**Student number:**

**Student name:**

**To gain further information about how to support a student with mental health issues, including support agreed and a crisis action plan**

**Wellness Action Plan**

**2. How might your mental health issue affect your time at college?**

**1. In your own words, how does your mental health issue affect you?**

**3. What helps you to stay mentally healthy in everyday life?**

**4. What can others do to support you to stay mentally healthy at college?**

**5. Are there any situations at college that can trigger poor mental health for you?**

**6. What support could we put in place to minimise triggers or help you to manage your symptoms at college?** *E.g. Regular meetings with AC, time out space*

**7. Are there any early warning signs we might notice when you are starting to feel mentally unwell?** *E.g. Withdrawal, lack of energy*

**8. If we notice early warning signs you are feeling unwell, what should we do?** *E.g. Talk to me discreetly, contact someone that supports me*

**9. What steps can you take if you start to feel unwell at college?** *E.g. Take a break from lessons, go for a short walk*

**Provided by**

*E.g. Achievement Coach, Tutor, Wellbeing Co-ordinator*

**Objective of Support**

*E.g. To ensure support services are working together to keep you safe*

**Support Agreed**

*E.g. College to liaise with CAMHS as and when required*

**!**

**Further Information**

**If college staff become concerned about my mental health, my key contact is:**

Full name:

Relationship:

Phone number:

**Are your parents/ carers aware of this support plan?** Yes/ No

**I am aware this support plan will be shared with key staff at Nottingham College in order to support my mental health and wellbeing.**

**Crisis Action Plan**

**Stage 1:** Refer to support agreed in your Wellness Action Plan.

**Stage 2:** Keep you safe and contact external support.

*E.g. Move you into a safe space, call your key contact to support you home, call emergency services/ go to A&E if there is immediate risk of harm to yourself or others*

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Agreed Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**