



Empowering the whole educational community with the SEJ Process to 'stay mentally healthy'



"We need a paradigm shift in how we support and enable all within the educational setting to stay mentally healthy and reach their full potential."

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Stay Mentally Healthy Suicide Prevention Programme Information Pack

by

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and

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‘Stay Mentally Healthy’ Suicide Prevention Programme (SSPP) Opening Statement

Opening statement by Mariko Kishi (BSc, MSc, and PhD), Senior Lecturer/Personal Tutor

We need an urgent paradigm shift in how we support students’ wellbeing and mental health in our educational settings. Current services which are notably institutionally led; often address problems far too late, are overstretched and for many inaccessible for various reasons, tragically this can lead to loss of life. What is needed is a program that is student-centred, where we listen to the students’ voice on what they feel their needs are and meet these in support of their mental health and wellbeing. This is exactly how the SSPP came into being.

The student voice cries out for a paradigm shift towards prevention and early intervention where ultimately postvention becomes unnecessary. In the same way we teach children to brush their teeth to prevent tooth decay, rather than waiting for their teeth to fall out in adult life, requiring extensive reconstruction. We must prevent the decay and equip our students to stay mentally healthy.

Our own research indicates that over 65% of students simply do not have any coping strategies at the point of transitioning into Higher Education (1). This coupled with the fact that despite universities and HEIs providing a plethora of mental health and wellbeing services, a staggering 90% of students surveyed have chosen never to use these facilities due to stigma (1). These statistics alone demonstrate that the current institutionally led strategies do not work as

- a) students do not know how to take care of their own wellbeing and
- b) at the same time are reluctant to access the wellbeing services offered by the setting.
Services that predominantly offer remedies to address issues where the decay has already set in.

A real effective prevention must be in the form of early intervention through personal empowerment; to equip individuals with the necessary tools to stay mentally healthy from a young age. The SSPP a program of personal empowerment provides these tools, preventing mental health from deteriorating whilst at the same time learning how to stay mentally healthy.

A London coroner warned the Health Secretary that “...preventable child suicides are likely to increase unless the government provides more funding for mental health services ... In my opinion there is a risk that future deaths could occur unless action is taken.” (2)

We are providing an innovative, collaborative, and effective solution for students to stay mentally healthy in this SSPP program as a three-strand strategy outlined in the Suicide Safer Universities:

Prevention: teach the skills to stay mentally healthy for the whole educational community.

Intervention: regular support and intervention by a specially trained consultant to develop the learnt skill. Make specialist/expert service referrals if needed.

Postvention: The same training used for prevention forms part of the postvention plan.

Ensuring and sharing good practice.

Introduction

Hello, and thank you for taking the time to read our Stay Mentally Healthy Suicide Prevention Information Pack. Here, you will find detailed information on the 'Stay Mentally Healthy' Suicide Prevention Programme (SSPP).

'Stay Mentally Healthy' Suicide Prevention Programme: A Collaboration

The SSPP began as a collaboration between Jacqueline Mary Phillips the originator of the SEJ Process, Dr. Mariko Kishi Senior Lecturer, Personal Tutor and Course Leader at Kingston University, and her students.

About Jacqueline Mary Phillips

The SEJ Process, which provides the foundation to the Stay Mentally Healthy Suicide Prevention Programme (SSPP) was born out of my own personal mental health challenges. The following statistic gives an insight into my own experience, and although this was well over 26 years ago, and during this time mental health awareness has grown, unfortunately in terms of being able to access support and early intervention, little has changed; some may even say it is worse now than ever before.

50% of mental health problems are established by age 14 and 75% by age 24. 10% of children and young people (aged 5 to 16 years) have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. (3)

I began to suffer with depression from the age of fourteen, and although I was in the system and receiving help by my early twenties; recurring bouts of depression had already become an established pattern due to no appropriate early intervention. I spent the next few years in and out of psychiatric hospitals, given various medications and treatments, all of which only served to manage my depression, I was never truly free of it. By my late twenties, I was in hospital again, and after over fourteen years of suffering recurring bouts of depression, to which I could see no end, my experiences culminated in my attempted suicide in my late twenties.

After this time, I came to see the answer to being depression free was in my ability to 'stay mentally healthy' despite being told by my psychiatrist I would most likely suffer with recurring bouts of depression for the rest of my life, and the best I could hope for was to learn how to manage it. When I realised exactly how to stay mentally healthy, I was able to free myself of depression and, as a consequence, a future where suicide would have always been an option.

I have now been depression free with no recurring bouts of depression for over twenty-six years, during which time I have experienced the challenges of life, but still, I have maintained the ability to stay mentally healthy. I have changed myself in such a way that no matter what life brings my way, I can manage myself; this self-management equally empowers me to know when and how to ask for help if needed. My awareness and understanding of how we all have the power within us to stay mentally healthy has now been formulated into the SEJ Process and is the cornerstone of the SSPP.

As I said previously, my experiences escalated to the point of suicide due to a lack of early intervention, and unfortunately, even though this was over twenty-six years ago, it is still a common experience for many today. Effective early intervention, as we know, works to prevent problems from re-occurring which stop patterns of behaviour from establishing and becoming more rigid with age, as they did for me. Through early intervention, we can tackle problems head-on, which helps to foster a whole set of personal strengths and skills.

We must, therefore, surely ask ourselves what is appropriate early intervention? Is it enough to put a young person or adult on a waiting list? No, not in my experience, for me early intervention provides an opportunity to share the skills required to enable prevention, we must empower our students with the skills to help themselves. I believe that knowledge is power and have often contemplated that if someone had taught me the SEJ Process when I was at school my life might have taken a very different path. Indeed, one university student, having just learnt the SEJ, said, *'This is amazing; why were we never taught this in school?'*

My hope is that every educational setting will answer this student with the response, 'it is now'.

Testimonial from a School SENCo

"...an amazing, valuable, and essential resource in supporting us with vulnerable pupils and enabling us to provide early intervention..., has enabled pupils to develop strategies and resilience to cope with issues that are causing anxiety in their emotional lives."

About Dr. Mariko Kishi

I have the experience of being an academic in a HEI, meeting many young people for the past 36 years as a senior lecturer, course leader, and personal tutor. During that time, I have practised the SEJ process personally. Because of the effectiveness and immediacy this process has provided, I have also used it in my professional capacity with remarkable

success.

I have shared with the SEJ organisation my experience of two student suicides and how the SEJ supported me in my pastoral role and as an educator during this time. I have said how I wished I could have helped those students and that it was quite simply 'two suicides too many'.

