, looking at every aspect of the trip, travel, accommodation, activities, venues to be visited etc. Doreen's needs and potential difficulties are anticipated, adjustments and strategies are identified and agreed in advance.

Not everything goes to plan and there are some unforeseen challenges. However, Doreen has a very successful trip. Although she does experience some acute anxiety and distress at times, with the support of her tutor she is able to anticipate and deal with this most of the time.

On a couple of occasions she makes the decision not to follow the scheduled programme e.g. choosing to go to an art gallery with her support tutor instead of a big exhibition centre with the group and to walk rather than use public transport. With support, she also chooses to face many challenges rather than be separated from her fellow students, like travelling on the underground. For the first time, Doreen bonds with many of her fellow students who begin to respond with greater understanding to her difficulties and to encourage her, enabling her support tutor to take more of a back seat. Doreen even begins to anticipate seizures and to use strategies to successfully avert them.

The trip marks a huge turning point for Doreen whose levels of confidence are greatly enhanced with consequent improvements in her course work and in her mental health. She adopts the motto 'If I can do Paris, I can do anything!' A week after returning, some of her fellow students present her with a T-shirt across on which they have printed her motto. Doreen goes on two more residential trips abroad, supported only by the learning assistant who is assigned to the whole group to meet a range of additional learning needs. She completes her degree with distinction.

1. Identify all the factors that contribute to the success of this story.
2. What, if anything, do the course tutors and other students gain from this experience?
3. How would your organisation respond to Doreen's needs?
4. What impact, if any, does this story have on your thinking and practice?

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 8: Responding Positively to Challenging Situations – Topic

The approach taken for this theme, and indeed throughout this resource, is based on the belief that, particularly with regard to learners who have mental health difficulties, it is most often situations that are challenging, not the people themselves. It reflects an understanding that behaviours or situations that are perceived to be challenging usually indicate an undetected or unresolved difficulty, or unmet need. It recognises that, particularly with regard to adult learners who experience mental health difficulties, there may not be any intention to be disruptive or challenging. If people are seen in this way, it is usually because they are themselves challenged in some way by the situation or the environment. The approach advocated is a positive, problem-solving, solution-based one, the aim of which is that all are able to learn and work in a positive, safe and inclusive environment.

Activity

Responding effectively to challenging situations is integral to creating an inclusive learning environment, to good teaching and learning and to effective support, and therefore requires a positive and consistent whole-organisation approach in policy and practice.

CD: Themes 6 and 7 and Factsheets

Although this theme explores ways of responding to challenging situations, it is recognised that many interconnected factors may contribute to such situations arising and that there is much that can and should be done to mitigate against that eventuality. If we get the components right, we are less likely to need to respond to challenging situations. These components include:

- creating a secure and inclusive context for learning in which diversity is valued and boundaries and expectations are clear;
- providing effective teaching and motivating learning experiences which match learners' needs and aspirations;

CD: Themes 6: Teaching, Learning and Achievement

- encouraging learners to declare and discuss their individual learning-related needs;

CD: Theme 3: Enabling Self-declaration

- providing effective support and flexible adjustments based on thorough assessment of individual needs;

CD: Theme 7: Supportive Approaches and Adjustments

- actively listening to and involving learners in shaping provision; and

CD: Theme 5: Active Learner Involvement

- supporting learners to identify potential 'trigger' situations and to develop effective self-management strategies.

Mental Health Matters for FE Teachers Toolkit

'They need to work within an organisation-wide structure of listening to learners. Creating learning programmes based on individual views and needs requires considerable flexibility within an organisation. Systems need to be in place that allow for and support flexible programmes so that individual practitioners are able to adapt them to deliver their curriculum in ways that best address the needs of learners. There also need to be open and explicit systems that allow for the rectifying of structures that work against the interests of learners...'[1]

However, it is unlikely that we can altogether prevent challenging situations from arising. Some learners may not have declared their mental health difficulties, may have developed them during the course of their studies, may have thought they did not need support, or may have declined what was offered. These learners may find themselves in challenging situations because their needs are not being met. Sometimes situations may arise for some learners because medication is no longer working effectively, is in the process of being changed, or the student has stopped taking it.

If things do start to go wrong, learners who have mental health difficulties can sometimes find themselves involved in disciplinary procedures of some kind. The seriousness of the situation and lack of experience of dealing with such processes coupled with the effects or nature of many mental health conditions can make this distressing and very difficult for these learners. Where possible, even if disciplinary procedures are triggered, every attempt should be made to resolve the situation and maintain the learner on programme without the process having to run its full course. An assessment of needs and/or 'risk' assessment may need to be conducted, appropriate adjustments made and/or support put in place. External agencies or professionals may need to be consulted or involved, whilst respecting learner confidentiality.

