



# Back on Track

Supported education for young people at risk of  
social exclusion due to mental health difficulties

HEADSPACE

**'Action for Inclusion' Pilot Project**  
**NIACE /LSC/CSIP SE Regional Network**  
**September 2007 – June 2008**

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## **Part One – Project Development**

### **Background and rationale**

The Social exclusion unit has identified that mental health problems commonly lead to social exclusion. Mental health service users often experience stigma and discrimination, causing difficulty accessing basic services in the community which can then lead to poor vocational and social outcomes (Office of the Deputy Prime Minister [OPDM] 2004). Young people can be particularly disadvantaged, as noted by Lloyd & Waghorn (2007):

*‘ the timing of illness onset can disrupt formal education and training, impede school-to-work transitions and damage the early stages of career path formation and acquisition of work values, work ethics and core work skills.’*

Early intervention services have now been set up in order to reduce disruption to adolescent development, including in the areas of employment and education, as recommended by EPPIC (2001).

Gould et al (2005) found that young people diagnosed with a serious mental illness identified the loss of self and life dreams as key issues. The study concluded that Occupational Therapists (OTs) should provide incremental opportunities for young people to be involved in meaningful occupation to help restore their feeling of ‘normalcy.’ The College of Occupational Therapists’ strategy document for mental health, ‘Recovering Ordinary Lives’ (2006), promotes the use of socially inclusive activities and vocational rehabilitation in order to help people achieve their optimum level of occupational functioning.

Studies suggest that supported education can improve employment outcomes for those with mental health problems ( Mowbray and Megivern 1999, Waghorn et al 2003). Mowbray and Megivern (1999) recommend that supported education should take a rehabilitation approach and provide assistance, preparation and support for those wishing to return to mainstream education. In addition to increasing career prospects, supported education can help the individual regain a stigma-free and valued role as a student rather than a mental health service user (Waghorn et al 2004b).

### **Initial Proposals for Course**

In response to the needs of young service users Headspace, the Early Intervention in Psychosis Service in Portsmouth City PCT, worked in partnership with Highbury College and the NIACE/LSC/CSIP network to develop a supported education course with the following aims:

- To maintain education and avoid high drop-out rates from college for young mental health service users;
- To provide a low stress gradual introduction to college for those likely to have higher than average vulnerability to stress and for whom the challenge of new experiences may trigger relapse;
- To deliver relapse prevention interventions in an education environment to allow transition from patient role to student role;
- To assist students to identify potential stressors in education environment and plan individual coping strategies;

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- To offer mental health support and prepare students for transition to mainstream education courses by encouraging them to identify additional / alternative sources of ongoing support.
- To link relapse prevention work to syllabus so that students can gain accreditation for their learning during recovery.

### **Course Outline**

#### Entry Criteria:

- Age 16 – 25 years;
- Participation in education / employment disrupted due to mental health problems;
- Motivated to return to work or learning but lacking confidence and skills.

#### Objectives:

##### Vocational:

- To offer a course that develops personalised learning programmes for up to 12 learners in order to help them develop the skills and confidence to progress to further study and or paid / voluntary work.

##### Therapeutic:

- To maintain vocational aspirations and roles;
- To encourage the development of personal, social and self management skills;
- To support students with engagement in learning and offer alternative methods of study if unable to attend.

#### Proposed course format and content:-

- Flexible content based on identified needs / preferences;
- Afternoon only sessions to assist those who have difficulty attending college earlier in the day;
- Core curriculum of basic skills (IT, literacy, numeracy) / self- management skills;
- Vocational advice and guidance;
- Buddy /mentor / peer support structure;
- Modular projects to incorporate:-
  - Ongoing learning about health, well-being, skills for life etc
  - Skill accreditation
  - Taster sessions for different subjects e.g. catering, horticulture, IT
  - Links to further study / work

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## **Joint Working Protocol**

In order to ensure that the project offers inclusive provision of education opportunities for young people with mental health problems it is important that both health and education providers work closely to identify the key roles of each service.

In general the health providers will take responsibility for the mental health needs of the learners and the education providers will take responsibility for the learning needs.