After this time, I started using the SEJ with more students/tutees; their reasons for asking me for support were many and varied, from exam stress and relationship concerns to money worries. Our own research shows that 90% of students do not seek any professional support due to stigma. (1). Before long, I was being approached by those who had either attempted suicide or had suicidal thoughts. However, some students would not, or could not, get the appropriate support from the university. I had no training in this area; I informed the students of the independent SEJ Consultants they could speak to and that the originator of the SEJ had personal experience in this area.

At that time, there was no SEJ Consultant onsite at the university, nor had the SSPP been developed, so these students were referred to the SEJ organisation, and they paid privately for an SEJ consultation. Since that time, I have become a qualified onsite SEJ Consultant for Kingston University, and the SEJ Process Training is integrated into the curriculum where both students and staff are able to access the training. I continue to work collaboratively with the SEJ organisation on the SSPP.

I am fortunate to have had the experience of being a personal tutor to many young people for the past 36 years. In my role as a personal tutor, I have supported students with a wide range of concerns of which the most concerning are those on suicide watch.

Losing a student to suicide is devastating for everyone close to the student, including the educators who taught them. There was no support system known or available at the time that staff were aware of, when they were in need. For example, I heard of a colleague who lost a tutee to suicide, and they left the university, unable to live with the thought that they could have done something to prevent the death. I, too, had no support from the setting at the time of experiencing student suicides.

The impact of suicide of adolescents is devastating, yet little is known about the distressing impact on teachers. Following the most recent suicide of a student, 27.1% of teachers exposed to suicide felt that they needed more support. (4)

Learning the SEJ process has enabled me to not only live through the experience but also understand the value of equipping the students and staff with the tools to stay mentally healthy.

Equally, having a life-saving strategy as part of students' study skills makes sense for all concerned because we can no longer rely on external services, whether within the HEI or through central government legislation. It is no longer fit for purpose because it is not working, and although educational settings teach PSHE and academic and professional skills, students still lack the knowledge or skills to support themselves when issues arise. Indeed, this was shown through our own research. Our own data indicated that over 65% of students do not have any coping strategy (1). The educational settings must provide the tools and skills for students to learn how to stay mentally healthy as the only long-term effective prevention strategy.

Mary shared her experience saying: *"When I realised exactly how to stay mentally healthy, I was able to free myself of depression and, as a consequence, a future where suicide would have always been an option."*

Suicide prevention is about staying mentally healthy. Therefore, our focus must be on how we support the student in staying mentally healthy, as a prevention, as well as providing comprehensive intervention and postvention. Throughout this pack, we will share with you how this can be achieved as we change the focus from institutionally led suicide prevention to a student-centred focus on staying mentally healthy.

About the Students

A significant number of students ask for help from personal tutors and educators, rather than seeking support provided by wellbeing/student services. The reasons given were many and varied, the most significant being they wished to speak to someone they are familiar with and have already established a trusting relationship. They showed and expressed how they wanted to be in control of their own mental health and find their own solutions, often disillusioned by the services sought.

As the SEJ was integrated into the curriculum the students brought their own friends, who were struggling with their mental health, to learn the SEJ. These students often not known by the setting were seeking the tools to empower themselves. These same students often would not seek services offered by the setting for various reasons.

Below we are sharing with you students' voices about the current services on offer and the SEJ.

Statement from a Postgraduate Masters Student

"...Spoke with Wellbeing today... went horribly.Found out that my mental health/disabilities advisor no longer works at the university, and was told instead of being contacted by the disabilities and mental health team, if I wanted to find out who I had been

assigned I would have to contact them. Got 0 support. Wasn't listened to, and got cut off by them....The support provided is worse than useless and is frankly dangerous. The information they provide can be found in a better format on the Mind website. Even as I write this I am still shaking and have spent the whole time after the meeting just breaking down and crying."

Universally heard statements given by students in relation to current services:

'Found out that my mental health/disabilities advisor no longer works at the university'

'I've been told to sort it out myself, contact new providers'

'I got no support'

'I wasn't listened to' – This is one of the most common statements given by students

The support is not fit for purpose

The support is useless

They didn't help me

There is better help online

I am so upset I will not go back again

A testimonial from an Undergraduate first-year student having learnt the SEJ Process

"This is my first year and honestly, I am very impressed that Kingston University offers this module. I have watched the video and it was very helpful as I believe we really need this! Mental health is so important especially in these new circumstances!"

Testimonials from foundation year level 3 student having learnt the SEJ Process

"It was helpful and helped relieve me of some pent-up stress and things were not going so well, so this helped ease my mind. Thank you for doing this."

"This session is very important and resourceful in every area of my life. As it has changed my view on life situations, knowing that our thoughts are the limiting factor towards great possibilities".

The Self Empowerment Journey (SEJ) Process

The Self Empowerment Journey (SEJ) is an innovative, psychoeducational, evidence-based, solution-focused, self-enquiry process. Taught in PSHE from Key Stage 4 and in Academic and Professional Skills at HEI. It is designed to ensure everyone within the educational community develops the skills to 'stay mentally healthy' and reach their full potential.

We have created a PSHE Association informed Stay Mentally Healthy Process for education based on our own research, the DfE's Statutory RHE guidance, the PSHE Association Programme of Study for PSHE Education for secondary education; University Mental Health Charter, proposed Student Mental Health Bill and Stepchange: Mentally Healthy Universities for HEI.

The SEJ is a simple four-step process of personal empowerment, which once learnt and practised, will empower the user to find their own answers to their stressful thoughts and limiting life situations. Offering instant results in the moment the individual applies the process, thus enabling them to live joyfully. It has been proven to support educators, staff, families, and students shown to be effective for children from the age of seven upwards.

In the educational setting, this simple process allows educators and members of staff to manage their own wellbeing and mental health. Working from a place of inclusion and authenticity enabling them to respond in an appropriate and timely manner when students seek support. Therefore, they are better able to manage their own time and workload, focusing their attention on core activities and individual responsibilities as well as meeting both their own and their students' needs.

A testimonial from a university lecturer

"The SEJ boosted my ability to handle stress. I am a multitask person, but I usually get stressed. Using the SEJ techniques enabled me to develop emotional awareness and reduced the burden of stress, hence pursue all tasks effectively. It enhanced my awareness of self-responsibility, which ultimately reduced stress and boosted my self-worth and I became more comfortable dealing with many tasks.

At first, I wasn't sure about the SEJ program, upon practicing its tools with a colleague, it helped me understand the real problem, find solutions within myself, set clear boundaries with my students, and get the best use of my time and their time.

It is fun, engaging and take you into a higher level of consciousness."

As for the students who practice the SEJ Process, they too can manage their own wellbeing and mental health, as well as self-manage any difficulties without solely relying on support

from staff or overstretched services. As they have learnt the core life skill of self-management, they have a strong sense of empowerment, enabling them to self-regulate and therefore maintain positive mental health. This leads to a focus on studies, achieving desired results and seeking career aspirations beyond their education. The SEJ Process has been used with students as young as seven with special educational or additional needs with outstanding results.