CD: Theme 7: Supportive Approaches and Adjustments

CD: Theme 10: Collaborative Working

Learners may need help to understand the purpose of the any actions that are taken, the benefits to them of complying and the implications of not doing so. Systems of support that can help them to manage disciplinary procedures and to communicate their viewpoint are essential. Some organisations have responded to this by having systems which allow certain staff, like additional learning support tutors or trained mentors, to act as advocates for learners or for external professionals, friends or family members to do so.

Further reading

- *Safer Practice, Safer Learning: a Whole-Organisation Approach to Safeguarding Vulnerable Adults for the Learning and Skills Sector.* NIACE, 2007.
- Tissot, C. et al. *What's Your Problem: Working with Learners with Challenging Behaviour*. Learning and Skills Network, 2007.

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1   Tissot, C. et al. *What's Your Problem: Working with Learners with Challenging Behaviour*. Learning and Skills Network, 2007.

Mental Health Matters for FE Teachers Toolkit

Theme 8: Responding Positively to Challenging Situations – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD

CD: Factsheets and Introduction to pack

Activity 1: Scenarios 1–3 (Penny, James, and Yuri)

Part 1

- In pairs or small groups, look at all or a selection of the case studies as indicated by your tutor, recording your answers to the questions asked.
- How easy is it to come to a consensus on your responses? What underlies any differences of opinion?

Part 2

- Get together with another pair or small group and compare your answers and discussions.
- Did you come to similar or very different conclusions?
- What reasons underpin your different answers?
- Which situations did you find the most challenging? Why?

Part 3

- Take turns to share in your small group real situations that you found challenging.
- What was the challenge?
- What did you do to resolve it?
- What if anything would you now do differently?

Activity 2: Sample protocols

Discuss: Sample protocols 1 and 2 and the two appendices that go with them.

Identify:

- What is good or useful about them?
- What is not good or in need of improvement? Why? How specifically would you improve them?
- What are the benefits of having a model like this?
- What are the drawbacks or challenges?
- What, if anything, does your organisation have that fulfils this purpose?

Activity 3: Case study – Zoheb

You were made aware at interview that Zoheb has additional learning needs. The college loans him a tape recorder so that he can tape sessions and listen to them again at home and doesn't miss anything if his concentration wanders. You also ensure that he gets handouts and photocopies of necessary material.

Zoheb sometimes appears to be very angry. You know that some staff perceive him to be difficult or even aggressive at times. One day you are told that an incident has occurred in the college library and security staff were called. Unfortunately, Zoheb was ejected from the premises because he was being aggressive and thought to be potentially violent.

You are asked to meet with Zoheb to discuss his behaviour. Zoheb discusses with you what he felt had gone wrong. He tells you that he has also discussed the incident with his community psychiatric nurse. He acknowledges that he is very sensitive about being judged by other people because of his mental health difficulties, which he does not like to talk about. He feels that he is often being 'put on the spot' by some tutors during classes when he is directly asked questions or for his opinion and this causes him to become stressed. He dislikes any form of attention from the group.

He explains that, in the session before he went to the library, he had been asked to stand up to explain something to the group and he felt really worked up about that. Then, when he went through the security gate into the library the alarm was triggered. When the security guard came to turn it off, Zoheb's anxiety and frustration became too difficult for him to control and 'spilled over'. Much to his regret, he shouted at the guard and pushed some students nearby in an attempt to get away from the situation.

1. How would you respond to Zoheb?
2. What specific actions would you take if any?
3. Who else would you contact? Why?
4. Who else might already be involved or need to be involved?
5. What adjustments, if any, might you need to make or arrange to be made by others?
6. How would information be exchanged? What about confidentiality/data protection?

Activity 4: Ten steps strategy for responding to challenging situations

Using the ten step strategy, review the Zoheb case study. Taking each step in turn:

Identify whether there is evidence of that step having been followed.

- If not, do you think that it should or could have been?
- What difference if any might it have made?
- Overall, would implementing this strategy have had a beneficial effect?
- What are the implications for your own practice?

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 9: Roles and Boundaries – Topic

Facilitating and supporting the learning and achievement of people who have mental health difficulties depends, as it does for all learners, on developing strong and positive working relationships with individuals. Teachers need to understand their learners well to be able to facilitate their learning and meet their needs. But whilst developing these relationships, we must also ensure that we fully understand and clearly communicate the responsibilities and parameters of our roles, not just in our own interests but also in the interests of our learners, colleagues and other professionals with whom we may collaborate.

Theme 10: Collaborative Working

Being clear about our role, ethical responsibilities, professional limitations in terms of knowledge and expertise, our personal boundaries and those of our learners is always very important, but especially so when working with people who experience mental health difficulties. The challenge often is to strike an appropriate balance between creating strong and positive relationships on which to build good learning experiences but without compromising ourselves or our learners. Clear boundaries ground our practice and are supportive of learners. Continuous reflection on what they are, if we are clear about them and if we effectively communicate them to learners is central to recognising our limitations and realising when changes may be needed.