### Role of Headspace:

- Identify potential students;
- Carry out consultation re: learning needs with mental health service-users;
- Provide training to the education staff regarding the needs of students with mental health difficulties / psychosis.
- Develop curriculum in partnership with education provider taking into account the needs of service users.

### Role of education providers:

- Identify suitable course / curriculum and discuss with Headspace;
- Identify suitable sources of funding;
- Allocate adequate resources to deliver the course.

### Communication between services:

- Confidential information about individual learners will be shared on a 'need to know' basis only and with the consent of the individual learner in accordance with service policies and procedures and the Data Protection Act;
- Where risk to the learner and / or others has been identified then the information should be shared with or without the consent of the learner;
- Headspace staff will provide a link between education providers and mental health services in cases where either the learner's key worker is not a member of Headspace or the support of other mental health professionals is required;
- Headspace staff and education providers will meet monthly throughout the duration of the course in order to maintain commitment to a shared approach.

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## **Part Two – Course Delivery**

### **Assessments:**

Mental Health practitioners from Headspace to conduct initial assessments and to continue to monitor the mental state of learners throughout the course. They will then assist learners to develop ways to manage and maintain mental well-being in the learning environment. They will also:

- Assess all potential learners for their suitability for the project;
- Ensure that relevant risk assessments have been carried out and risk management plans are in place in cases where risk to self and / or others has been identified;
- Use 'Catching confidence' tool at baseline and end of course as a measure of therapeutic outcome (see appendix A);
- Identify potential barriers to learning caused by mental health problems.

NB If learners are not on the Headspace caseload then overall responsibility for their care will remain with their existing mental health care-coordinator / key worker.

Education providers will assess the learning needs of learners as follows:

- Current levels of knowledge and skills;
- Learning needs;
- Additional support needs.

### **Specific tasks of Headspace staff:**

- To deliver training to education providers in order to increase their knowledge and understanding of the needs of learners with mental health problems;
- To deliver weekly introductory sessions to prepare learners for entry into the course, starting with one session per week and gradually increasing to three sessions per week;
- To develop individual crisis and contingency plans with learners which state actions to be taken if the learner should become unwell;
- To support learners to maintain engagement in the course if they are unable to attend due to mental health difficulties;
- To support learners to achieve their individual therapeutic goals.

### **Student cohort:**

Seven students were enrolled at the start of the course. Of these, five were on the Headspace caseload, one was referred from the Psychological Therapies Service and one from the Occupational Therapy Rehabilitation and Recovery Service. During the course of the year, further referrals were made from Fair Oak, the low secure unit at St James' Hospital and the Crisis Resolution and Home Treatment service (CRHT). All referrals were assessed and one student progressed to enrolment.

The students ages ranged from 19 years to 24 years with a range of diagnoses, including severe anxiety and agoraphobia, depression, psychosis, schizophrenia and borderline personality disorder. All reported symptoms of social anxiety and low levels of confidence and self-esteem at the start of the course.

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### **Delivery of 6 week introduction**

Two staff from Headspace delivered ten introductory sessions over a 6 week period in partnership with Highbury tutor and Learning Support Assistant (LSA). Sessions began with one three hour afternoon session per week for two weeks and progressed to three weekly sessions per week by week ten. Topics discussed included:

- general mental health promotion including healthy lifestyle, diet, fitness, substance use etc;
- Identification of appropriate coping strategies e.g. relaxation techniques, distraction, complementary therapies etc;
- Sharing of personal coping methods e.g. listening to music, going for a walk;
- Introduction of basic CBT techniques to help students identify links between thoughts / feelings / behaviour;
- Basic stress / anxiety management;
- Ideas for self monitoring introduced.
- Keeping well plans started (see Appendix B);
- Mental health support offered.

### **Outcomes after introduction:**

- Good level of attendance achieved by most students;
- Excellent level of engagement and rapport between students and staff;
- Increase in confidence in all but one student (see p10 – p12);
- Reduction in requests for mental health support by some students (see p13).

### **Problems identified for Headspace clinicians:**

- Lack of time for session planning / preparation due to pressure of clinical work, especially when scheduling more than one session per week ;
- Difficulty integrating therapeutic model of practice into education model due to differences in expected outcomes;
- Lack of clear definitions of role boundaries for professionals leading to confusion for students e.g. requesting tutor for support with MH problems;
- Potential for students to access non-evidence-based information about mental health issues;
- Keeping well plans not finished during specific therapeutic sessions.

