



The Pinnacle Foundation Mentoring Guidelines

For mentors and scholars



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Thank you

Without your participation in The Pinnacle Foundation's Mentoring program our engagement with LGBTIQ+ students would not be successful. All of us at Pinnacle appreciate your commitment to one of our Scholars, whether it is for just one year or their entire academic journey.

Providing the necessary guidance, support and encouragement will not always be easy, so the following guidelines ¹ will help you to:

- Understand the role and responsibilities of a Mentor;
- Refresh or acquire the knowledge and skills to build and maintain an effective mentoring relationship;
- Be aware of the resources, services and pathways available to your Scholar and yourself to help achieve both of your goals; and
- Appreciate what we believe constitutes a successful Mentor relationship starting with that first meeting.

Please read through these guidelines. We particularly draw to your attention the sections on "How to begin the process" and the Code of Conduct and Undertaking which both the Scholar and yourself have undertaken. You will be asked to confirm in writing that you have read and understood these Guidelines. You will also be asked to sign a Volunteer Agreement with The Pinnacle Foundation.

¹ *The following information was drawn from training materials developed by Victorian Youth Mentoring Alliance and Outlet (USA) and Beyond Blue. Pinnacle acknowledges their valuable work in addressing the needs of young people.*

Why do we need Mentors?

Research shows that mentoring improves young people's learning, social and emotional outcomes. Young people involved in mentoring are likely to experience:

- Improved relationships with family and peers;
- Better communication skills;
- Reduced feelings of isolation;
- A reduction in risky behaviour;
- Enhanced social and emotional development;
- Increased opportunities for community participation; and
- Increased resilience. ²

The Mentor role also carries responsibilities, since the future of the Foundation relies on all parties meeting our objectives so that our reputation is sustained and grows. Without transparency in the way in which Pinnacle operates, and clarity and accountability on what we expect from Mentors and Scholars, the Foundation cannot expect to obtain financial support from the community.

² *A Guide to Supporting Effective Programs for Mentoring Young People, 2006. Office for Youth, Melbourne, VIC: Victorian Government Department of Planning and Community Development, p.16.*

Role of a Mentor

Your main role as Mentor is to be a “sounding board” and provide guidance on academic and related issues to a Scholar. Communication is key to being a successful Mentor (and a successful Scholar). As a Mentor you want to help your Scholar navigate the everyday challenges of long-term studies, society and the community by drawing on your greater knowledge and experience, and your genuine concern for young people.

Your role as a Mentor includes:

- Offering support, encouragement, optimism and hope;
- Offering guidance and realistic advice as requested;
- Assisting with goal-setting; suggesting possible courses of action, and support in making choices;
- Helping the Scholar to identify their strengths and thereby strengthen their self-esteem;
- Being “a sounding-board” for ideas and problems;
- Helping them develop their skills and knowledge in their area of study;
- Offering a consistent, non-judgmental relationship;
- Where appropriate introducing them to your work environment, and engaging in some social and recreational activities with them; and
- Helping them deal with any sense of alienation and loneliness.³

A Mentor is a friend, supporter, motivator, coach, occasional companion, resource, confidant and role model. A Mentor is **NOT** a rescuer, parent, ATM, cool peer, babysitter, nag, counsellor, psychologist or social worker.

Finding the right balance in your role as Mentor will require you to be cautious and alert.

³ Role descriptors taken from various Mentor position statements.



Duty of Care

A duty of care exists where someone's actions could reasonably be expected to affect other people and refers, in this situation, to the obligation not to cause harm through providing services.

The Pinnacle Foundation helps young LGBTI to achieve their potential through fundraising for the provision of scholarships and also matching Scholars with Mentors. It is required to exercise a duty of care in providing those services to Scholars. The Pinnacle Foundation must provide these services in a manner which is not foreseeably harmful.

A duty of care is particularly acknowledged where there is a relationship of power and/or authority between two people, as between a Mentor and a Scholar. It also generally exists between volunteers/staff and Scholars so that they will not be harmed as a result of their interaction with The Pinnacle Foundation.

