# BECTT SCITT Trainee mental health policy

**Intent: to support BECTT trainee teachers who may experience persistent emotional or psychological difficulties that affect their ability to fully engage with the course.**

### **Introduction**

At BECTT, we aim to promote positive mental health and emotional wellbeing, and to recognise and respond to mental ill health. Training to be a teacher is simultaneously challenging and rewarding. Although everyone has been to school, our expectations about what becoming a teacher involves will always be different from the reality of the lived experience. The process will involve a significant change of perspective about workload and the responsibility that joining the profession entails. Synthesising this task with the academic requirements of the course during your training year requires commitment, motivation, and resilience.

Emotional experiences are a normal part of everyone's life. The way an individual reacts to life's stresses will vary according to their personality, their life experiences and to the situation itself. At the start of the course, trainees may experience difficulties resulting from relocating; transitioning from a successful established career to a novel unfamiliar profession; establishing a new social network; those without bursaries may struggle to manage finances; some may find combining training with family commitments problematic; others may be coping with a disability in a new environment or living in a new country and adjusting to a different culture. Whilst these changes may be exciting and challenging, they may also give rise to anxiety and stress. **It is important however, to draw a distinction between everyday stress or low mood, and medically diagnosed illnesses.**

Whilst on the course, most personal problems can be rapidly resolved by **talking** to a family member, a friend or by seeking help from tutors or mentors. It is important not to label these usual ups and downs as "mental health" problems; anxiety and stress are normal emotional reactions to new experiences and change. However, some trainees may experience emotional or psychological difficulties that are more persistent and inhibit their ability to fully engage with the course. These difficulties may take the form of a long-term mental illness or a temporary, but debilitating, psychological condition or reaction. In addition, some trainees may start the course with a pre-existing mental health illness, either declared or undeclared.

Mental health illnesses can impair performance and may lead to confused or disturbed behaviour. Occasionally, as well as needing appropriate professional support, a trainee may cause anxiety and concern to fellow trainees, school staff, and BECTT tutors / staff. It is therefore important that trainees who are aware that they currently experience, or have previously experienced, mental health problems, are encouraged to share this information with the Course Director of BECTT. This will better enable the Course Director to make reasonable adjustments based upon the circumstances. All relevant health information and how it affects a person’s academic performance and/or day-to-day life must be shared at the start of the course with the Course Director with an understanding that confidentiality will be maintained: only those who need to know will be informed. The trainee will always be made aware of to whom the information is passed and why. If the trainee does not want to disclose their circumstances to the BECTT Course Director, they should be informed of the consequences for them of not doing so.

Finally, please be assured that whilst on the BECTT course, you will never be alone; we are collegiate and take great satisfaction in the thorough knowledge, skills, care and support we model, and expect of our trainee teachers.

### **Aims**

BECTT aims to provide a supportive environment that will help trainees with mental health difficulties to realise their teaching potential and to meet the course requirements. BECTT seeks to implement these aims by:

* encouraging trainees with mental health difficulties to seek help
* supporting a culture in which mental health problems are accepted and not stigmatised
* meeting the support needs of trainees with mental health illnesses
* making reasonable adjustments to policies and procedures which might otherwise unlawfully discriminate against trainees with a mental health illness
* ensuring that the availability of support is accurately and widely publicised to both prospective and current trainees
* establishing consistent procedures across the partnership for helping trainees with mental health difficulties
* providing guidance and awareness training to those BECTT staff involved in the support and care of trainees; and
* respecting the confidentiality of personal information provided by trainees with mental health difficulties

### **Providing support**

3.1. BECTT provides trainee support in a number of ways: pastoral care by SCITT tutors, mentor support both within and outside of placement schools, peer to peer support via trainee representatives and opportunities for support built into centre-based sessions as well as trainee self-help.