### **Proposed amendments:**

- Reduce time commitment for Headspace staff to one hour per week over duration of course;
- Ensure only specific mental health promotion / relapse prevention topics addressed by clinicians;
- Reduce content of introductory sessions to 1 practical activity and 1 discussion / education topic;
- Separate therapeutic and education input in order to clarify role boundaries;
- General health promotion to be covered in main course rather than introduction;
- Set up appropriate support mechanisms for students moving on to mainstream courses.

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## Part three - End of Course Outcomes

The outcomes for all participants were evaluated at the end of the course as follows:

### **Feedback from professionals**

Partnership working between mental health clinicians and education professional has led to increased knowledge and skills for both groups.

Education staff have reported an increase in:

- Awareness of mental health issues, and psychosis in particular;
- Knowledge of mental health promotion and therapeutic models;
- Understanding of the needs of students with a mental health difficulty.

This has led to increased confidence among education staff in their ability to work with learners with mental health issues. The liaison role of Headspace staff was especially valued as college staff were often confused about who to contact if they had concerns about students. This has led to college staff referring students to Headspace for assessment.

Headspace staff have reported an increase in:

- Understanding of educational models;
- Knowledge of funding and support available to students with mental health difficulties;
- Skills in communication with other sectors and partnership working.

This has led to increased confidence when negotiating support for learners with mental health problems.

All agreed that the partnership was useful and has increased cooperation between the sectors of education and health and social care.

### **Attendance rates**

10 students were assessed as suitable for the course. Of these:

- 7 students attended for introduction in September;
- 1 student left the course after 1 month to start paid work;
- 1 student enrolled in the summer term;
- 3 regular attendees;
- 1 with intermittent attendance due to several hospital admissions;
- 2 have relapsed and require further treatment but hope to return to the course when well.

All of the 3 regular attendees and the intermittent attendee intend to progress to mainstream courses. The 2 who have relapsed have maintained their interest in attending college and plan to return next year.

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### **Verbal Feedback from learners– case studies**

#### Student 1

##### *Pre-course*

Isolated from peer group, socially anxious, difficulty coping with symptoms – depression, anxiety & paranoia, frequent calls to crisis service, poor insight into potential self-management strategies, pessimistic view of future.

##### *Post course*

Reduced symptoms of anxiety / depression, occasional paranoia, increased social confidence, increased understanding of coping / self-management strategies, significant reduction in use of crisis service during term time, requests for appropriate treatment.

#### Student 2

##### *Pre-course*

Severe agoraphobia (had not been to city centre or on public transport unaccompanied for several years), disabling anxiety / panic attacks, low self esteem, reduced confidence.

##### *Post course*

Reduced anxiety / panic, increased confidence, improved sense of autonomy, supportive of other students.

#### Student 3

##### *Pre-course*

Very low level of physical / mental / social activity, poor motivation, low mood, poor confidence, low self-esteem, social isolation apart from family and mental health professionals, unrealistic view of own capabilities.

##### *Post – course*

Increased activity levels in all areas, improved mood and motivation, going out independently. Has experienced a slight decrease in confidence levels due to a more realistic appraisal of his abilities.

### **Focus group responses**

*NB The focus group consisted of 2 regular attendees and written feedback from one other regular attendee was included. The participants agreed to try to articulate the views of non-participants, however it is unclear whether the views of the whole group will have been accurately represented.*

Participants were asked 5 questions:

1. What did you like about Back on Track?
2. What didn't you like?
3. How could it be improved?
4. Has Back on Track prepare you to move on to other education / employment?
5. How confident are you about moving on?

Responses tended to focus on five main themes (see table overleaf):

1. Organisation of course, including staffing;
2. Course content;
3. Availability of resources;
4. Group members;
5. Attainment / progress.