A testimonial from an Undergraduate third-year student

“By the end of the SEJ worksheet I was smiling, and laughing at myself for my own thoughts, and I saw how this worksheet had changed my opinion on something so troubling to myself. It helped me get closure with the situation and motivated me to work at my goals.”

Parents/carers and their families find the process of the SEJ to be invaluable, not only for their wellbeing but also in supporting their child/ren in maintaining a positive outlook on life. They see the value in having a solution-focused process when their child/ren are finding life a challenge, empowered with the skills to help and support their child/ren with a range of concerns from friendships through to exam stress, offering continuity of care at home.

A testimonial from the parent of a teenager

“The SEJ enables me to help my daughter in guiding her towards her own solutions. As a teenager she doesn’t like me telling her what to do or giving her advice. Now she can find her own solutions with my support.”

The Organic Growth and Student-Driven ‘Stay Mentally Healthy’ Suicide Prevention Programme (SSPP)

It is vitally important to understand that a decision was never made to develop a suicide prevention programme. As two collaborating organisations, our interest was solely in supporting students' mental health and wellbeing through teaching them the SEJ Process. The idea of the SSPP grew organically over the years; it is a product of us listening to the students' authentic voice through their requests and actions and, at times, desperate cries for help as they sought to empower themselves. We, therefore, felt we had a responsibility to respond effectively to these students. The SSPP is very much a student-driven programme rather than an institutionally led one.

Introduction

The introduction of the SEJ into education began initially through Dr. Kishi, who had learnt the SEJ for herself to support in her personal and professional life. Seeing that students wanted and needed more immediate help and support than they could access through the university, she told her students about the SEJ. She assisted them in seeking external intervention through the SEJ organisation, initially through one-to-one SEJ Consultations with the aim of dealing efficiently and effectively with their mental health concerns.

In particular, Mariko referred those who were feeling suicidal or who had already attempted suicide, where time was of the essence and students would not or could not access the setting's services for various reasons. The outcomes were remarkable, with an average student referral lasting between one to three one-hour sessions, after which students returned to their studies and lives feeling confident, happy, and empowered.

University Student Testimonial after Three Private SEJ Consultations

“Jacqueline Mary and the Process have undoubtedly helped me feel the most in control of my mind and mental health in my life. Her sessions were full of joy and really helped me cut straight to the core of why I carried out certain patterns of behaviour and thought. I feel completely renewed and ready to take on life again!”

The SEJ Process Training

During this time, Mariko felt it would be of great benefit to the students if they were able to learn the SEJ for themselves, as not everyone could afford to see an SEJ Consultant privately. As a result, the SEJ Training was introduced into the setting, and after a number of years, it was integrated into the curriculum. Mariko facilitated the student's learning through both pre-recorded and live SEJ lessons.

Once the SEJ training was integrated into the curriculum, the students themselves were becoming advocates. Students not registered to attend were turning up to the SEJ lessons on the recommendation of those learning the SEJ. We observed that these additional students were clearly struggling with their mental health to lesser or greater degrees, and yet were not necessarily known by the setting's wellbeing service. However, their fellow students appeared to be aware of their mental health worries and supported by inviting them along to learn the SEJ to empower themselves.

Students voluntarily turning up to a class when it wasn't even their class to attend is undoubtedly something to be admired and understood. But what does this tell us? Students want to feel empowered, to be able to find their own solutions to problems and to be equipped with the tools to stay mentally healthy. It is widely recognised that the preference for solving one's own problems is a significant reason for individuals not seeking mental health support and is backed by our own research.

Onsite SEJ Consultant

After each of the live training events, there was always at least one or two students who wanted to stay behind to seek more immediate help. One such student had previously requested assistance from an educator because they were feeling suicidal. It was noted that educators often did not feel equipped to deal with students struggling with their mental health. Knowing services were overstretched, seeing that students wanted more immediate support and were unwilling to go to the settings wellbeing services, this particular educator therefore recommended the SEJ. However, the student felt the training was not an appropriate response to their request. They, of course, were right.

If a student is feeling suicidal, they might not be in a place to take on board the training at that moment and may require extra, more immediate one-to-one support. We quickly realised what was needed was an onsite SEJ Consultant, one where students were able to receive support with their use of the SEJ and more immediate help if required. Someone who could bridge the gap between the students and the setting's wellbeing services.

Although some students could afford to pay for a one-to-one consultation away from the setting, many couldn't; having an onsite SEJ Consultant where no payment was required was indeed the answer. After discussions with Dr Kishi, we agreed that no payment would be made to the SEJ Consultant by the students, and neither would the SEJ organisation expect there to be any payment made in any educational setting now or in the future; this service would be offered for free to all students. Dr Kishi set about qualifying as an SEJ Consultant, and this service continues to work very successfully in her setting.

Undergraduate Final Year Student Testimonial after a 1-1 Onsite SEJ Consultation

“Doing the SEJ worksheet made me address all the stress I had that I didn't even realise were there and helped me cope and make peace with them. I felt like I was ready to revise again and when it came to doing my exam on Monday, I didn't feel the horrible sense of anxiety that I normally do. It was truly a beneficial experience that will help me through Uni and even work life.”

‘Named Person’ - Stay Mentally Healthy Advisor

Dr. Kishi continued to support students with their mental health and use of the SEJ. Having previously referred suicidal students to the SEJ organisation, she found that students were often apprehensive or even afraid of speaking with any of the services offered by the university in connection to any mental health issue, but in particular, feeling suicidal. The more Dr Kishi engages with the students and speaks to staff seeking her help, and in her experience as a tutor, the more she sees that students won't approach the setting's on-site services and wellbeing advisors. They are more likely to talk to a tutor as they have developed a relationship with them.

As we have previously stated, the educators themselves do not know what to say and have, in the past, simply referred students back to the setting's services creating a cycle of suffering. Since the introduction of the SEJ, both educators and students have been contacting Mariko for help. She, in turn, has become an advocate for the students, bridging the gap between the student, staff, and wellbeing services, providing a safe place to speak about their mental health concerns.

We came to see that in order to fulfil this role effectively, the SEJ Consultant needs to be known by everyone in the setting as the onsite ‘Named Person’ - Stay Mentally Healthy Advisor for those who are looking for mental health support and, in particular, for those who are feeling suicidal. The need for a ‘Named Person’, preferably a tutor qualified as an SEJ Consultant, that the students could go to without fear to express their suicidal thoughts became an obvious and necessary next step.

“This is a complex issue, made more so by the fact that many students who experience mental illness or go on to take their own life, do not contact support services” (5).