3.2. Responsibility for helping trainees with problems rests, in the first instance, with the School Mentor, the Professional Tutor (PM), Subject Lead (LSM) or SCITT tutor (secondary trainees) or the Class Mentor, Lead Mentor or Professional Tutor (primary trainees). Where a reasonable adjustment is required to support a trainee with mental health difficulties, this must be in discussion with the Course Director. Any member of staff should therefore liaise with the relevant individual if they have concerns about a trainee, subject to the requirements of confidentiality. (Refer to section 4)

3.3. Early identification of potential concerns is essential and requires good communication between partnership and BECTT staff, especially at certain points in the course where trainees’ face to face contact with BECTT personnel may be less frequent.

3.4. Both the formal and informal systems of non-medical pastoral care are usually sufficient to address problems that give rise to anxiety or stress. However, more serious emotional and psychological difficulties require professional intervention. Such concerns should be raised with the Course Director who will arrange a confidential meeting with the trainee to discuss the issues and support required.

3.5. All trainees will be treated with dignity and respect, in order to ensure they feel listened to and understood. It should also be recognised that “Some people may lack the insight to realise that they need help or that help is available.” MHFA England (2016: 24)

3.6. Confidential meetings should take place in a private setting with adequate time made available. A brief record will be made of any meeting with a student who is distressed.

3.7. The Primary and Secondary Course Directors are highly experienced in the care and support of trainee teachers. They have been trained in mental health first aid, but it is important to remember that they are not health care professionals and are not a substitute for visiting a GP. They will liaise with BECTT and partnership staff over mental and physical health issues and will create an Individual Wellbeing and Inclusion Support Plan for the trainee. **(See Appendix 1)**

### **Respecting confidentiality**

4.1. A trainee with mental health difficulties is extremely unlikely to seek help unless he or she knows the information they provide will be treated as confidential and that it will not negatively inform judgements made about their ability to successfully complete the course. The Course Directors will observe professional confidentiality in accordance with BECTT Confidentiality Guidance laid out below. Whilst emphasising the responsibility to respect privacy, it also advises on those extremely rare circumstances when it would be appropriate to share information with third parties who have a “need to know'' that there are specific concerns about a trainee, e.g. where there is a significant risk of a trainee harming themselves or others.

##### **BECTT Confidentiality Guidance**

4.2. This code reflects the following statutory requirements:

* The Human Rights Act, (1988) addresses issues of privacy and areas where an individual's right to privacy may be in conflict with a responsibility to a wider public.
* The Disability Discrimination Act, (1995) sets out the responsibilities for addressing the needs of individuals with a disability, some of which can conflict with an individual's wish for privacy.
* The Data Protection Act, (1998, 2018) regulates the management and confidentiality of written information.

4.3. The BECTT Confidentiality Guidance refers to verbal communication and is intended to provide guidance around agreed standards, in order to establish transparency about sharing information that will lead to improved trust and openness. The guidance assumes that any information the Course Director receives from a trainee about their mental health is confidential unless they have been given permission to divulge it. Such permission should be explicit and a written record of the permission should be kept. **Appendix 2.**

4.4. This guidance is not a set of rules, since staff need to be able to formulate decisions on when to share information, what information to share and with whom, depending on individual circumstances.

4.5. The following questions should always be considered:

* Is the information intended to be confidential?
* Is it appropriate to treat it as confidential?
* Who else should it be discussed with?

4.6. There will be times when the Course Directors require professional supervision to aid their ability to fulfil their role successfully: to develop knowledge, competence, and confidence in everyday practice; to explore and aid the processing of the emotional impact of the professional role. Trainee confidentiality will be maintained during any such sessions, with individuals remaining anonymous.

#### **When it is appropriate to treat information as confidential**

4.7. It is usually correct to respect a trainee's autonomy and accept the need for confidentiality. However, if the information shared relates to a safeguarding issue, then a discussion should be had with the Executive Director and Accounting Officer. If it is decided that breaking confidentiality is justified, every effort must be made to inform the trainee concerned of this decision and why it has been reached. The trainee should also be encouraged to inform the appropriate person themselves, or at least to agree to this course of action.