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Themes	Liked	Did not like	Could be improved
Organisation	<ul style="list-style-type: none"> <li>• Having support with travel;</li> <li>• Being in a small group;</li> <li>• One consistent staff member;</li> <li>• Separate classroom, with private space if needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistency of attendance by clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Recording / information about relaxation tape available for when clinical staff not present</li> </ul>
Content	<ul style="list-style-type: none"> <li>• Trips in community</li> <li>• Settling-in social time at start of session</li> <li>• Individual approach to key skills levels</li> <li>• Flexible options for individual subjects / topics</li> </ul>	<ul style="list-style-type: none"> <li>• 'Keeping Well' unit too long and repetitive</li> </ul>	<ul style="list-style-type: none"> <li>• Taster sessions in other subjects</li> </ul>
Resources		<ul style="list-style-type: none"> <li>• Lack of specialist resources e.g. sewing machine, art/ music/ IT supplies and equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Improved equipment provision</li> <li>• Bean bags in private area</li> </ul>
Group members	<ul style="list-style-type: none"> <li>• Friendly and open and supportive group</li> <li>• Diverse group – challenged stigma</li> <li>• Xmas party – helped group to bond</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals joining group after group established</li> <li>• Group members not maintaining attendance and increasing anxiety for other members</li> </ul>	<ul style="list-style-type: none"> <li>• Team activities with former students as buddies / mentors</li> </ul>
Attainment / progress	<ul style="list-style-type: none"> <li>• Recognition of achievement e.g. certificates</li> <li>• Improved social confidence</li> <li>• Improved feeling of independence</li> <li>• Improved ability to plan and achieve goals</li> <li>• Improved confidence in ability to ask for and receive support</li> </ul>		<ul style="list-style-type: none"> <li>• Preparation for getting up early and attending mainstream activities</li> </ul>

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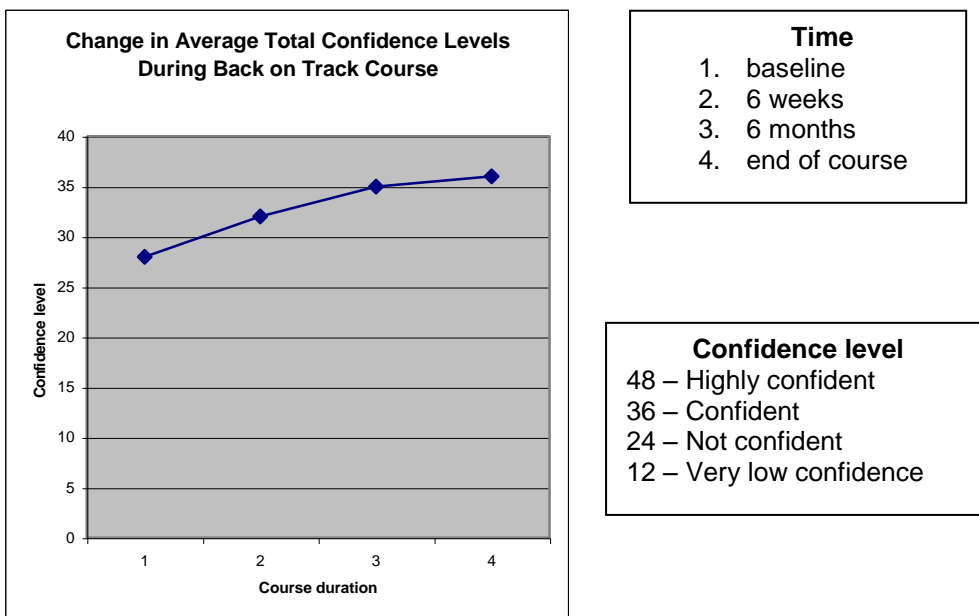
## Outcome Measure – Catching Confidence

The Catching Confidence Final Report (NIACE, 2004, p31), reports the research findings that:

- *Participation in learning did enhance confidence*
- *Learning was not the only driver of confidence and levels of confidence changed in relation to external circumstances*
- *Levels of confidence varied in certain situations*
- *Increased confidence brought about changes in:*
  - *Self-esteem*
  - *Body language*
  - *Ability to speak out*
  - *Heightened life aspirations*
  - *Ability to learn and aims for progression*
  - *Relationship with family and friends*
  - *Community activity and activism*
  - *Work ambitions, performance and relationships.*

'Catching Confidence', the NIACE tool for measuring confidence in a range of situations (see appendix A), was used to gather data at baseline and at the end of the course to measure therapeutic change. Three regular attendees also rated confidence levels at six week and six month intervals during the course.