A Whole Setting Approach

With students seeking support from tutors and tutors unsure of what to say, and even how to manage their own mental health, it became clear that the SEJ was needed by everyone in the setting, including family members. As we read news articles and connected with families

of those students who were suffering with their mental health or had lost their child to suicide, the importance of families being included in their child's wellbeing was a clear and obvious next step.

“68% of women and 57% of men with a mental illness are parents. In addition, many children live with a parent who has long-term mental health problems, as well as alcohol or drug problems and personality disorders.” (6)

Parents/guardians often spoke of not knowing how to help their child or even themselves, feeling inadequate, ill-equipped, ill-prepared and equally unable to afford private intervention. We saw no reason why families could not access the same training as the students, it can now be accessed through an online portal through the settings membership plan externally or internally via the setting's course management system.

With regards to the educators and staff it was not long before CPDs were offered to the setting's educators and staff to learn the SEJ Process to empower themselves and become qualified SEJ Consultants. There are no limits to the number of consultants a setting can have; the more there are, the better the setting is equipping the whole setting community to stay mentally healthy.

Share the Good News

Dr. Kishi shared with her setting the services offered by the SEJ organisation and as such saved lives. So, this simple step can now be taken by any setting, sharing the good news that families, educators/staff, and students, indeed the whole setting community, can access the SEJ training for themselves external to or in conjunction with the setting.

The SEJ organisation set up a 'stay mentally healthy' website for everyone to access the SEJ services; these include not only the SEJ training but continuing post-training support. The website is used equally by settings who are active members working directly with the SEJ organisation to access the SSPP and SEJ services.

All the setting has to do is share the good news on their intranet portals for staff, **setting-based intranet information portal** for students and external portals or websites for families so everyone can find detailed information about the SEJ.

Conclusion

Before we knew it, the SSPP was already up and running, guided by students, families, and educators alike, all asking for help and support, but primarily by students with a desire to be self-empowered. Bringing all these experiences together, we now have a 5-step 'Stay Mentally Healthy' Suicide Prevention Programme that has already saved lives.

To summarise, for the educational setting, the result of integrating the SEJ Process and SSPP is improved academic success with happy, engaged students, educators/staff, and families. All reaching their full potential, staying mentally healthy and creating a vibrant and inclusive learning environment.

Why do we need a Stay Mentally Healthy Suicide Prevention Programme?

Before we go into more detail about the SSPP, we want to first answer the question as to why a suicide prevention program is needed. Of course, the answer may be obvious, as many already agree that something more needs to be done about student suicide. Indeed, it is not just about student suicide but those of educators, too. We must also consider the impact of the loss of a young person's life on the families, staff, and all connected to the student.

1. 'Why is stress in the workplace, particularly in education, alarmingly high?'

The Headspace 2023 Workforce Attitudes Toward Mental Health report finds that the British population overwhelmingly deems education to be the most stressful career path, with a staggering 93 per cent of those in the profession feeling stressed at least once a week. (7)

2. 'Why aren't settings doing more?' A question that is asked not only by families but by educators too.

59% of staff have considered leaving the sector in the past academic year due to pressures on their mental health and wellbeing. (8)

3. 'Why are we not addressing the impact of mental health issues in families on the students?'

Around one in four adults in England will have at least one common mental health condition, with women more likely to experience common conditions than men. Only around a quarter of those with a common mental health condition receive treatment for their condition. It is thought about one-third of all children and young people live with a parent with mental ill-health, around 7% of which live in lone-parent households. (9)

68% of women and 57% of men with a mental illness are parents. In addition, many children live with a parent who has long-term mental health problems, as well as alcohol or drug problems and personality disorders. (6)

4. 'Why are we not working effectively together with families?' We only need to look at regular news reports to see how families feel:

- 'I did not send my child to university to die' (10)

A student died in April 2020, more than a year after she communicated with the university about her struggles by requesting a "special circumstances" application to

re-sit her exams without penalty. Their mother said, "You want to know that if your child is suffering from any mental health issues or is overwhelmed by university life, there are people there who are trained and skilled to help deal with it."

- 'Universities must do more to protect students from harm' 'Each student deserves the same level of care' (11)

The petition said: "A duty of care already exists for staff and for students under the age of 18 in higher education. There should be parity in the duty of care for all members of the higher education community. This is not a petition for 'in loco parents or for duplication of the NHS. We only seek parity and legislative clarity on the duty of care for all students."

Once we have truly and honestly looked at the 'why', we are naturally led to the 'how'.

1. How are settings currently working to support their students?

In the 'I did not send my child to university to die' report in response to the petition, the Scottish government said: "*We are determined to support the mental health of all students. Over the last three years, we have invested £11.5m to introduce additional counsellors in colleges and universities*".

The question is, is this the answer, counsellors predominately offer intervention and postvention treatment, should we not be looking more at prevention?

"A London coroner has warned the health secretary that preventable child suicides are likely to increase unless the government provides more funding for mental health services." "In my opinion there is risk that future deaths could occur unless action is taken." (2)

2. How do we tackle such a devastating, continually escalating complex problem?

The prevalence of a probable mental disorder in children aged 7 to 16 years rose between 2017 and 2020, from 12.1% in 2017 to 16.7% in 2020. In young people aged 17 to 19 years, rates of a probable mental disorder rose from 10.1% in 2017 to 17.7% in 2020. In 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder, compared to, in 2021 17.8% of children in this age group had a probable mental disorder. (12)

3. How can we do things differently?

"This is a complex issue, made more so by the fact that many students who experience mental illness or go on to take their own life, do not contact support services" (5)

“Universities can help save lives when they adopt a proactive response to suicide prevention, and an important part of that proactive response is making proportionate, risk-based decisions around involving trusted contacts”.

UUK president Professor Steve West (13)

4. How do we address the issue that students want to find their own solutions to problems, and are reluctant for various reasons to use the setting's wellbeing services?

In a Young Minds commissioned survey by Census wide, two-thirds (67%) of young people said they would prefer to be able to access mental health support without going to see their GP, but half (53%) said they didn't know how else to access this help (14).

Despite universities and HEIs providing a plethora of mental health and wellbeing services, a staggering 90% of students surveyed have chosen never to use these facilities due to stigma (1).

5. How do we address the issue that students still don't have coping mechanisms in place despite being taught PSHE/academic and professional skills at the point of entry into HEIs?

Most students (65%) had no stress-related coping mechanisms at the point of transitioning into Higher Education, highlighting the skills gap within schools, further education, and the home environment. (1)

6. How do we address the issue that students are not getting immediate intervention when needed?

Just over one in three children and young people with a diagnosable mental health condition can access NHS care and treatment (14).

In a Young Minds survey, three-quarters (76%) of parents said that their child's mental health had deteriorated while waiting for support from Child and Adolescent Mental Health Services (CAMHS) (14)

Here are just a sample of questions educators and those on the frontline asked.