Activity

Some boundaries may be clearer than others. Obvious boundaries such as the appropriateness of the teacher/learner relationship and disciplinary lines for misconduct are strong ethical issues of which all teachers need to be very aware but, in practice, boundaries can sometimes become blurred. Good teachers want to do the best they can for their learners: knowing what that is and where to draw the lines may not always be easy, especially if teachers do not have confidence in their abilities to respond appropriately to certain needs, as is often the case with mental health difficulties.

Being able to recognise that, as teachers, we do not have the knowledge or expertise to solve all the learner's problems and that to try to do so may not only be unsuccessful but disempowering or even damaging for the learner, is vital. Managing learners' expectations of us is important and hinges on being clear about boundaries from the beginning so that we do not give rise to false expectations.

Teachers have a responsibility to consult with or signpost learners to other departments and services, e.g. additional learning support, advice and guidance, and student counselling, with the aim of enabling the learner to resolve their problems and of supporting their well-being. This will ultimately also support the well-being of teachers. In the best interests of many learners, especially those with mental health difficulties, this responsibility may extend beyond the organisation itself to other relevant professionals or services.

Theme 10: Collaborative Working

We need to be honest with learners about what we can offer them, whilst also guiding them to those who can provide other more specialist services, e.g. housing, finance, or health. In collaborating with others, we need also to respect a learner's personal information and keep this private, in accordance with legal and organisational requirements and procedures.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 4: Confidentiality and Information

Where there is daily contact with learners, there will be development of a professional working relationship, which should be a positive and enjoyable experience for both staff and learners. The responsibility for setting the parameters of this relationship clearly rests with staff. Some learners, for any number of reasons including that they are younger, more vulnerable and/or experience mental health difficulties, may have much less experience of successfully managing relationships and role boundaries than teachers can be expected to have. It is common for a learner to 'reach out' to people they see on a daily basis (e.g. teacher, personal tutor, support worker, etc.) and to confide in them, particularly if they lack support outside the learning environment. The responsibility clearly rests with staff to set the boundaries of their roles, in order that the learner is clear about what they can realistically and appropriately be offered and therefore expect.

The consequences of doing otherwise are potentially difficult, serious or even damaging.

For example:

- Emotional/psychological damage can result from receiving mixed or inconsistent messages from trusted, respected, professional role models.
- Inappropriate types or levels of support can keep learners in a dependent or disempowering position rather than encouraging them to become independent by developing their own coping skills and strategies.
- Learners may experience damage to their self-esteem and confidence when they may feel let down or even rejected.
- Teachers may experience damage to their confidence when they may have to acknowledge responsibility for any consequences.

Understanding when a student requires support that is beyond your remit and knowing how to deal with that appropriately is clearly important. However, having regard to roles, responsibilities and boundaries and maintaining professional detachment should not result in a lack of availability or an inflexibility that makes creating good learning opportunities and supportive relationships difficult. The key thing is to strike the balance between maintaining a healthy professional detachment and being empathetic, caring, supportive and available to learners.

We need also to remember that we are not alone in determining where the boundaries are, for we do so in the context of a whole organisation and in collaboration with others internally and externally. It is important to build good relationships between yourself and other support services and to have good, up-to-date information available about what services exist, what they do and who to contact.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 9: Roles and Boundaries – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction to pack

Activity 1

In pairs or small groups discuss:

1. How do you make the boundaries of your role clear to all learners?
2. Are there specific challenges involved in this? Or situations in which you find the practice more difficult than the theory?
3. Why is this? Try to be specific and honest in identifying the underlying reasons for this.
4. What support do you need to resolve those issues and have more confidence in your ability to be clear about boundaries? Who from?
5. How will you go about getting this support?

Activity 2

Consider:

1. What organisational policies and/or procedures support you in being clear about the responsibilities of your role and its boundaries?
2. What, if anything, is missing or in need of improvement?
3. How can you begin to address the issues that you have identified?
4. What training or professional development issues, if any, do you have?

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Activity 3: Case study – Samra

Several weeks after starting on your course, Samra comes to see you and tells you that she is finding the experience very difficult. She is feeling isolated, doesn't get on with the other students in her group and says that they pick on her. She seems very anxious and tearful.

You manage to reassure her, and encourage her to come to talk to you if the problems persist. For several weeks she seeks you out on a regular basis, and although talking to you seems to help her, you become concerned that she is not settling down or making friends.

Samra continues to come to see you and begins to talk about other problems that she is having. This is taking up more and more of your time. When you suggest to Samra that she seems to need more time and support than you can offer and suggest she talks to someone in the counselling service, she becomes very upset, saying she thought you were her friend, and now you are rejecting her.

1. How would you respond immediately to Samra's distress?
2. What else might you do?
3. Who else might you involve?
4. Could you have prevented this situation from arising? If you think so, how? If you think not, explain why.
5. What policies, practices or procedures cover this situation?