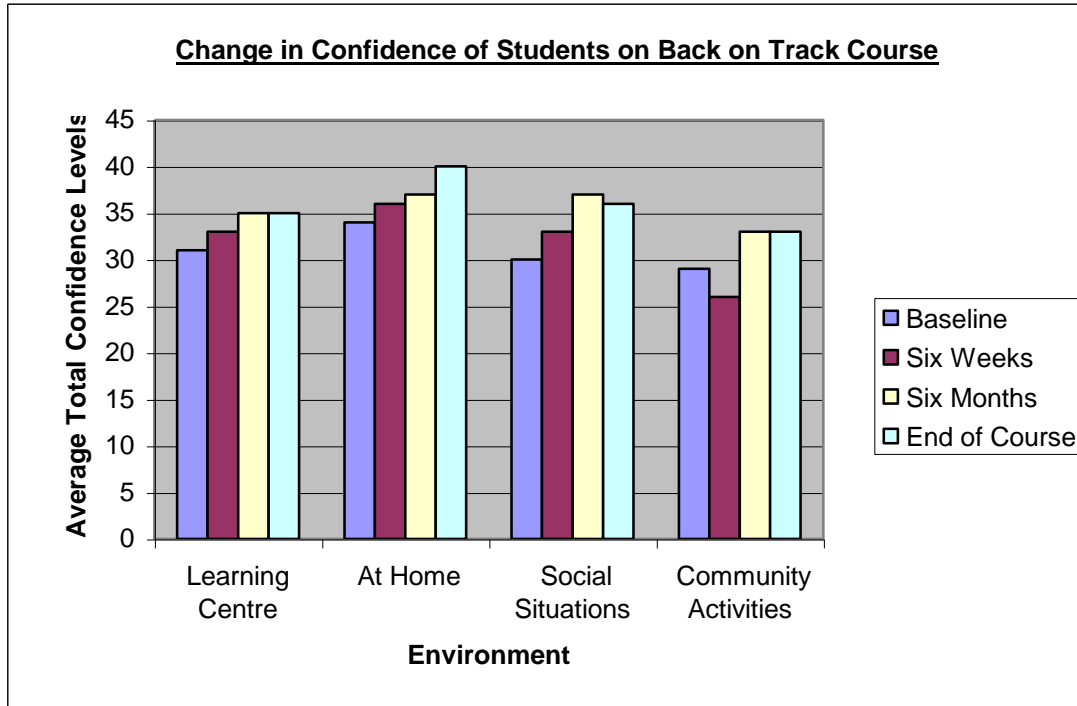
The average confidence of Back on Track students across all situations increased by up to one third over the duration of the course. Most students generally rated themselves at 'not confident' in most areas at the beginning of the course and general ratings improved to 'confident' by the end (see below).



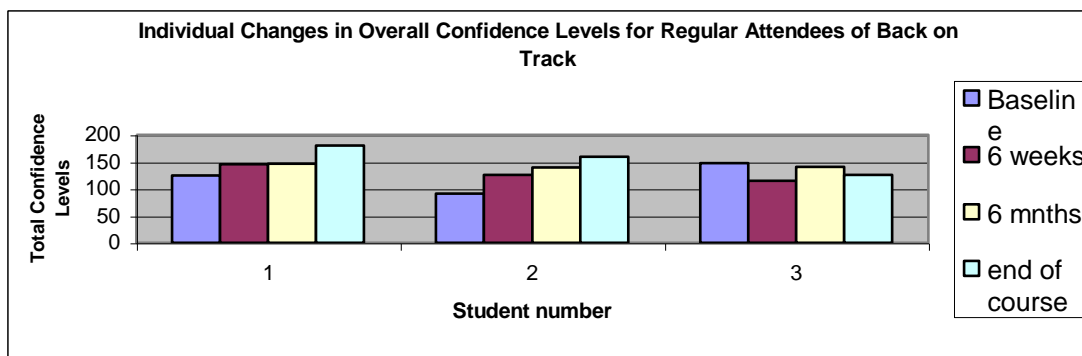
Students average confidence levels improved across all environments, not just at college. Although most students had rated their confidence levels at home as higher than in other environments, there was still a marked increase by the end of the course. This may reflect a change in attitude of significant others when they saw the student's achievements.