Special consideration: ***Information provided by a third party***

4.8. Such information should always be treated cautiously and should be considered as part of a bigger holistic overview. However, if the information shared relates to a safeguarding issue, then a discussion should be had with the Executive Director and Accounting Officer.

### **Helping trainees in crisis**

* 1. Recognising the warning signs and encouraging the trainee to seek help is the best way to prevent a crisis from developing. Not every unusual behaviour is a sign of mental illness. Where however, the trainee is known to have a diagnosed mental illness or in circumstances where behaviour causing concern has developed over time, BECTT & partnership staff must act to protect the well-being of the trainee, their staff, and students.
  2. Warning signs include:
* Changes in mood or attitude. Lack of emotions or inappropriate emotions.
* Physical changes or signs of harm.
* Thinking difficulties (e.g. concentration, memory, ability to plan, reason or complete daily tasks.)
* Changes in performance levels.
* Lack of self-care (e.g. lack of eating or overeating).
* Regular absences either with a pattern (e.g. around weekends) or that cannot be verified.
* Refusal to seek help or communicate.
* Social withdrawal / Isolation.
* Negative reactions to reasonable suggestions.
* Expression of hopelessness, feelings of failure and uselessness.
* Convoluted stories that are incongruous; lying can sometimes be a cry for help.
  1. To promote consistency in the way individual cases are handled, guidance is available for use by mentors on how to identify and respond to trainees with mental health difficulties. This mentor guidance **(Appendix 3)** can also be found in the mentoring resource file. The aim of the guidance is to ensure that mentors are better able to recognise the warning signs of a mental health problem. **Although mentors have an important role to play in supporting the trainee, it is important that they do not try to deal with problems that require expert professional assessment and management.**
  2. Any concerns about trainees' mental health should be raised using the following structure for *Secondary trainees:*
* Teacher concern – raised with School Mentor or Professional Tutor (PM)
* School Mentor (SM) concern – raised with Professional Tutor (PM) or SCITT Tutor
* Subject Leads (LSM) concern – raised with SCITT Tutor or Secondary Course Director
* Professional Tutor (PM) concern - raised with SCITT Tutor or Secondary Course Director
* SCITT Tutor (CT) concern – raised with Secondary Course Director

5.5 Any concerns about trainees' mental health should be raised using the following structure for *Primary trainees*:

* Class Mentor or other teacher concern – raised with Lead Mentor or Professional Tutor
* Lead Mentor concern - raised with the Professional Tutor
* Centre-based lecturer concern - raised with Primary Course Director
* Professional Tutor concern - raised with Primary Course Director

5.6 Concerns of a more serious nature may need to be factually documented. Decisions about whether to document will be made by the Professional Tutor or SCITT Tutor or Course Director. Any documentation will be kept in accordance with GDPR requirements and will be shared with the trainee and the Course Director.

### **Further available support**

* The **Education Support Foundation** provides support outside normal office hours.

[www.educationsupport.org.uk](http://www.educationsupport.org.uk)

Crisis 24 hr helpline: 08000 562 561

* **111 NHS** Mental Health Crisis

Dial 111 and select Option 2. You will be able to talk with a trained call handler who will provide appropriate support anytime, 24 hours a day 365 days a year

* **PAPYRUS**

<https://www.papyrus-uk.org/hopelineuk-text-and-email-services/>

* **Samaritans** Freephone 116 123

<https://samaritanshope.org/our-services/24-7-helpline/>

* **SANE**

<https://www.sane.org.uk/how-we-help/emotional-support>

* **Rethink mental illness** - <https://www.rethink.org/>
* **Local mental health services**

<https://www.msehealthandcarepartnership.co.uk/mental-wellbeing-support/guides-to-essex-mental-health-services/>