The LGBTI+ population, as whole, has been shown to experience more mental health issues than the general population and the Scholars selected may have a pre-existing mental health issue or develop one during the course of their relationship with The Pinnacle Foundation. This is relevant because, when interacting with Scholars it is possible - if not likely, that adverse aspects of a Scholar's health will come to the notice of The Pinnacle Foundation representative (staff or volunteer or Mentor). In this situation the duty of care will be fulfilled by noticing the situation and taking reasonable and appropriate steps to ensure that the Scholar is seeking appropriate attention for their health issue(s).

As a Mentor, you have a duty of care towards your Scholar. If you are concerned about the safety of your Scholar, and fear that the Scholar may be a victim of external harm or contemplating self-harm or harm to others, you need to reach out to individuals qualified to assist. These might include people formally trained in counselling or mental health issues. Caution must be taken not to take complete responsibility for the Scholar's circumstances, instead your efforts must be in directing your Scholar to the appropriate expert help as swiftly as possible. Contact the Mentor Manager, the Scholar Manager or the CEO and discuss the issues and possible courses of action. See *The Mental Health Communication Plan* attached to this document.

The First Meeting

The aim of the first meeting is to ensure you are compatible. It is not in the Scholar's or our interest to continue the relationship if there is not a reasonable sense of rapport between the two of you.

The first meeting might take place by telephone or Skype but would be best face to face.

Some suggestions for your first meeting:

1. Congratulate the Scholar on being awarded a scholarship. Let them know how proud you are at being selected as their possible Mentor.
2. Enquire about the Scholar's academic goals, their perceived barriers to achieving their goals and how their lifestyle will facilitate or hinder their achievement.

Previous Scholars have mentioned some of the following barriers (which not surprisingly are common to all students):

- Creating a study program which I can maintain
- Swatting/cramming for exams
- Accessing assigned library material
- Getting through the assigned reading material
- Comprehension of reading material
- Preparing for tutorials
- Work and study balance
- Delivery of assigned work on time
- Preparing assignments
- Coping with stress
- Managing my financial situation
- Developing friendships

3. Discuss the Code of Conduct and your role and establish how you might communicate, how frequently and where. You will need to meet with your Scholar once a month. Set a schedule for the first few months. However, how often a meeting is required will depend on many factors affecting the Scholar as well as yourself. You should attempt to fit in with the Scholar's needs, but it is also important to maintain regular contact in between "face to face" meetings via phone, email, texting etc. Generally, a face to face meeting once a month maintains the lines of communication



and allows trust to develop. Sometimes face to face meetings may not be possible, and you may need to use SKYPE or another free electronic video facility to maintain contact.

Going Forward

When you have spent this time together canvassing the aspirations, goals and means to achieve them, you should have a reasonable sense on whether the relationship is going to work. Let the Scholar know your views and ask them how they are feeling.

In the first year, about 70% of Scholar/Mentor interactions are initiated by Mentors. This is understandable given that most Scholars will have no direct experience with having a Mentor. That's why we also provide the Scholars with the Mentoring Guidelines.

Throughout your mentoring experience, it is important to:

- Stay patient, positive and non-judgmental.
- Be curious about them—what are they saying? Why? What matters to them?
- Listen and use encouraging language.
- Ask open-ended questions rather than telling them what you think is best.
- At the end of the conversation: summarise and have a *where to next* conclusion.

Induction Program and Future Assistance

Before academic studies begin in earnest, we bring all the new Scholars and Mentors together in Sydney. The purpose of the two-day Induction program over a weekend is for you to:

- meet other Mentors and Scholars and Pinnacle volunteers;
- hear from past Scholars and Mentors;
- workshop short term goals;
- gain insight into maintaining the mental health of our Scholars; and
- consider situations which may arise during the course of the mentorship.

Most of our Scholars' expenses in attending the Induction Program are met by the Foundation. We strongly encourage Mentors to attend at their own expense given that we are a voluntary organisation which relies totally on our supporters to continue our work. However, if that is a problem, the Pinnacle Foundation will find a way.

Future help

If at any stage you would like to discuss the Scholar relationship, please contact our Mentor Manager, Jim Sait (jim@thepinnaclefoundation.org). Jim is available for you at any time you feel you need some feedback or assistance. Remember early intervention is highly desirable.