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Average confidence in social situations improved significantly over the duration of the course but some students experienced a slight drop at the end of the course, possibly due to apprehension about leaving the supported environment of Back on Track to enrol on a mainstream course next term (see below).

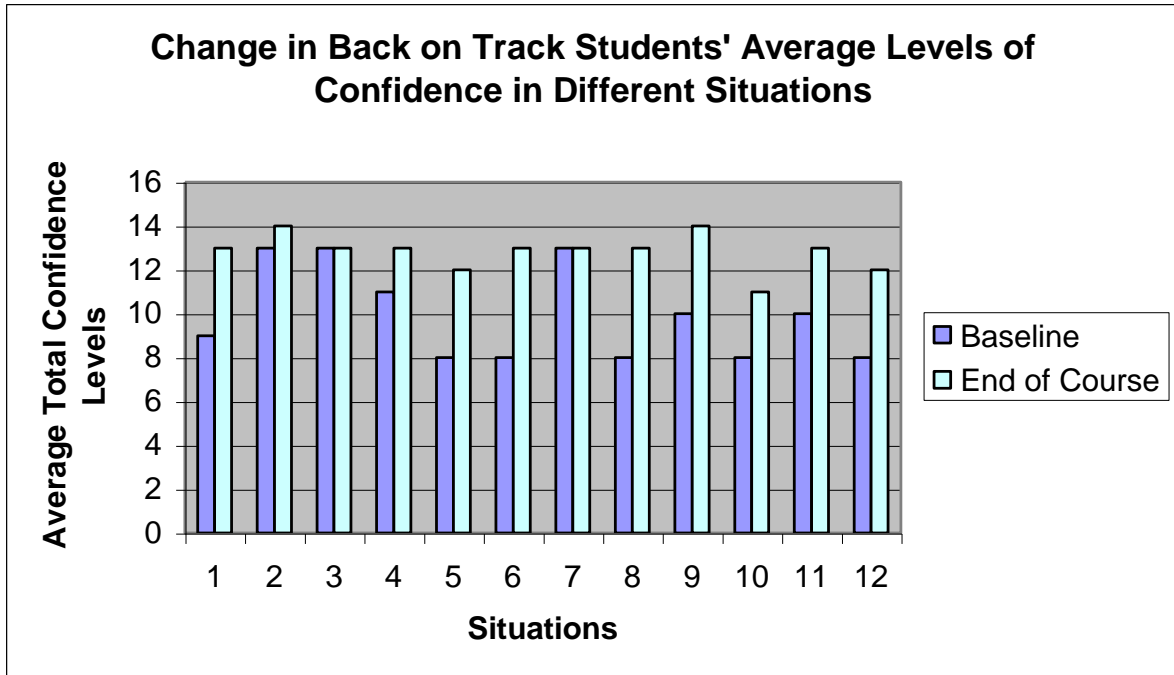


Of the three regular attendees who rated their confidence over the duration of the course, two reported an increase of overall confidence levels of up to 36%. However, one reported fluctuating levels of confidence which may indicate an unrealistic appraisal of ability at the start of the course and also changes in mental health throughout the duration of the course. Although the data appears to indicate that Student 3 has lower confidence levels that at the start of the course, he has returned to college this September and has noticed many general improvements in his quality of life since enrolment.



The greatest improvements for all students appear to be in relation to social confidence, self esteem and confidence in their ability to manage themselves day to day and also cope with difficult situations.

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### KEY TO DIFFERENT SITUATIONS:

( Significant improvements in situations marked in bold)

- 1 – Meeting New People**
- 2 – Learning New Things
- 3 – Learning From This Programme
- 4 – Applying Learning in Daily Life
- 5 – Speaking in a Group**
- 6 – Speaking to a Stranger**
- 7 – Writing Things Down
- 8 – Having Valuable Skills to Offer**
- 9 – Organising Self**
- 10 – Coping With Difficult Situations**
- 11 – Doing Things I Want
- 12 – General Confidence**

The Catching Confidence Tool may also be useful as a screening tool to assess suitability for the course. The student who dropped out to take up paid employment rated himself between confident and highly confident in all areas whereas several potential students who were assessed but did not enrol rated their confidence as very low in most areas. This may indicate that those with high confidence scores should be signposted directly to mainstream services, whereas those with very low confidence scores may need some input to increase their confidence and self-esteem before they feel ready to join the course.