* **UOS services**

<https://www.uos.ac.uk/content/mental-health>

**Self-help**

* **NICE Guideline CG90** (updated June 2022) -

<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions>

* <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
* **Get self-help** - <https://www.getselfhelp.co.uk/>
* **Students Against Depression** - <https://www.studentsagainstdepression.org>
* **Mind** - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/self-care/>
* <https://www.mind.org.uk/information-support/tips-for-everyday-living/online-mental-health/online-mental-health-tools/>
* **Headspace** - <https://www.headspace.com/>
* **Sleepio** - <https://onboarding.sleepio.com/sleepio/nhs-sleepio/171#1/1>
* **Moodgym -** <https://moodgym.com.au/>
* **6 apps to change your mindset-** <https://www.happiness.com/magazine/inspiration-spirituality/the-3-best-happiness-apps/>
* <https://www.mentalhealth.org.uk/>

##### **EMERGENCY**

Although rare, the most serious risk associated with a developing mental illness is that the trainee might seriously harm themselves or others. This constitutes a medical emergency and requires immediate attention. **Call 999.**

### **Raising awareness**

Information about the support available to trainees with mental health difficulties is provided as part of the BECTT induction process. Information is regularly reviewed to ensure that it remains accurate and appropriate.

For *Secondary trainees*, SCITT Tutors will holistically review trainees’ wellbeing with individuals during termly tutorials. For *Primary trainees,* this review will be undertaken by the Professional Tutor as part of their termly formal lesson observation visit to schools. Where a trainee appears to be struggling, an individual support meeting will be set up. This may then result in an inclusion and wellbeing plan being initiated. (See Appendix 1.)

### **Meeting commitments to trainees with disabilities**

8.1. BECTT has specific legal responsibilities towards trainees whose mental condition falls within the definition of 'disability' under the Equalities Act. The Special Educational Needs and Disability Act extended the provisions of the Disability Discrimination Act to education with effect from September 2002. Institutions are required to treat people with disabilities no less favourably than others, and, where necessary, to make reasonable adjustments to policies, practices, and procedures in order to achieve this.

8.2. **Disability is defined as a physical or mental impairment that has a 'substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'.** Thus, it is likely to include trainees with a long-term mental illness such as depression. Other mental conditions may also be covered, although each case will need to be examined individually.

### **Taking time out and discipline**

9.1. The management of potential disciplinary matters in a trainee with mental health problems requires a balancing of the need to understand the relevance of all the factors involved, including those directly related to the illness / disability, with respect for an individual's autonomy. Each case will therefore depend on individual circumstances.

9.2. While every effort is made to help trainees in need, the duty of care owed by BECTT to the BECTT & partnership staff and students takes priority where the behaviour of a trainee with mental health difficulties causes significant disturbance or distress to others.

9.3. The Course Director will make efforts to resolve such problems through discussion with the individual concerned and in particular to point out the effect that his or her behaviour is having on others. However, if these efforts are unsuccessful, alternative strategies will be considered, including, if necessary, requesting the trainee to withdraw or defer from the course for a suitable period. Under such circumstances, the trainee would be allowed to recommence the course once they have been certified as fit to do so by a medical professional.

9.4. If a trainee is suffering from a serious mental health difficulty, withdrawing permanently from the course may offer the trainee the best chance of making a full recovery, and because of this, some trainees may decide to withdraw on their own initiative.

9.5. Withdrawal will also be necessary if the trainee's mental condition is such that they are unable to meet course requirements, notwithstanding the support of BECTT and local medical services. In these circumstances, if the trainee does not agree to withdraw voluntarily, it will be necessary for BECTT to consider other measures. **Trainees on Initial Teacher Training (ITT) courses have additional responsibilities placed upon them regarding their professional suitability, as outlined in the Teachers’ Standards. Failure to meet these requirements may lead to the Fitness to Practise Policy being invoked.**

### **Appendix 1a Support with Trainee Health & Wellbeing**

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All trainees who have declared a health, disability or mental health condition will be contacted and asked to meet with the Course Director to ascertain how BECTT can best support them during their training year. A Wellbeing and Inclusion Plan is created at this point.