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 10: Collaborative Working – Topic

In *Progression through Partnership* the government set out its commitment to develop greater collaborative working on all levels for the benefit of disabled learners, including those who have mental health difficulties, beginning at a strategic level with the Department of Health (DH), Department for Work and Pensions (DWP) and the Department for Education and Skills (DfES).

Central to this strategy is:

> *'Ensuring that FE colleges and learning and training providers build strong networks with local Connexions and successor bodies, Job Centre Plus and other employment agencies or support networks (including adult social services) so that young people do not 'fall off the edge' when they leave education and training.'*

> *(DfES, DH, DWP, 2007)*

Collaboration between internal departments and external organisations across learning and skills, health, social care, employment, and voluntary and community sectors is often essential to providing appropriate support for and achievement in learning for people who have mental health difficulties. This may be especially important for those who have personal or social issues, like unemployment/redundancy, housing, and financial or benefit problems, impacting on their mental health and on their learning. Although such matters may be beyond our remit as teachers, we cannot ignore their impact on our learners and their chances of succeeding in learning. Though we may not have the necessary knowledge or expertise ourselves, we can enhance the chances of our learners to succeed by collaborating effectively with and/or signposting to other professionals or services.

Working collaboratively with other relevant professionals can be beneficial on a variety of levels, from the individual practitioner liaising about an individual learner to cross-sector, multi-agency partnerships at a strategic level which may benefit whole organisations and services as well as individual learners. To be truly effective, collaborative working requires considerable commitment, investment of time and resources, planning and review. But even small steps towards greater collaboration between individual practitioners or teams, can bring considerable mutual benefits for professionals as well as learners.

Activity

A college has a good reputation for supporting students with mental health difficulties, and excellent partnership arrangements have been formed with a range of external agencies. They have strategic alliances with several agencies, including their local mental health trust, early onset services and a local project to find work for people with mental health difficulties. These alliances have strengthened the work of supporting students with mental health difficulties. For example, new protocols are in place that facilitate the sharing of information across organisations. Staff expertise is shared. The local mental health trust currently runs a trauma clinic to support their staff after difficult incidents. The college has asked for permission for college staff to use this if necessary on the very rare occasions when there is an incident in the college, and staff would find this service beneficial.

Potential benefits of collaborative working

Developing effective partnerships can enable us to:

- provide better information to other services, agencies, learning or employment providers about learning programmes and the support that we can offer to learners who have mental health difficulties;
- provide better information, advice and guidance to learners and potential learners via a greater variety of sources;
- better manage transitions, which can be particularly difficult for people who experience mental health difficulties;
- refer or support learners to refer themselves more quickly to other appropriate services if necessary;
- provide more holistic and more effective support for individual learners;
- build and maintain valuable links, relationships and contacts within health services or community services, e.g. community mental health teams, child and adolescent mental health services (CAMHS) or early intervention (EI) teams who have valuable expertise from which learning providers can benefit;
- collaborate with voluntary and community sector providers, sharing information about what learning provision is on offer and how learners can be supported to move between provision;
- raise the profile of teachers as a valuable part of a multi-disciplinary team;
- encourage reciprocal information or training sessions where health professionals can be made aware of learning services and of the benefits of learning to mental health and teachers can receive information, advice and support on working with people who experience mental health difficulties, especially at times of distress; and
- work more effectively with employers, especially in the case of work-based learning placement providers, e.g. being able to suggest reasonable adjustments for the placement, or just raising the employer's awareness of mental health difficulties could make all the difference to the learners' experience on work placement.

By working in partnership, we can learn a great deal from others with better knowledge of specific communities or groups, especially those that are often described as 'hard to reach'. For example, some people with mental health difficulties may have more complex needs, such as those who use drug/alcohol dependency services, those who are homeless or have acute housing issues, ex-service personnel who have post-traumatic stress disorder or Black Caribbean, Black African and mixed-race service users who are disproportionately represented in secure mental health units, prison services and young offender institutions. By working in partnership with these learners and with the services that support them, we will develop more inclusive provision that better meets their learning needs. Learning providers and teachers can play a key role in developing multi-agency approaches so that those who experience multiple barriers to participation in learning can take up, succeed in and enjoy the opportunities available.

Activity

Further reading

- *LSC Mental Health Strategy – The Way Forward*. Learning and Skills Council, 2009.
- *Progression through Partnership*. DfES, DH, DWP, 2007
- *Taking your Partners*. Sainsbury Centre for Mental Health, 2000.
- *Understanding the Disability Discrimination Act: A Guide for Colleges, Universities and Adult Community Learning Providers in Great Britain*. Disability Rights Commission, 2007.