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### **Use of mental health services**

A proportion of students reduced or changed their level of contact with the mental health service as follows:-

- One student has been discharged from the mental health service and one other is about to be discharged;
- One student has been discharged from Occupational Therapy, although still attending out patient's appointments every 3 months;
- One student has been discharged from hospital and has settled well into supported accommodation;
- One student has halved the frequency of contact with CRHT since starting the course and although calls to CRHT tend to increase again during college holidays they have not returned to pre-course levels;
- One student has reduced the frequency and severity of self-harming behaviours and thereby reducing the need for emergency hospital admissions.

### **Academic achievements**

All students have gained qualifications including the following:

- City & Guilds –Personal Development Through Learning
- Literacy & Numeracy Qualifications at the appropriate level
- OCN certificates in subjects of individual choice
- First Aid certificate
- Health & safety at work certificate

### **Progression and move on plans at the end of the course**

- One student progressed to paid employment
- Two students have enrolled on full time mainstream vocational courses
- Two students have enrolled on part time mainstream courses
- Two students do not yet feel ready to move on to mainstream so have returned to Back on Track to work at a higher level.

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## **Part Four- Summary and Recommendations**

### **Summary of report**

In line with current evidence supporting the use of vocational rehabilitation as a means of promoting social inclusion, Headspace staff worked in partnership with Highbury College to develop and deliver a flexible, supported education course for young people who have had their vocational development disrupted by mental health problems and who wish to return to mainstream education or employment.

The aims of the course were to help young people maintain their vocational aspirations while recovering from mental health problems and resume a valued role within the community. In order to achieve this the course was planned and developed to meet individual needs and included flexible working, personalised learning plans and taster sessions of other courses.

In preparation for the course, Headspace staff delivered training to staff at Highbury college in mental health and psychosis awareness and the impact of mental health on learning. This helped to address any underlying concerns and tackle stigma and discrimination. Headspace staff also planned and delivered a six week introduction, where students were offered help to develop coping strategies and gain accreditation for relapse prevention and 'keeping well' plans. Mental health support was also offered on a regular basis throughout the duration of the course.

At the end of the course regular attendees acquired a range of academic and vocational qualifications and reported a general increase in social confidence, sense of independence, coping ability and self esteem. Several have now either been discharged from the Adult Mental Health services or are receiving a lower level of intervention. The majority of the students have also now progressed to mainstream courses or employment. Those who do not yet feel ready for this, due to fluctuating mental health, are keen to continue with the course and study at a higher level while preparing to move on when appropriate.

Staff in both the health and education sectors have reported increased knowledge and awareness of the needs of students with mental health problems and are keen to continue working together to develop the course for future students.

### **Discussion**

The course was offered to a restricted number of mental health service users, mainly from the Headspace caseload and who were under 25 years of age. However, the course may benefit other service users who would like to return to mainstream education or employment but who lack confidence and skills and require a more supported approach.

Regular attendees on the course were able to achieve, surpass in some cases, their vocational goals. Those who were unable to maintain attendance due to fluctuating mental health or other personal, social or environmental difficulties still made progress in areas of personal development, but may have benefited from more intensive, targeted support. Due to the pressure of clinical caseloads, Headspace staff were not always able to offer outreach support when students were unable to attend due to mental health problems. While the LSA offered learning support to students, an additional mental health support worker would have helped to maintain the engagement of those who were having difficulty with attendance.

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The liaison role of Headspace staff was particularly valued by Highbury staff as this enabled effective communication between the services and helped to identify when extra support was needed to prevent students dropping out. However, it was not always possible to maintain the liaison role, especially for those service users who were not on the Headspace caseload. If the course is to be offered more widely in the adult mental health service, it is essential for the success of the course that the liaison role is maintained.