The rationale for a Wellbeing & Inclusion Plan is to personalise the course and/or make reasonable adjustments to ensure the trainee can access all aspects of the course requirements. Where necessary, the Course Director will discuss with the trainee who else it would be useful to share their health information with and Appendix 2a (secondary) or Appendix 2b (primary) will be completed. Not all trainees will require adjustments as some trainees manage their health and wellbeing without additional support. In such cases, it is still useful to declare any pre-existing conditions to ensure that support can be quickly put in place if circumstances change.

Training to be a teacher is very challenging; sometimes the enormity of the course and the unpredictability of life can become overwhelming and trainees need support. In such cases, the SCITT tutor is required to set in motion a Wellbeing Plan to offer immediate support to the trainee. This plan will outline the specific support the trainee needs and any adaptations to the course that we can make. This will be monitored regularly with the trainee. Ultimately, the trainee still has to meet the requirements of the course and options like deferral can be discussed if the trainee is finding it difficult to engage with the course after reasonable adjustments have been made.

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| **Concern** | **Overview** | **Action Required** |
| **Medical condition or disability** | A medical condition or disability is declared on entry to the course and reasonable adjustments are required to be made by BECTT to ensure that the trainee can undertake the course successfully. | All trainees undertake an occupational health assessment.  Occupational health will make recommendations to BECTT about how we can best support the trainee.  Some trainees will be in receipt of the Disabled Students’ Allowance (DSA) and there may be support recommendations from specialists.  BECTT will consider how they can implement the specialist recommendations and the trainee will be offered the option of having a Wellbeing Plan; the trainee has the right to refuse this.  The plan will be written with the trainee and shared according to Appendix 2a (secondary) or Appendix 2b (primary). This will enable all parties to support the trainee during their training year, to ensure their health and wellbeing is not a barrier to their learning and progress. |
| **Personal issues – impact on wellbeing** | A trainee is experiencing significant difficulties within their personal life which is impacting on their wellbeing. It is inhibiting their ability to fully engage with the course and they need supportive adaptations. | The trainee shares their personal issue with the Course Director or SCITT tutor which will then be shared according to Appendix 2a (secondary) or Appendix 2b (primary).  A meeting is arranged to ascertain the level of support needed, and a Wellbeing and Inclusion Plan is created to ensure that the trainee is supported during a difficult period in their life.  Options might need to be explored like deferral or withdrawal, depending on the circumstances. |

**The submission of a wellbeing plan will ensure that:**

* The trainee gets support with their disability or medical need.
* The trainee gets the immediate support and reassurance that they require.
* The placement school and BECTT are more aware of how to support the trainee and cater for their needs, making adaptations to the course, where possible.
* The trainee will be made aware of deferral options and of support services available.
* Mental health issues are addressed, as these may impact on the trainee’s performance and ability to complete the course.

### **Appendix 1b Individual Wellbeing and Inclusion Trainee Support Plan**

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This plan will outline the specific support and any reasonable adjustments required to the course. It will be monitored regularly within meetings between the trainee and SCITT Tutor / Course Director (for secondary trainees) and the Professional Tutor / Course Director (for primary trainees).

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| **Name of Trainee:** | **Date:** |
| **Outline of issues /condition /reason why support may be needed.** |  |
| **Recommendations of support from Medical Professionals / Specialist Medical Reports** |  |
| **Trainee’s perspective:**   1. **How can BECTT best support the trainee?** 2. **How can the placement best support the trainee?** 3. **What strategies are useful on a daily basis?** |  |
| **What else can BECTT do to support the trainee?** |  |
| **What are potential triggers?**  **When do you think you will need the most help?** |  |
| **Is there anything else we need to know? (Home, personal, medical?)** |  |
| **Review dates:** |  |
| **Review 1** | |
| **Review 2** | |
| **Review 3** | |
| **Review 4** | |