7. How do the staff/educators cope with a student on suicide watch?

“There is currently very little guidance for schools and colleges on how to prevent suicide and support those affected by it...we know that many teachers and school staff do not feel equipped to support at-risk students.” (15)

8. How do staff/educators manage themselves during and after potential crisis issues shared by students?

Some HEIs have occupational health, or staff may be able to access the Wellbeing services internally; however, many settings would assume staff seek external wellbeing providers through the local NHS or online support available commercially. In other words, for the postvention, it is left to the individuals to manage the impact of student suicide by themselves.

The impact of suicide of adolescents is devastating, yet little is known about the distressing implications for teachers. Following the most recent suicide of a student, 27.1% of teachers exposed to suicide felt that they needed more support. (4)

9. How can we be sure that students are accessing the support provided and that it is truly making a difference?

Having listened to the students' voice and with our own research the findings state that 90% of students surveyed have chosen never to use these facilities" (1)

Let's revisit the universally heard statements given by students in relation to current services:

'Found out that my mental health/disabilities advisor no longer works at the university'

'I've been told to sort it out myself, contact new providers'

'I got no support'

'I wasn't listened to' – This is one of the most common statements given by students

The support is not fit for purpose

The support is useless

They didn't help me

There is better help online

I am so upset I will not go back again

10. How can we make a positive, impactful change?

Universities UK's StepChange encourages universities to make mental health a strategic priority and adopt a whole-university approach to improve outcomes. (16)

With the introduction of the SSPP, we have addressed all of these questions by firstly moving away from an institutionally led strategy to a student-centred and driven solution. As we can see from the above examples of statistics and quotes, the fact remains there needs to be an effective prevention-intervention-postvention program that addresses all of the issues.

Mary's experience directly told us that effective early intervention taught as a skill to help individuals to stay mentally healthy is THE solution, preventing mental health issues from escalating and making prevention a priority. Secondly, taking the emphasis in part away from the student to act, as it is offered currently. It is up to the student to ask for help with their mental health if they feel it is needed, at which point the setting intervenes often far too late.

Expecting the students to ask for help means we are assuming they know when they need help. Mental illness, although widespread, is often overlooked due to a lack of awareness. It is easy for mental health symptoms such as anxiety, depression, and other conditions to go unnoticed or unaddressed. Equally, it's considered a 'silent disease,' as many people do not ask for help and often struggle alone, sometimes for many years. If we couple this with the fact that many students will not readily seek support from the services as they want to find their own solutions, and students who do contact the setting are too often put on long waiting lists (if they meet the criteria) shows us a system that is broken and no longer fit for purpose.

Dr. Kishi states: *"We need an urgent paradigm shift in how we support students' wellbeing in our educational settings. Current services available to students supporting their mental health address problems far too late, tragically sometimes after a student has taken their own life. The services provided are institutionally led; what is needed is a student-centred programme."*

Let's assume students do know they are struggling with their mental health; when a student is trying to self-manage their mental health with or without support, they're already vulnerable. They may not be able to make the best decisions, and asking for help might be the hardest decision for them to make or action to take for many reasons: time, stigma, unsure if professional service will work, or difficult experiences in the past with seeking support to name just a few. The consequence of this is a communication breakdown as such the lack of communication between the student and the setting means many settings don't know when a student is struggling with their mental health, and unfortunately, in far too many cases, the setting finds out when it's too late, and lives have been lost, lives that potentially could have been saved.

The SSPP puts the responsibility for 'student welfare' firmly back in the hands of the educational setting. Rather than asking for the student to 'turn up' to the settings Student Wellbeing Services/Hub when they need support, through the SEJ Process Training (a key component of the SSPP integrated into the curriculum), the setting is instead 'turning up' to the student and hopefully before they need help. Firstly, equipping them with the tools to become self-aware so they can spot early on the signs of mental distress; secondly, to stay

mentally healthy with the SEJ; and thirdly, to be able to discern whether they need external support, knowing when and how to ask for it.

With the emphasis on self-awareness, personal responsibility and prevention, students are fully equipped with the tools to manage themselves and equally seek intervention earlier if needed, all of which supports in taking the pressure off already overstretched services.

‘Stay Mentally Healthy’ Suicide Prevention Program (SSPP) Structure

‘Suicide-safer Universities’ guidance provided by Universities UK and Papyrus outlines Prevention-Intervention-Postvention as the critical strategy that each HEI should seek to implement. The SSPP is a self-empowerment 5-step programme that provides a truly collaborative and holistic approach to student support to stay mentally healthy. This program aligns with the strategy provided in the Suicide-Safer Universities guidance.

The five steps in SSPP include:

- 1. Teaching the students how to ‘stay mentally healthy’:** Integrating the SEJ into the curriculum ensures all students can learn the SEJ process, enabling them to develop the skills required to 'stay mentally healthy' and reach their full potential.
- 2. Facilitating a whole setting community approach:** Ensuring the SEJ is available for all of the setting's community, including staff, educators, and families. Enabling them to learn the SEJ in support of their own mental health and that of our students.
- 3. Providing more immediate and ongoing support through an SEJ Consultant:** Training key people (preferably tutors), in the setting to become SEJ Consultants offers immediate assistance to students in need whilst equally supporting those who have learnt the SEJ to empower themselves.
- 4. Provide an onsite ‘Named Person’- Stay Mentally Healthy Advisor:** The onsite qualified SEJ Consultant is an independent advocate giving the students a ‘Named Person’ known as the ‘Stay Mentally Healthy Advisor’ to go to without fear of stigma and repercussions, where they can share their mental health concerns and, in particular, if they are having suicidal thoughts. To make it easier for students to say 'I feel suicidal' to remove the taboo and fear of sharing how they feel whilst bridging the gap between the student and the setting’s wellbeing services.
- 5. Sharing the good news:** A setting can kick-start their SSPP by informing students, educators/staff, and families about the SEJ. They can empower themselves as they access the SEJ services independent of the setting, giving them the opportunity to learn the skills required to ‘stay mentally healthy’ and reach their full potential. External services work in conjunction with settings SEJ training and services.

PREVENTION

A real prevention is to prevent any mental health issues from occurring. Most types of mental health intervention focus on treating the problem rather than keeping it from

happening. Prevention as we know can keep a person mentally healthy so mental health issues do not arise. The SSPP offers prevention in three modes of action:

1. **Teaching the students how to 'stay mentally healthy'**: Integrating the SEJ into the curriculum ensures all students can learn the SEJ process, enabling them to develop the skills required to 'stay mentally healthy' and reach their full potential.
2. **Facilitating a whole setting community approach**: Ensuring the SEJ is available for all of the setting's community, including staff, educators, and families. Enabling them to learn the SEJ in support of their own mental health and that of our students.
3. **Sharing the good news**: A setting can kick-start their SSPP by informing students, educators/staff, and families about the SEJ. They can empower themselves as they access the SEJ services independent of the setting, giving them the opportunity to learn the skills required to 'stay mentally healthy' and reach their full potential. External services work in conjunction with settings SEJ training and services.