Mental Health Matters for FE Teachers Toolkit

Theme 10: Collaborative working – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction to pack

Activity 1: Working in partnership with others

Part 1

In pairs/small groups discuss:

- How do you currently work in partnership? Who with?
- What are the benefits of partnership working?
- What challenges does it bring?
- What makes partnership working successful?
- Do you have an example of partnership that has really worked that you can share? Why did it work so well? Who benefited?

Share your discussions with the bigger group.

Part 2

In pairs/small groups discuss:

1. How are learners currently involved as partners in learning? By you? By course teams? By the organisation?

Theme 5: Active Learner Involvement

Activity 2: Building effective partnerships

In small groups review the various case study examples of partnership working you will be given.

In each case consider and record:

1. What can be learned from this model and approach to collaborative working?
2. How can you adopt some of these approaches into your own practice?
3. How might collaboration with voluntary sector organisations, individual health sector professionals/ teams, employers, work-based learning providers or other agencies, e.g. those offering supported employment or volunteering schemes, benefit your organisation? How might they benefit learners who have mental health difficulties?
4. What could be done to build this kind of partnership?

Activity 3: Four steps to effective collaborative working

Discuss the model and how you might use it to support collaborative working.

Mental Health Matters for FE Teachers Toolkit

Activity 4: Case study – Tyrone

At 20 years old, Tyrone has been 'disabled out' of the army having been seriously injured in combat. He has post Traumatic Stress Disorder (PTSD) and is receiving support from mental health professionals including a cognitive behavioural therapist (CBT) to help him manage intrusive thoughts and traumatic flashbacks.

Tyrone enrolled on a photography course at his local learning centre without declaring any need for support because he didn't see how he needed any to do photography. Everything was fine for the first few sessions, which Tyrone really enjoyed. Although he found it hard to concentrate and did experience flashbacks a few times, these weren't too bad and no-one seemed to notice.

During the first session working in the darkroom, Tyrone experienced a really intense and traumatic flashback which left him shaking and sweating. No one said anything so neither did he. He did not realise that he had been calling out.

During the coffee break one of the other students asked Tyrone if he was okay. He explained briefly about the PTSD. She reminded him that they had been told about the learning support team but Tyrone didn't think they could do anything for 'people like him'. Even so, at the end of the day he called in and was given an appointment to come in to talk to one of the support tutors. He asked if he could bring his key worker and was told this was fine.

At the meeting they talked through what had happened in the dark room, how Tyrone's PTSD affects him, how the mental health team are supporting him and what strategies he is trying to use to manage the flashbacks. To Tyrone's surprise, the learning support tutor offered a package of support too. This included a support worker for darkroom sessions, regular tutorial support to reinforce the development of self-management strategies in line with the work being done with the CBT, a 'time-out' arrangement with his course tutors so that he could leave class and return later without having to explain. Tyrone signed an agreement detailing the support package and consented for it to be given to his course tutors. He and his key worker had copies. It was also agreed that Tyrone, the learning support tutor and key worker would work collaboratively, attend each other's meetings and keep each other informed about strategies being used, etc.

During the next few sessions Tyrone did take a couple of 'time-outs'. Darkroom sessions were the hardest, but having the support worker there helped because sometimes just putting a hand on Tyrone's shoulder and reminding where he was proved to be enough to interrupt a flashback and, if he did leave the room, the support worker could help him catch up quickly with what was happening when he came back.

His learning support tutor received an email from one course tutor saying the arrangements were not working and they met to discuss this. The tutor said that Tyrone's behaviour was frightening other learners and causing major disruption to her sessions, especially in the darkroom. She said having the support worker there was no help to her at all and that there was not enough room in the darkroom anyway. She thought it was not appropriate for Tyrone to be on the course 'in his condition'. When the support tutor tried to remind her of their responsibilities to ensure inclusive practice for all learners, and that the other course tutors thought everything was working fine, the tutor said 'He shouldn't be here. I know all about PTSD. My father had it and it made him aggressive and violent'.

Since they could not agree about Tyrone, they did agree to refer the matter to their line managers. This ultimately resulted in a meeting involving both tutors their line managers, the support worker, Tyrone and his key worker. At the meeting it was agreed that Tyrone would continue on course with the agreed package of support and that Tyrone, his key worker, the support worker and additional support tutor would jointly run an information session on PTSD for others learners and tutors where people would have plenty of opportunity to ask questions. The course tutor accepted an offer of counselling.

A few weeks later, when Tyrone's support was reviewed it was decided that the support worker was no longer needed because a couple of the other students were helping Tyrone to manage his flashbacks and to catch up with anything he might have missed.

- How does working in partnership benefit Tyrone?
- How does it also work for others?
- Identify all the points at which collaboration improves practice. Why is this important?
- How do you think this situation would be handled in your organisation?
- In light of this scenario, how do you think your organisation could build stronger partnerships?
- What are the implications of this scenario for your own practice?
- What legal responsibilities and organisation policies inform your practice with regard to collaboration?

