

# Wellness Action Plan

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

Student name:

Student number:

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

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

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*

### Support Agreed

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

### Objective of Support

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

### Provided by

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

### 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*



### 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.**

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

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

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

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

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

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