Accountability

To ensure that the relationship remains on track and to gain insight into how to improve our services we undertake two feedback exercises from both our Scholars and Mentors:

- June – a telephone interview with the Mentor Manager and Scholar Manager of both Scholar and Mentor; and
- December/February – a telephone interview of the Mentors and Scholars to assess the year's progress with the Mentor Manager and the Scholar Manager.

If we identify any concerns, we usually contact you directly to clarify and remedy the situation.

Reports are prepared for the Board on the overall effectiveness of Mentoring program. Because the scholarships are on-going, it is mandatory that a good relationship between Scholars and Mentors is maintained.

Codes of Conduct and Undertaking

Mentors

As a Mentor for this Foundation you are one of Pinnacle’s front-line representatives. Your sole role as Mentor is to be a “sounding board” and provide guidance on academic and related issues (eg program to choose, what will be most useful to future employment to a Scholar). You are expected to conduct yourself in a professional manner while representing the Mentor’s program. Professional manner is understood to be respecting the dignity and rights of others, observing all relevant laws in conducting Mentor relations and not engaging in or condoning any improprieties.

“Professional manner” includes but is not limited to:

- publicly and privately supporting the Foundation;
- acting honestly and in good faith at all times in the interests of the Foundation and its objectives;
- performing your duties as a Mentor in a safe, responsible and effective manner;
- the Mentor (because of the power differential) responsibly setting and maintaining appropriate boundaries in the Scholar / Mentor relationship. This is the responsibility of the Mentor as the person who in terms of power differential, has the higher level of care; and
- respecting the Scholar’s right to confidentiality. Disclosure of any personal information about any Scholar participating in this program is forbidden, without the consent of the Scholar.

Improprieties include:

- utilising the Mentorship Program to induce the Scholar to enter into a physically intimate relationship with the Mentor;
- acting in a sexually provocative manner or engaging in a dating or sexual relationship with a Scholar while the Mentor relationship exists, or, within a year following the termination of the Mentor/protégée relationship;
- using abusive or inappropriate language to Scholars;
- using private residences or LGBTIQ+ meeting places for periodic meetings with Scholar; and
- attempting to fulfil the Mentor’s responsibilities while under the influence of any substances, including alcohol or any illicit drugs.

Scholars

As a Scholar of this Foundation you are expected to:

- publicly and privately support the Pinnacle Foundation;
- act honestly and in good faith at all times in the interests of the Foundation and its objectives;
- respect the Mentor's right to confidentiality. Disclosure of any personal information about your Mentor is forbidden, without the consent of the Mentor; and
- conduct yourself in a professional manner while representing the Scholarship program. Professional manner is understood to be respecting the dignity and rights of others, and not engage in or condone any improprieties.

"Improprieties" includes but is not limited to:

- acting in a sexually provocative manner or engaging in a dating or sexual relationship with your Mentor while the Mentor relationship exists, or within a year following the termination of the Mentor/Scholar relationship;
- using abusive or inappropriate language to your Mentor;
- using private residences or LGBTIQ+ meeting places for periodic meetings with your Mentor; and
- attempting to fulfil your responsibilities as a Scholar while under the influence of any substances, including alcohol or any illicit drugs.

[The Pinnacle Foundation has a Social Media Policy (see link at <https://thepinnaclefoundation.org/guides-policies/>). Please read this carefully as it impacts on both Scholars and Mentors.]

Undertaking between Mentor and Scholar

The following text is the undertaking that both Scholar and Mentor sign as part of the commencement of the Mentor arrangement.

"I understand that a Mentor is a person who acts as a guide to a Scholar during their academic years. The Mentor listens when the Scholar needs to talk, gives them advice when they ask for it, and helps them to make connections in the professional world.

Other responsibilities are:

- *I agree to comply with the Foundation's Code of Conduct for Scholars and Mentors and the Social Media Policy.*
- *I agree to meet regularly, at least monthly, with my Scholar/Mentor⁴*
- *I agree to be open and let my Scholar / Mentor know when I feel uncomfortable on any matter in our relationship. I know I have the right to approach the Scholar Manager / Mentor Manager or Chief Executive Officer of the Foundation in the event that there is an unresolved issue which interferes with the Mentor / Scholar relationship*
- *I will provide feedback to the Mentor Manager in June and December on how effective the Mentor / Scholar relationship has been during the year.*

I will keep personal information I am told confidential unless I have any concerns about what I have been told in which case I will discuss those concerns with the Scholar Manager / Mentor Manager or Chief Executive Officer of the Foundation.