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 11: Maintaining and Promoting Mental Health and Well-being – Topic

The benefits of positive learning and work experiences in maintaining, or recovering, good mental health are now well established. The government has, therefore, pledged to work with employers to improve health and well-being for everyone, promoting good work experiences, productive workplaces, a healthier workforce and supportive environments that recognise that work can be a valuable component in sustaining and promoting mental health. (DWP, DH, 2009).

Good work can help maintain mental health and well-being and contribute to recovery – and so can good learning opportunities. Learning providers and FE teachers have an important role in supporting the mental health of learners but they also have the responsibility to look after their own and each other's mental health.

> *'We all have a responsibility to look after our own mental health and well-being, develop our confidence and capacity, and learn to respond with resilience to life's changes and challenges in work and beyond.'*

> *(DWP, DH, 2009)*

Creating positive environments in which to learn and work is therefore the focus of many initiatives like the Healthy FE and Mindful Employer. These developments are important for FE learning providers and teachers. Healthy workplaces benefit everyone, not just people who experience mental health difficulties – and they are also good for business. A workforce that enjoys good mental health and well-being can improve job performance, productivity and creativity, and healthy workplaces may experience lower absenteeism. Investing in the well-being of staff is therefore also an economic issue for employers. In FE this is doubly important because to provide good learning experiences and to support learners to maintain their mental health and well-being requires a healthy FE workforce (DWP, DH, 2009).

Although adult learning and skills is a rewarding area of work, it can also be stressful. The FE sector has seen enormous change in recent years, often placing greater demands on teachers. Despite the rewards, for many this is a challenging profession requiring energy, commitment, emotional intelligence and resilience. Yet the focus has tended to be on the well-being of learners rather than on staff. There is now greater recognition that the mental health of teachers is vital if the mental health of learners is to be supported through the creation of good learning experiences in healthy and supportive learning environments. Whatever the cause of difficulties, our mental health will undoubtedly affect the way that we do our job and the way we relate to colleagues and learners, and it will impact on our judgement and confidence.

Theme 1: Why Mental Health Matters

The Health and Safety Executive standards (see further reading, over) define six areas that should be investigated to prevent or deal promptly with work-related stress:

1. Demands: including workload, work patterns and work environment.
2. Control: how much say staff have in the way they do their work.
3. Support: from managers and colleagues.
4. Relationships: which includes dealing with unacceptable behaviour and conflict.
5. Role: clear understanding of job role and expectations.
6. Change: consultation and the management of change.

A workplace that is positive about mental health will recognise that teachers need support for their own mental health if they are to be equipped to support learners. It will have devised a strategy to address the issue holistically and at all levels of the organisation. Most importantly, senior management will be genuinely and strongly committed to invest in being positive about mental health and in promoting mental health and well-being, for instance by committing to becoming a Mindful Employer.

In FE learning environments, the healthy learning and work agendas come together. The Healthy FE programme recognises the vital role that the FE sector has to play in promoting health and well-being for their communities. Capitalising on current work already going on in colleges, the Healthy FE framework defines a strategy to improve the learning environment to become one in which positive well-being is the expectation for all, producing learners and staff who are confident, healthy, safe, emotionally resilient and personally fulfilled.

Promoting practice that creates a more positive working environment and supports mental well-being of staff and learners will include:

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

- developing a work culture where everyone is treated with respect and dignity and issues such as bullying and harassment are not tolerated;
- developing a culture where open and honest communication is encouraged and where support and mutual respect are the norm;
- encouraging an ethos where staff and learners know that it is ok to talk about mental health and that it is safe to disclose their own mental health conditions (teachers who are able to do this will help reduce the stigma that surrounds mental health difficulties by modelling positive attitudes for learners)
- giving teachers and learners control over their work (lack of control is known to increase stress);
- ensuring that expectations of staff and learners are positive and realistic and in keeping with their current levels of competence. (stress is caused where there is a mismatch between competence and expectations, whether they be too high or too low);
- making sure that staff and learners can manage their workloads; and
- providing flexibility so that learners and teachers can balance the demands of life and health with learning and work.

Understanding and acknowledging our mental health needs and difficulties, what supports or detracts from our own good health and knowing what supports us in maintaining, or regaining, good mental health will make us better able to understand and support our learners. Finding effective self-management techniques and strategies to develop emotional resilience will enable us to empathise with learners who are trying to do the same. Teachers are often concerned that they need specialist knowledge or expertise to support learners who have mental health difficulties to succeed when, in fact, being able to draw on personal experience, to empathise and to encourage openness by creating an environment which safeguards the mental health of all is much more valuable in a learning context. If we can bring those qualities to teaching and learning and combine them with effective collaborative working with others who have more specific or different knowledge and expertise, learners who experience difficulties with their mental health will benefit, and so will we.