### **Appendix 2a Secondary trainee permission to divulge relevant health information**

**Date:** **Trainee Name:**

I hereby give permission for the following relevant health information discussed in this meeting to be shared confidentially with the people listed below:

**Health Information**

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* **Professional Tutor:** \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **School Mentor:**  \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_School
* **Lead Mentor:**  \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **SCITT Tutor:** \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Executive Director:** Christine Jarrold

**Further recommendations / action suggested**

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**Trainee Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Course Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Appendix 2b Primary trainee permission to divulge relevant health information**

**Date:** **Trainee Name:**

I hereby give permission for the following relevant health information discussed in this meeting to be shared confidentially with the people listed below:

**Health Information**

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* **Professional Tutor:** \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Class Mentor:**  \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_School
* **Lead Mentor:**  \_\_\_\_ [insert name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_ School
* **Executive Director:** Christine Jarrold

**Further recommendations / action suggested**

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**Trainee Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Course Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Appendix 3 Guidance for all School Mentors, Professional Tutors and Subject Leads supporting trainees with mental health difficulties.**

Before being able to support trainees with poor mental health, mentors need to protect their own well-being. Nationally, 1 in 4 adults have mental health problems each year and mentors should always seek professional advice from their GP if they themselves are dealing with poor mental health.

In the same way as has been reported about the general population in the national press, BECTT has seen an increase in the number of trainees declaring a mental health illness during the course; a number of these trainees have had pre-existing conditions undeclared prior to the course commencement. **It is important however, to draw a distinction between everyday stress or low mood, and medically diagnosed illnesses / disabilities.** (See Trainee Mental Health Policy Introduction).

**General guidelines on supporting trainees with poor mental health:**

* Remember that you are not alone dealing with the trainee. Notify the Professional Tutor, SCITT Tutor and Course Director of any serious concerns.
* Listen without judgement.
* Remove the stigma from poor health by avoiding words associated with mental health that have negative connotations.
* Identify, or help trainees to identify the ‘issue’.
* Maintain confidentiality. Provide opportunity for one to one discussion. Explain that you might be obligated to share the information if it is of a serious nature.
* Provide trainees with reassurance. Listen and affirm how they feel without reinforcing any mistaken beliefs.
* Promote positivity around colleagues and be aware of negative group dynamics.
* Suggest practical ways of coping with workload. Coach trainees to prioritise and to focus on aspects that are within their power to change. Promote strategies for maintaining good mental health.
* With the trainees’ consent, refer the matter to the Professional Tutor (PM) if it is a practical problem that they can resolve.
* Anticipate potential stress points within the course in advance and provide more time or greater support to help trainees cope with these. Share your own experiences and how you have coped with challenging situations.

**Mental Health illness**

* The role of mentors, with regards to trainees who have been professionally diagnosed as suffering from a mental health illness / disability, is to provide comfort, support and reassurance, whilst at the same time maintaining their own wellbeing.
* Mentors should
  + - Listen to the trainee without interjecting your own viewpoints and without judgement.
    - Help the trainee to regain control and have realistic expectations.
    - Encourage the trainee to seek professional help and help from their usual support network.
    - Actively approach trainees who you believe are struggling and encourage them to talk.

**Warning signs:**

* + - Changes in mood or attitude.
    - Physical changes.
    - Lack of self-care (e.g. lack of eating or overeating).
    - Regular absences either with a pattern (e.g. around weekends) or that cannot be verified.
    - Refusal to seek help or communicate.
    - Being withdrawn.
    - Negative reactions to suggestions.
    - Convoluted stories that are incongruous; lying can sometimes be a cry for help.

**And Finally…**

It is important to change the unhelpful narrative that teaching is a stressful profession and we all need to just get on with it. More often than not, it is a change of perspective that is required and knowing yourself really well so that you can employ appropriate strategies. It is not your job as a mentor to provide guidance about whether this is the best profession for the trainee. **Your role is to listen to trainees and help them to develop coping strategies for use during training and employment.**