INTERVENTION

Mary's experience highlighted the need for early intervention, timely and effective support to stay mentally healthy, and to be free of difficulties faced by an individual in a crisis. With our intervention the SEJ Consultant uses the SEJ Process to support those in need, and although this begins in this instance with intervention, the fact that the SEJ Process is being used with the individual introduces them the SEJ Process as a tool for prevention. The SEJ Consultant also supports those who have learnt the SEJ guiding them in their practice of it.

1. **Providing more immediate and ongoing support through an SEJ Consultant**: Training key people (preferably tutors), in the setting to become SEJ Consultants offers immediate assistance to students in need whilst equally supporting those who have learnt the SEJ to empower themselves.
2. **Provide an onsite 'Named Person' - Stay Mentally Healthy Advisor**: The onsite qualified SEJ Consultant is an independent advocate giving the students a 'Named Person' known as the 'Stay Mentally Healthy Advisor' to go to without fear of stigma and repercussions, where they can share their mental health concerns and, in particular, if they are having suicidal thoughts. To make it easier for students to say 'I feel suicidal' to remove the taboo and fear of sharing how they feel whilst bridging the gap between the student and the setting's wellbeing services.

POSTVENTION

Postvention is not separate from prevention, when the prevention is truly effective postvention would no longer be required. Equally steps 1, 2, 3 and 5 of the SSPP act as postvention activities to assist those who have been bereaved, bringing us full circle back to prevention whilst breaking patterns of behaviour and stopping cycles of suffering as was the case with Mary's story.

1. **Teaching the students how to 'stay mentally healthy':** Integrating the SEJ into the curriculum ensures all students can learn the SEJ process, enabling them to develop the skills required to 'stay mentally healthy' and reach their full potential.
2. **Facilitating a whole setting community approach:** Ensuring the SEJ is available for all of the setting's community, including staff, educators, and families. Enabling them to learn the SEJ in support of their own mental health and that of our students.
3. **Providing more immediate and ongoing support through an SEJ Consultant:** Training key people (preferably tutors), in the setting to become SEJ Consultants offers immediate assistance to students in need whilst equally supporting those who have learnt the SEJ to empower themselves.
4. **Sharing the good news:** A setting can kick-start their SSPP by informing students, educators/staff, and families about the SEJ. They can empower themselves as they access the SEJ services independent of the setting, giving them the opportunity to learn the skills required to 'stay mentally healthy' and reach their full potential. External services work in conjunction with settings SEJ training and services.

Benefits of the 5 SSPP Steps

The benefits of teaching the students how to 'stay mentally healthy':

1. The preference for solving one's own problems is one of the most common reasons given for not seeking support. Yet students are lacking in the skills to solve their own problems. Through the SSPP, we offer the curriculum-based professional and personal development programme, the Self Empowerment Journey (SEJ) Process training where they learn how to solve their own problems and are equipped with the tools and knowledge to empower themselves.
2. The SEJ Process teaches students how to become self-aware, to notice the changes in their mental, emotional, and physical health, and how each impact upon the other. They can therefore recognise and spot earlier the signs that may lead to mental health issues, in many cases stopping mental health issues from developing or escalating further; once learnt, the SEJ also aids with recovery.
3. Students do not necessarily have any skills to build their resilience, confidence, or self-awareness (which are often quoted as skills gained as the Graduates' Attributes), as the focus at HEIs is on building knowledge. The SEJ is a training course that focuses on these qualities and skills, enabling students to develop these essential attributes for life.
4. Students who are aware of their mental health are often more resilient, happier, and better able to focus on their studies than those without the awareness or skills to maintain their mental health.
5. Instead of waiting for problems to arise, the SEJ training provides a preventative approach to mental health, which will mean fewer referrals to the setting's already overstretched services.
6. As the SEJ training is integrated into the curriculum, the choice of whether or not to learn about their mental health is taken away from the student. It is instead seen as an integral part of their learning opportunity provided by the setting, complementing their other studies. This puts the emphasis on student welfare firmly back in the hands of the educational setting whilst at the same time empowering our students.
7. The SEJ once learnt not only provides students with the tools to address their own mental health but also enables them to freely ask for help without any fears should

they need external intervention. The basis of the SEJ is self-enquiry, enabling them to question any thoughts that might limit their choices and actions.

8. Students will gain the awareness and skills needed to self-manage and empower themselves in such a way that they are not looking to change life, for they will have transformed themselves in such a way that they can manage themselves no matter what life brings their way.
9. Integrating the SEJ into the curriculum shows evidence of clear and decisive action taken by the setting to ensure duty of care to protect their students' safety, health, and welfare.
10. The SEJ is a student-driven and-centred approach to student welfare.
11. The SEJ organisation is keen to recognise the journey of Self Empowerment undertaken and the achievements realised by those students who have completed the SEJ training. To this end, we can provide your setting with the SEJ training certificate to distribute to the students.
 - i. The 'Mental Health & Wellbeing Awareness' certificate will provide evidence to any future employers that the student has completed SEJ training as a life skill in readiness for the world of employment. This certificate could also be seen as proof of their commitment to continued personal and professional development and the development of soft skills, alongside the university's commitment to ensuring students' development of graduates' attributes.
12. The setting is supported by the SEJ organisation, which provides a fully comprehensive training guide with lesson plans that have been mapped against the University Mental Health Charter, proposed Student Mental Health Bill and Stepchange: Mentally Healthy Universities for HEI. Ongoing support and resources are also available via a dedicated members area for each setting to access materials. In addition, each setting is allocated a trained SEJ Facilitator as their named point of contact to provide support and guidance.

The benefits of facilitating a whole setting community approach:

1. The same SEJ training that is integrated into the curriculum for students is made available to educators, staff, and families. Providing them with the opportunity to learn the SEJ in support of their own mental health and that of our students. Thus, providing a truly collaborative approach in ensuring our students 'stay mentally healthy'.

2. Allows the whole setting to support students from a place of inclusion and authenticity, enabling them to respond in an appropriate and timely manner when students seek support.
3. Educators/staff and families often feel ill-equipped to know what to say or how to help when students present with mental health concerns. The SEJ enables them to build resilience and communicate with awareness and compassion, knowing what to say, when and how to say it.
4. The SEJ gives educators and families the skills to manage themselves so they do not feel overwhelmed should students present with mental health concerns. Thereby addressing any impact on their mental health.
5. The following statistic states: 'approximately 68% of women and 57% of men with mental health problems are parents' (3). It is, therefore, essential when we look at the mental health of students that we consider the impact parents have on the mental health of their child both in the past and now, and also if their child is currently suffering how this, in turn, impacts the parents/family's mental health. Introducing the SEJ to the whole setting community breaks cycles and empowers everyone.