Theme 10: Collaborative Working

*'It is vitally important that we work in partnership across sectors and disciplines to improve the health and well-being of our working-age population and I think partnership-building has been central to the success of Mindful Employer over the last 5 years. I would like to congratulate everyone who has contributed to Mindful Employer in that time and I look forward to seeing the campaign continue to evolve.' (*mindful employer website)

Dame Carol Black
National Director for Health and Work

Further reading

- *Working Well: Staff Well-being in the Post-16 Education and Training Sector*. NIACE, 2009.
- *Health and Safety Executive Working Together to Reduce Stress at Work: A Guide for Employees*. HSE, 2004.
- *Promoting Mental Well-being through Productive and Healthy Working Conditions: Guidance for Employers*. NICE, 2009.
- *Working our Way to Better Mental Health*. The Stationery Office (TSO). Department for Work and Pensions and Department of Health, 2009.
- *Health and Safety Executive, The Management Standards.* Available at: http://www.hse.gov.uk/stress/standards/ Accessed March 2010
- Mindful Employer website: http://www.mindfulemployer.net/Difference.html

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain B Learning and Teaching

Domain C Specialist Learning and Teaching

Domain D Planning for Learning

Domain E Assessment for Learning

Domain F Access and progression

Theme 11: Maintaining and Promoting Mental Health and Well-being – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD

CD: Factsheets and Introduction to pack

Activity 1: Do you know what's good for you?

Part 1

Complete the following sentences, listing as many reasons as possible:

Work is good for my mental health because…

Work is not good for my mental health because…

Part 2

Get together with a partner and share your responses, including the following:

1. Have you identified more good or more not so good points?
2. What have you learned about the impact of your work on your mental health?
3. What action, if any, do you intend to take as a result?

Activity 2: Managing your stress

You can choose to do this activity on your own or with a partner.

1. What are your stress triggers? e.g. being tired
2. What are your early warning signs of stress? e.g. being irritable
3. What can you do when you notice one of these signs?
4. What can you do to prevent or manage stress?
5. What can you ask others to do, or not to do, to help you?
6. What can you do to prevent things from getting worse?

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Activity 3: Promoting well-being to learners

Part 1

Using the resources provided, devise a short session (between 10 and 15 minutes) for a specified target group of learners that promotes well-being. The session can either stand alone or link to a current curriculum theme.

Part 2

Share your session with the whole group via discussion or by delivering it as a micro-teach session.

Activity 4: Using the Wellness Recovery approach to personal development

This is an activity that you may like to try yourself and then try it with your learners.

Using an actual box or the image of a box (in hard copy or online):

- identify and write down what helps you to learn, stay on course and achieve;
- write these positive influences or positive activities in your box, (if using a paper image, record on a list below the image);
- add to your box every time you identify a new positive influence or activity while you are learning.

If you are ever feeling challenged or lacking in motivation, go back to your box and reflect on the constructive feedback that it provides.

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 12: Embedding Mental Health Awareness into the Curriculum – Topic

Places of learning are not just about what is taught/learned but also how, and that cannot be divorced from personal and social functioning, which in turn cannot be separated from mental health and well-being. In some way or another, every place of learning has to deal with the mental health and well-being of both learners and staff. Often the approach is a remedial one – what to do when things are not working well. The Healthy FE and Mindful Employer initiatives, increasingly being adopted by many learning providers, encourage and demonstrate the benefits of a pro active approach to supporting good mental health and enhancing personal and social functioning to support good teaching and learning. Mental well-being and social and emotional growth are crucial to:

- enhancing the daily smooth functioning of places of learning;
- enabling learners, enhancing their motivation and capability;
- enabling and motivating staff; and
- optimising people's capacity for lifelong learning.

Sadly, given the pressures placed on FE teachers to produce measurable results and to meet targets, particularly with regard to retention and achievement, the focus on personal development and social and emotional learning is often viewed as taking time away from efforts to increase achievement scores. In reality, supporting social and emotional growth and good mental health is demonstrated to result in better retention and achievement of learners, especially those who experience difficulties with their mental health.

Theme 1: Why Mental Health Matters

Promoting and supporting good mental health ought not to be seen as an extra that organisations and staff haven't the time or expertise to deal with, but as an intrinsic part of creating effective learning environments. Greater emphasis needs to be placed on embedding mental health awareness into the curriculum and developing strategies that can capitalise on natural opportunities to support mental health awareness and mental well-being for the benefit of all learners and staff and not just for those who experience mental health difficulties.

Strategies to embed mental health awareness might include:

A. Using natural daily opportunities

1. In the classroom:
   - as learners relate to each other and to teachers;
   - as essential aspects of cooperative learning, peer sharing and tutoring; and
   - as one facet of addressing interpersonal and learning difficulties.

2. Organisation-wide:
   - providing opportunities for all learners to be positive models throughout the learning community;
   - engaging learners with mental health difficulties in strategies to enhance the creation of a supportive, safe and healthy learning environment for all; and
   - as essential aspects of conflict resolution and crisis prevention.