I will provide comments to the Foundation on the relationship and the Scholar's academic progress."

⁴ *As a Scholar regular communications with my Mentor is a Scholarship condition and a breach of this requirement can jeopardize current and any future funding.*

Part Two: Thoughts on Behaviours

Adolescent Development to Adulthood

Most of our Scholars (aged between 17 and 24) should be in the late stage of adolescence or have reached adulthood. To become an adult, adolescents must complete the “tasks of adolescence”⁵. These tasks are to:

- Form a secure and positive identity
- Achieve independence from adult carers and parents
- Establish “love” objects outside the family
- Find a place in the world by establishing a career direction; and
- Independence.

Achieving these tasks is complicated further when you are LGBTIQ+ person, especially if your family has not facilitated this transition.

“Coming Out”

The following might be relevant to someone going through the process. As a LGBTIQ+ person we all know the act of “coming out” is often a difficult one. Because of homophobia, biphobia, transphobia and inter(sex)phobia, LGBTIQ+ individuals often experience fear and trepidation about telling others their sexual or gender identity. “Coming out” often takes place over a long period of time, and some LGBTIQ+ people never actually share their true identity. This constant pressure to decide on disclosure can be challenging for many LGBTIQ+ people.

What follows might be seen as one of the models for people who are exploring their same sex attraction but may also might be considered as part of a person’s exploration of their identity.

Stage 1 - Sensitisation

The person, often at a very early age experiences feelings of being different from others.

Stage 2 – Identity confusion

The person feels in turmoil and uncertain about their sexual identity. This often occurs in adolescence though, as with all the stages, it could occur earlier or later. Begins to think they are probably not heterosexual - this stage can last anywhere from a month to the rest of the person’s

⁵ VYNA Mentor training documentation.

life. They may develop problems of guilt, secrecy, self-hatred, and isolation because of homophobia and stigmatisation that is being internalised.

Stage 3 – Identity assumption

This may occur in adolescence or later. The person begins to define and understand him/herself and their sexual identity and begins to accept this, especially as they begin to find and interact with other like persons. The person begins to find ways to cope with being an “other” in society.

Stage 4 - Commitment

The person begins to feel comfortable with who they are and begins to act on relationships, disclosing identity to other persons, and living a more complete and honest life despite the pressures of society. The person is probably willing to acknowledge their sexual identity to persons who ask and who offer some safety. Some become involved in educating other people about the issues so as to help eliminate discrimination and stigmatisation.

Other issues that LGBTIQ+ persons have to cope with are:

- Peer pressure and influence of heteronormative society;
- Cultural and religious issues;
- Cyber bullying and social media;
- Eating disorders;
- Alcohol, tobacco and other drug misuse; and
- Depression and suicide.

Coping with any of these issues is not easy and much depends on a Scholar’s self-esteem, resilience and their social supports.

Self-esteem

People’s thoughts and feelings about themselves fluctuate depending on daily experiences, like how others treat them and what happens on campus or at work. These factors all temporarily affect our well-being and may result in a range of feelings from anger to joy and from frustration to elation.

Self-esteem goes beyond situational “ups and downs”. Good self-esteem mitigates the daily fluctuations in our well-being. For people with poor or low self-esteem these ups and downs can make all the difference in the world.

Self-esteem develops and evolves throughout life as we build an image of ourselves through our experiences and relationships. Childhood experiences play a crucial role in shaping self-esteem. Successes and failures, and how young people are treated by family, teachers, peers and others, all contribute to people's evolving self-esteem.

Low self-esteem can be very damaging and can have negative consequences, such as:

- Anxiety, stress, loneliness and increased likelihood of depression;
- Problems with friends and relationships;
- Impaired academic and job performance;
- Under-achievement and increased vulnerability to drug and alcohol misuse; and
- A downward spiral of lower self-esteem, and non-productive or self-destructive behaviour.