### **Recommendations**

In the light of the increased knowledge and understanding for professionals and positive personal and vocational outcomes for students, including reduced use of the mental health service, it is recommended that provision for the Back on Track course be continued and, if possible, extended.

The following actions will be undertaken:

- Back on Track to be delivered again in 2008 /2009;
- Headspace staff to restrict input to relapse prevention topics only and deliver one session per week for one hour;
- Headspace staff to offer outreach support to students on caseload and on one day per week only;
- Age criteria to be extended to include those over 25 years who are experiencing a first episode of mental ill health and who wish to return to education;
- Course model to be adopted by Highbury College for other student groups e.g. NEETS;
- Funding to be sought for:-
  - specialist mental health liaison worker for college;
  - training for specialist mental health LSAs;
  - a 'How to' guide so that other colleges / PCTs can adopt the model.

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# APPENDIX A

## The Catching Confidence Grid

**Key:** Highly Confident - 4, Confident – 3, Not Confident – 2, Very Low Confidence – 1.

Situations	At a Learning Centre	At Home	Socially/ with friends	At work / out and about
1. <i>I am confident when meeting new people</i>				
2. <i>I am confident I can learn new things</i>				
3. <i>I am confident I can learn from this programme</i>				
4. <i>I am confident that I can use what I learn in daily life</i>				
5. <i>I am confident to speak in a group</i>				
6. <i>I am confident to speak to one other, unfamiliar person</i>				
7. <i>I am confident when writing things down</i>				
8. <i>I am confident that I have valuable skills to offer</i>				
9. <i>I am confident in organising my day to day affairs</i>				
10. <i>I am confident in situations which might be difficult</i>				
11. <i>I am confident I can do the things I want</i>				
12. <i>I feel I am generally a confident person</i>				

**Learner name:**

**Date:**

# APPENDIX B

Highbury College, Portsmouth City Centre

Student Preparation - Keeping Well Plan

If you have experienced mental health difficulties and have been away from education or work for a while the thought of getting 'Back on track' can be daunting. Making the most of your strengths and recognising the things that help you to stay well can help you to feel more confident. At the same time, planning ways to cope with potential difficulties can help you to feel less anxious.

This Keeping Well plan has been designed to help you to plan ahead and achieve your aims. Part one of the plan focuses on staying well when you feeling OK and the second part looks at recognising when things are not going so well and planning what you, and others, can do to help you cope. It may be useful to discuss the plan with someone who knows you well, such as a family member, friend or completing this plan may help you to keep well and get 'Back on Track'.

<b>Staying Well</b>
<b>1. What are my strengths?</b> E.g. What am I good at? What is going well for me? What are my best personal qualities? How can I use my strengths on the course?
<b>2. What things help me to stay well?</b> E.g. Fun, relaxation, exercise, getting enough sleep, eating well etc

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**3. Is my lifestyle balanced?**

E.g. Work / rest / play?

**4. What things should I avoid?**

E.g. Stress, tiredness, alcohol, junk food etc

**4. Do I need to make changes to help me stay well? If yes, what changes and how will I achieve them?**

E.g. eat less sugar by reducing amount in tea, take more exercise by walking upstairs instead of using lift, practise relaxation etc

**5. How can others help me to stay well?**

E.g. feedback when I seem stressed, encourage me to stick to changes.

**Think about setting some staying well goals for the future e.g.**

- **I would like to lose half a stone in the next six months**
- **I would like to start exercising twice a week**
- **I would like to stop smoking**

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<b>Keeping Well</b>
<b>6. What things are likely to trigger stress?</b> E.g. at college, home, lifestyle stresses
<b>7. What are the first signs that I may notice that I am feeling stressed or becoming unwell?</b> E.g Poor sleep, tiredness, low mood, worry etc
<b>8. What can I do to help myself when I notice signs?</b> Eg take a break, tell someone / ask for support.
<b>9. What are the first signs that other people may notice?</b> E.g. Behaviour change (quiet, withdrawn), appearance (not as smart as usual)
<b>10. What can other people do to help?</b> E.g. talk to me, give me space, distract me.
<b>11. What will help me to continue my studies if I become unwell?</b> Make specific plans – would you like to study at home, take a break and then return when feeling better?

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