The benefits of providing more immediate and ongoing support through an SEJ Consultant

1. The SEJ Consultant is a contact point and advocate for students who are looking for someone familiar to speak to with whom they trust, they are therefore more likely to contact the consultant faster addressing issues sooner.
2. Accessing the SEJ, a process of self-empowerment through the SEJ Consultant means the student will feel more in control of their wellbeing whilst addressing the issue of students not seeking support because they wish to find their own solutions. The SEJ Consultant works through the SEJ Process with the student during an individual meeting. It is not a therapy or substitute for psychological treatment; it is a Self Empowerment process that enables the client to find their own answers with the support of the SEJ Consultant.
3. Provides more immediate solutions to those students looking to empower themselves when overstretched services are often difficult to access, with long waiting lists and unattainable criteria to meet.
4. We know that regular practice of the SEJ Process helps to prevent mental health issues from arising, maintain, and aid in the recovery of mental health. With an SEJ

Consultant onsite, the students are more likely to ask for support with their practice of the SEJ; in turn, the SEJ Consultant is able to maintain contact with students, reminding them of the ongoing support on offer.

5. The SEJ Process can be used in combination with any therapy or wellbeing service as it is a psychoeducational process of personal responsibility.
6. The SEJ Consultant is fully trained and equipped to make appropriate referrals adhering to the setting's safeguarding procedures, including referrals to central/professional student services. Thereby working effortlessly alongside the setting's current practices and procedures.
7. The SEJ organisation works closely with the setting, ensuring each consultant creates a referral procedure linking the work of the SEJ Consultant to the setting's procedures and services, confirming that the onsite consultant/s and the setting fully understand when and how a referral should be made. This creates boundaries between the work of the SEJ Consultant and settings services, ensuring they are clearly defined.
8. With an onsite SEJ Consultant present in the setting, they are able to guide the students in their practice of the SEJ. This ensures continuity of care and continued use of the SEJ Process as a life skill.
9. Anyone within the setting can train to be an SEJ Consultant, and there are no limits to the number of consultants you can have in the setting. Being a consultant can provide the necessary skills needed by tutors on the front line, those working as Pastoral Tutors and can complement the work of Counsellors.
10. The Consultant and setting are supported by the SEJ organisation with ongoing training, CPDs, resources and members area, which can be accessed via the website, ensuring the SEJ Consultant is fully equipped to fulfil their role effectively.

The benefits of providing an onsite 'Named Person' as the Stay Mentally Healthy Advisor:

1. The setting will be able to make a clear statement that there is a 'Named Person' who is also a trained SEJ Consultant. That students can go to with their mental health concerns, especially if they are feeling suicidal. That this person is not a therapist but their advocate, providing a clear point of contact if a student wants information, advice, or help.

2. Students will not always seek the help of the setting's services for various reasons, as given previously. Because the SEJ Consultant is their advocate and not directly linked to the setting, the students will feel less apprehensive about seeking support; at the same time, the consultant is able to make the appropriate referrals and provide information and advice as guided by the setting's safeguarding procedures.
3. The SEJ Consultant whose work is solely in the practice of the SEJ Process, will make appropriate referrals (e.g., safeguarding procedures and referrals to central/professional student services), bridging the gap between the student and the setting's wellbeing services.
4. The SEJ Consultant as the Named Person, will create a safe place for students to express how they are feeling, especially if they are having suicidal thoughts, giving them the space to have this difficult conversation with someone they know and are familiar with.
5. The SEJ Consultant is equipped with the skills to support students with suicidal thoughts, enabling them to ask the student if they have ever thought of taking their own life. Sometimes, we need to ask the question to encourage the student to talk rather than just wait and hope that they will talk about it.
6. Having an advocate who is not part of the wellbeing team, but an initial point of contact can be a more accessible steppingstone in voicing suicidal thoughts and mental health concerns.
7. Students who have felt suicidal have expressed what a huge relief it is to be able to talk about their feelings. Having a Named Person quite simply gives students more opportunity to talk.
8. The SEJ Consultant is skilled in allowing space for the student to share their thoughts and feelings as well as question them through the SEJ Process. Once a conversation starts, the student has a better chance of seeing and exploring other options to suicide.
9. The SEJ Consultant is able to guide the student in exploring other options for suicide through the SEJ Process. While at the same time being fully aware of their role and the student's needs, knowing how and when to refer to the settings services.
10. The SEJ Consultant is fully trained to be able to provide an opportunity for a different perspective to be gained, as many feeling suicidal or with a negative mindset perceive the future as hopeless.

11. Thoughts such as ‘my life isn’t worth living’, ‘I don’t see the point in carrying on’, ‘I have no reason to live’ or ‘I don’t want to live’ are often expressed and can be frightening to hear. The SEJ Consultant is trained and able to remain professional, open, and compassionate when hearing these thoughts; as such, they can support the student effectively and in a timely manner.
12. Telling someone you feel suicidal can feel daunting, even frightening; fear of being judged and what will happen after you tell them are common thoughts. Students are encouraged to go to a person they feel safe with. Still, often, this is not necessarily the wellbeing counsellors but an educator with whom they have built a relationship. However, with educators often feeling ill-equipped to manage themselves in these situations (as they are not therapists), learning the SEJ for themselves (See Part 2 and 3.) alongside having access to the onsite SEJ Consultant as the ‘Named Person’ supports all parties concerned.

Dr Kishi, in her experience shared, *“Other staff who have found it difficult to respond to a student in need or crisis have sought my help because they have lacked the skills and knowledge to know what to do. The reasons given were two-fold: they felt I could manage myself with the stressful situation, and because I had learnt the SEJ, I could respond to the students in an appropriate and timely manner.”*

The benefits of sharing the good news are:

1. You can kick-start your SSPP by informing your setting’s staff, students, and families about the SEJ external services at no cost to the setting.
2. The whole setting community can access the SEJ services immediately and independent to the setting, allowing them to learn the skills required to ‘stay mentally healthy’ and reach their full potential.
3. SEJ Training and Services offered externally work in conjunction with those offered at the setting.
4. Sharing the news of the SEJ can be done with minimal effort and time.
 - a. We are happy to provide information about the SEJ and how your community can connect with us directly. You then simply share it on your setting’s communication platforms.
5. Simply sharing the good news about the SEJ can save lives. Remember, Mariko simply shared the SEJ services with her students before she became a qualified SEJ Consultant, and the SEJ was integrated into the curriculum. As such, she enabled

students who were asking for help to receive vital lifesaving support when it was needed most. The more people in your setting who know about the SEJ, the more likely we are to save lives.