Strategies for building your Scholar's self-esteem

- Avoiding references to "shoulds". Concentrate on advocating for doing what is possible and what feels right instead of paying attention to the "shoulds" of others.
- Respect your Scholar's personal needs. Self-care is about identifying longer-term fulfilment, not just immediate gratification. By respecting personal needs, individuals can increase self-worth and well-being.
- Assisting in the setting of achievable goals and working step by step to get there.
- Encouraging your scholar to engage in positive self-talk and to try to stay positive and not allow the "inner critic" to take over. Telling them they are ok and can succeed can be very powerful.
- Suggest to your Scholar that they can experience success by doing things that stretch but don't overwhelm their abilities.
- Taking chances. New experiences are learning experiences; mistakes are part of the process. Encourage your Scholar to feel good about trying something new.

- Solving problems. Address rather than avoid problems your Scholar may be experiencing. Identify ways to solve or cope with challenges with them.
 - Making decisions. Practise making decisions with them and encourage your Scholar to trust in their ability to deal with the consequences.
 - Developing skills. Identify what your Scholar can and can't do. Assess the skills they need.
 - Emphasising their strengths. Focus on what they can do rather than what they cannot. Encourage them to live comfortably with limitations and consider what strengths to develop next.
 - Help them to rely on their own opinion. Listen to feedback from others, but do not rely on it. Encourage them to apply their own values to making decisions about what is right for them.
- 6
- Find opportunities for your Scholar to help others. This can help put their own life and struggles in perspective.

Resilience

Resilience is another strength that needs to be fostered by Mentors. Someone explained resilience as “the happy knack of being able to bungy jump through the pitfalls of life.”⁷

Again for LGBTIQ+ young people maintaining their ability to bounce back is even harder and as Mentors we need to build this capability.

Protective (or resilience) factors are key to young people being able to navigate through life's challenges. Access to protective factors can lessen the impact of risk factors in a person's life. Protective factors are like a safety net which prevents young people from falling hard.

⁶ Adapted from the Gippsland Mentoring Alliance Training Package, Trafalgar, Victoria: Gippsland Mentoring Alliance.

⁷ Andrew Fuller, psychologist

Strategies that build your Scholar's resilience:

- Help the Scholar set realistic goals and take small steps to achieve them.
- Be a positive person and reinforce their sense of success and efficacy.
- Encourage them to identify and spend more time with optimistic people; i.e. people who do positive things, play sport, join environmental groups.
- Help them recognise the good things around them.
- Admit that sometimes there are things you can't do yet but which show that you still try.
- Encourage and join them in exercising, learning new skills and being active.
- Role model how you accept your mistakes and apologise when it is appropriate.
- Take time to reflect on and celebrate even small achievements; and
- Try new things together and keep an open mind.

Communication

In our everyday social encounters, we communicate verbally and non-verbally.

Verbal communication transmits the content of messages. Research suggests that only 20 per cent of communication is expressed via the spoken word. The remainder comes through non-verbal communication, including pitch, speed, tone and volume of voice, gestures and facial expressions, body posture, stance, and proximity to the listener, eye movements and contact, and dress and appearance.⁸

As a Mentor it is critical that your communications skills are well honed to picking up vital indicators of what your Scholar is thinking about, even if they do not express their thoughts to you.

It is also important to clarify and use your Scholar's preferred name and pronoun.

Verbal communication

Before considering non-verbal communication consider the following process which we undertake when we verbally communicate with another person:

- **Idea.** A speaker has an idea. There is a piece of information they want to get across, such as what happened on a TV program, or what they think of such and such.
- **Encoding.** They must then encode the message. That is, they must choose how they will get the message across – which words they will use.
- **Message transmitted.** They then send the message – saying or demonstrating what they've planned.
- **Decoding.** The listener then interprets the words, body language, facial expressions, voice, and so on that make up the message.
- **Message decoded.** The listener understands the message in a certain way and may then provide feedback to the speaker about what has been heard.

Successful verbal communication doesn't always happen. Sometimes the receiver of the message interprets/decodes it inaccurately. When this happens, the sender of the message has been misunderstood and communication has broken down.