B. Responding to annual cycles

Learning environments have an annual operational cycle that is often inflexible and that can create pressure points, particularly for those who have mental health difficulties, but also for all learners and staff. Learning providers can benefit substantially from identifying focal points for minimising potential problems and for pursuing natural opportunities to promote emotional learning and to embed mental health awareness. For example:

- September – Getting things off to a good start and supporting learners to settle into learning provides opportunities for embedding mental health awareness into induction and the early curriculum of programmes.
- December – Holiday season can be a time when challenges begin to arise for many learners.
- January – Settling back into learning can be difficult for many and this is known to be a time when people are most vulnerable to developing depression.
- March – Early spring is, for many, when the pressure really starts to build as coursework nears completion, and assessments and examinations start to loom. Promoting strategies to reduce stress and prevent 'burnout' can be built into programmes and personal tutorials.

Mental Health Matters for FE Teachers Toolkit

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

- April/May/June – This time of year can be particularly difficult because programmes are nearing completion, final assessments and examinations are happening, and anxieties and fears are more prominent.
- July/August – Summer is a time of transition which brings pressures around leaving behind the familiar and moving on to new challenges or finishing one thing and not knowing what to do next.

Embedding mental health into the curriculum may not be difficult. Some programmes like health and social care; sport, health and fitness; and counselling and psychology include aspects of it already and it can be in incorporated into many more. Some providers have used media studies or English courses as opportunities to look at stigma and the portrayal or reporting of mental health; others have challenged negative stereotypes by studying the achievements of great historical figures who experienced mental health difficulties like Winston Churchill or Abraham Lincoln. A recent initiative in the east of England has focussed on the potential for hairdressers and barbers to promote an 'It's ok to talk about mental health' approach as part of the 'Time to Change' campaign in collaboration with the NHS and this could be incorporated into FE courses and training. For more information, visit www.time-to-change.org.uk.

Activity

Mental health awareness is an integral part of learning and the learning environment because mental health impacts so fundamentally on our ability to learn – and to teach. The curriculum provides daily opportunities to challenge stigma, change attitudes, build confidence and enhance self-esteem. Embedding mental health awareness in the curriculum has the potential to challenge the taboo of mental health, to open up the subject , to 'normalise' and de-stigmatise the whole issue, to debunk myths and challenge negative stereotypes all of which would enhance positive mental health. The curriculum can be a very powerful tool for change and for the promotion of mental health and well-being. FE learning providers and teachers are ideally placed to deliver this hidden curriculum, not just for the social good but as a crucial part of their responsibility to facilitate learning and achievement.

Domain A Professional Values and Practice

Domain C Specialist Learning and Teaching

Domain E Assessment for Learning

Domain B Learning and Teaching

Domain D Planning for Learning

Domain F Access and progression

Theme 12: Embedding Mental Health Awareness into the Curriculum – Activities

Before beginning activities refer to the '5 Essential Ground Rules Factsheet' on the CD.

CD: Factsheets and Introduction to pack

Activity 1: Design a curriculum

1. Design a curriculum for a 30-hour programme in your own specialist area of delivery that integrates promotion of well-being for learners.

2. Share your programme with colleagues using a presentation that appeals to a wide range of learning styles.

3. Following your presentation facilitate a discussion on what support might be needed to embed well-being into the curriculum. Consider the needs of both learners and teachers.

Activity 2: Individual learning plans

How can individual learning plans support well-being?

1. Bring to the session a copy of the individual learning plan (ILP) you use with students plus information about a programme of learning of nine hours or more.
2. In pairs, review your ILP and see how it is similar or different to the one brought in by your colleague. Review the information about programmes of learning and choose one to focus on.
3. Choose one of the learner case studies in the Toolkit. Imagine this learner has enrolled in your programme of learning.
   • Discuss what long- and short-term learning targets might be set and recorded on the ILP.
   • Discuss how any additional support needs would be identified on the ILP.

CD: Case Studies

Identify the following:

- What are the challenges in writing short- or long-term targets for this learner?
- What additional support should be included on the ILP?
- How could you effectively monitor and record ongoing progress towards these learning targets?
- If progress is not being made what actions would you take?

Activity 3: Adapt a curriculum of learning to support people with experience of mental health difficulties

Working in groups and using the curriculum syllabus and the current delivery plan that you have been given:

Part 1

Examine the syllabus and identify:

- the adjustments available for people with mental health difficulties; and
- the level of flexibility related to programme design permissible with regard to assessment, teaching and learning methods, and resources.

Part 2

Examine the current delivery plan and consider the following:

- Can the needs of people with mental health difficulties be met by this programme?
- How does the programme design meet their needs?
- What further changes could be made to make it more inclusive and improve the retention and achievement rates of all participants?