Introducing the SSPP into your Setting

The beauty of the SSPP is that you can begin with any step of the programme to start with and with the support of a designated SEJ Facilitator it couldn't be easier. It may be that your preference is to start with an onsite SEJ Consultant or to integrate the SEJ training into the curriculum for students and CPD's for educators/staff. You can simply start by telling your setting's staff/students/families about the SEJ, where students and staff can access the SEJ external to the setting. Of course, you may feel ready to run with the whole programme, which would provide the best resources and services to support your students.

Whether you start with one or two steps of the SSPP or all of them, beginning is the first and most important step. Once you begin, your setting will be recognised for having pro-actively challenged student suicide through the integration of the SSPP into your setting. Your setting will receive recognition through a certificate stating:

This certificate is given in recognition of
'setting (name)'
proactively enabling students to 'stay mentally healthy' through the
Stay Mentally Healthy Suicide Prevention Programme (SSPP)

In addition, your setting will receive our 'Stay Mentally Healthy Suicide Prevention Programme (SSPP)' and 'Stay Mentally Healthy' logos to place on your website.

How can I access the SSPP?

Initial contact should be made via email to enquiries@thesej.co.uk after which a member of our team will contact you to discuss your requirements. Equally, the following options are available:

Book a free consultation with one of our SEJ Facilitators to help you decide how best to integrate the SSPP into your setting. We are eager to help and advise you on your best next steps. Contact us via email to enquiries@thesej.co.uk and request your free education consultation.

Please request a free copy of our Education SEJ Training Information Pack, which is designed to help you to reflect, analyse and understand your setting's requirements. You can also download this pack via the website. <https://www.staymentallyhealthy.org.uk/educational-settings>.

For more in-depth information on how to integrate the SEJ into the curriculum with lesson plans, teaching materials, resources, etc., please ask for a copy of our Education SEJ Training

Guide. This guide is only available to educational settings via an SEJ Facilitator or the member's area on the website.

Conclusion

Currently, support services are geared towards students asking for help rather than helping themselves, trusting that they will always know when and how to ask for help, and that indeed they will ask. The SEJ Process as part of the SSPP empowers students to know when to ask for help and when and how to help themselves. The SEJ Process enables them to answer every question, indeed as Mary says, “they are both the question and the answer”.

Students want to be heard, to find their own solutions, and to take ownership and responsibility for their own mental, emotional, and physical wellbeing, which is empowering and life-enhancing for them. Equally educators, staff and families also want to be heard as well as to know how to support and encourage students to stay mentally healthy and reach their full potential: this is also true for themselves.

Educational settings, be it schools/colleges or universities, want to have a robust and effective strategy that supports and encourages everyone to manage themselves and become empowered. This is easily achievable with our comprehensive program that focuses on staying mentally healthy, complementing the processes and procedures that are already in place.

The SSPP has listened to students, educators/staff, and families. The programme is innovative, proactive, and comprehensive, encompassing fully the Prevention-Intervention-Postvention strategy suggested by the Suicide Safer Universities. It is based on the years of successful collaboration between two independent organisations. As well as our own and independent research, focusing on providing an effective preventative strategy and early intervention through personal empowerment, at the same time it is applicable to any postvention plan.

The SSPP is not only student-centred, originating from what students themselves asked and needed, preventative in nature, but equally offers a wholistic unified program for the entire educational community. With a tried and tested mental health and wellbeing process that supports each person to stay mentally healthy and reach their full potential.

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APPENDIX

1. Research on the effectiveness of the SEJ on students' mental health

1. Research on the effectiveness of the SEJ on students' mental health.

Aim: To find out the impact of integrating the SEJ process for Foundation Year and Undergraduate courses

The SEJ Process was offered to Kingston University Pharmacy Foundation Year, First-year Chemistry and Pharmaceutical Science and Third-year Pharmacy students as part of the Professional and Academic/Scientific skills module as a mandatory component.

The SEJ Training was integrated into the skills modules as an innovative, simple, and valuable transferrable life skill to support students during their transition and during their continued degree program to stay mentally healthy and to reach their full potential whilst at university.

SEJ delivery

The SEJ training consisted of two stages: stage 1 training consisting of a pre-recorded video and associated exercises spread over 6 lessons. Stage 2 was an online interactive live SEJ Practice Workshop (*Please see the SEJ Practice Workshop-SEJ for Education*) delivered by an SEJ expert. The two-hour online workshops were delivered with up to 35 students in each session.

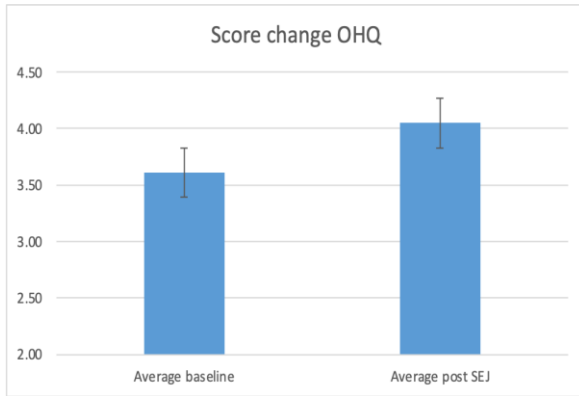
'How effective is the SEJ Process in supporting students' mental health?'

We investigated the efficacy of the SEJ Process as an intervention to support students' mental health using a variety of standard psychological assessments and bespoke self-assessment scales.

We utilised the Oxford Happiness Questionnaire developed by psychologists Michael Argyle and Peter Hills at Oxford University. Individuals recorded on the Likert scale by noting several statements about happiness to indicate how much they agree or disagree with each statement.

Oxford Happiness Questionnaire (OHQ) results

There was a significant difference between pre-SEJ (mean 3.6: Not particularly happy or unhappy) to post-SEJ (mean 4.05: pretty happy) scores following the SEJ intervention.



SEJ Worksheet Scale:

We investigated the psychological and physiological changes in the students using the SEJ Process to ascertain the efficacy of the process. As the SEJ is a process of self-enquiry we asked students to note for themselves on the Likert scale (1-6) their degree of stressful thoughts, painful emotions, and any physical stress they were experiencing throughout the process. As such, they compared the before (Step 1) and after (Step 4) while going through the SEJ process as a self-assessment.

At Step 1, students have noted higher stress levels and unhappy emotions. At Step 4, the students reported freedom from stress and emotional happiness. There was an improvement in all of the physiological states; of particular note, an emotional improvement by 127%, mental improvement by 105% and physical improvement by 117%. The diagram below compares the average Likert score between Step 1 (in blue) and Step 4 (in red), where the improvement is very clearly observed.