⁸ Pease, B. and Pease, A., 2006. *The Definitive Book of Body Language*, New York: Bantam.

Nonverbal communication

How we use our bodies plays a big role in communicating our attitudes and feelings.

Our pitch, speed, tone and volume of voice, gestures and facial expressions, body posture, stance, and proximity to the listener, eye movements and contact, and dress and appearance are all very important to getting your communications right. ⁹

These non-verbal behaviours may not always read in the same way due to cultural or other reasons. For example, Indigenous young people might not use eye contact as it is a cultural sign of disrespect. Also, young people who have a disability in the autism spectrum will often find eye contact difficult.

Here are some insights, attributes which may help you:

- Openness is shown by facing a person.
- A relaxed posture conveys receptivity, but being too relaxed (slouching) can suggest lack of interest.
- Leaning too far forward or sitting too close can be an invasion of someone's personal space and conveys aggression or dominance.
- Excessive use of fiddly or fidgeting movements may indicate nervousness, impatience, or boredom.
- Eye contact signals that the listener is interested and really listening.
- Infrequent eye contact can be interpreted as boredom or lack of interest, but could also indicate shame, unfriendliness or guilt.
- Too much eye contact can make the other person feel uncomfortable and could be interpreted as aggression or dominance.
- Physical appearance – clothes, hair style, attention to fashion – can offer cues about role, status and power.

⁹ Pease, B. and Pease, A., 2006. *The Definitive Book of Body Language*, New York: Bantam.

- Head nods are messages that a person is paying attention, but do not necessarily signify that they agree with everything being said. ¹⁰

Active Listening

Listening is the Mentor's greatest tool for developing relationships. Being listened to makes the Scholar feel valued, important and respected.

Active listeners:

- Suspend judgement and criticism
- Don't interrupt
- Respect the speaker's viewpoint and value system
- Resist distractions
- Let the speaker know if they are inaudible, ambiguous or incongruent; and
- Are open and deal with any negative emotions they might be hearing.

So, when communicating with your Scholar:

- Clear your mind of unnecessary thoughts and distractions
- Make (culturally appropriate) eye contact
- Check your body language
- Pay attention to the Scholar's facial expressions, gestures and body language
- Read between the lines for implicit feelings
- Ask open-ended questions that provoke conversation
- Paraphrase what you think they've said

¹⁰ Adapted from MOIRA Mentor Training Manual, Moorabbin, Victoria: South Directions Youth Service.

- Clarify what you don't understand
- Put yourself in the Scholar's place and get their perspective
- Put aside preconceived ideas and pass no judgments; and
- Nod your head and say things like, "I see".

Mentors sometimes wonder if they're listening and responding effectively. If a Scholar talks with their Mentor about personal issues, shares their joys and woes and occasionally their feelings, a Mentor will know they are being understanding and helpful. In some cases the cues are more subtle.¹¹

Just as there is effective listening, there is also ineffective listening. There are many causes of ineffective listening, including:

- Environmental limits, such as places that are noisy, cold, badly lit, poorly ventilated or badly arranged, and have constant distractions like mobile phones or television.
- Language or cultural limits can include multiple or ambiguous meanings of words, poor command of vocabulary due to age, education, jargon, slang, dialect, or English being a second language.
- Being critical or making moral judgments puts the other person on guard, and usually reduces their willingness to share and be honest.
- "Should-ing", telling the other person what they should do, is extremely judgemental behaviour. It's guaranteed to create distance.
- Put-downs and patronising statements ridicule or shame the other person. They are likely to be countered by aggression at one extreme and withdrawal at the other.
- Explaining something away, looking for causes and excuses, interpreting or intellectualising are all talking about the experience rather than experiencing it.

¹¹ Adapted from the "Gippsland Mentoring Alliance Training Package", Trafalgar, Victoria: Gippsland Mentoring Alliance.

- Interruption shows an unwillingness to listen, being more concerned with dominating or impressing the other person than achieving understanding.
- Generalising, using “people”, “we”, “you” or “one” instead of “I”, impersonalises the conversation and avoids responsibility for the view expressed.
- “Always-ing”, using always, is a sure sign that a sweeping generalisation is on the way and discussion is almost impossible.
- Using clichés, using those tired and worn-out phrases like “better late than never” and “can’t see the wood for the trees”, results in little value or significance.
- Asking pseudo-questions; these are questions that attempt to manipulate, influence or control, such as “Would you agree that ...?”, rather than questions that elicit information or opinion.
- Shifting is about moving the focus away from oneself and introducing red herrings to divert the discussion and avoid dealing with anything uncomfortable.

Anger

As a Mentor you need to make sure you understand the issue and how to handle it.

We may feel angry when:

- We feel our rights have possibly been violated
- We feel we are threatened with loss; or
- We feel we are powerless and not respected.

Many people, including young people, are angry because they feel used or pushed around. Anger has a real purpose in our lives but needs to be managed, not ignored.

When you experience anger, your body goes into a fight-or-flight response; that is, you want to attack or run away.

Anger can be expressed through the following behaviours:

Passive Behaviour

Some people escape by being passive. They ignore their rights or allow others to violate them. They don't express their needs, feeling and ideas. They allow others to choose or make decisions for them. Many people become resentful or angry with themselves.

Passive behaviour reduces self-esteem and is less likely to earn the respect of others. It may invite others to exploit or bully the person who is displaying passive behaviour.

Aggressive Behaviour

Aggressive behaviour can be triggered by extreme anger or anxiety. A person may be standing up for their rights, but in doing so they attack others, violate others' rights, or force decisions on them.

Following aggressive behaviour, a person may experience guilt about dominating or humiliating another person, and the aggressor's self-respect diminishes. Constant aggressive behaviour leads to ineffective relationships.

Assertive Behaviour

Assertive people stand up for their rights without attacking or violating others' rights. They make choices and decisions and give others the same right. Healthy self-assertion does not mean forcing opinions or decisions on others, or vice versa. Having been assertive, people feel calmer and their self-respect and confidence grow. ¹²

Managing Difficult Behaviour

Sometimes Mentors have to manage anger – their own and that of the Scholar. It can be self-directed or expressed towards a particular person or the world in general.

¹² Adapted from MOIRA Mentor Training Manual, Moorabbin, Victoria: South Directions Youth Service.

Responding to Difficult Behaviour

In inflamed and emotive situations, how things are perceived may be temporarily distorted because thoughts are highly charged. In these situations, it is useful to take a deep breath and try to stay calm so that problems can be addressed in a way that protects the relationship.

Using a calm tone of voice and just being “ordinary” can help relax people. “Let’s go get a coffee and talk about this.”

A calm, assertive statement about listening and trying to find an answer to the problem is a good way to go. “Tell me what the problem is. Maybe together we can find a solution.”

Mentors should try not to take the anger personally (even if it is personal), and should stick with “I-messages” and low-key language (see examples below).

Mentors should keep the focus on the issue and not be side tracked.

Mentors should not try to change the Scholar’s mind by arguing or debating – a person who is angry is less likely to respond to logic or reason.

If at any stage Mentors/Scholars feel unsafe, they should remove themselves from the situation immediately and speak with the Scholar Manager/Mentor Manager or Chief Executive Officer of the Foundation. Confirmation of the receipt of this information will be made to the Management Committee as soon as possible.

Making things worse

The following actions will have a negative impact on the relationship:

- Criticise or insult the Scholar with “you-messages”. “You’re being really silly about this.”
- Trying to make them feel guilty. “You’re not the only person who has rights here.”
- Insisting on the supremacy of logical argument. “Don’t you realise that ...?”
- Interrogation. “Did that really happen? Are you sure?”
- Empty reassurance. “I’m sure it’s not as bad as you think.”
- Inappropriate humour. “Guess who got out of the bed on the wrong side!”

Additional Tactics

- An angry person usually needs and benefits from more personal space.
- Body language needs to match verbal language. A relaxed stance says the Mentor is listening and calm.
- Eye contact shows interest and attention but staring can increase anxiety.
- The ability to not take on other people's issues enables Mentors to step back from difficult behaviour. It allows them to see the behaviour for what it really is, while assisting the other person to understand their own behaviour.
- The Scholar may be exploring their values and might experience some conflict while sorting this out. An important way the Mentor can assist is to negotiate with the Scholar about how they will treat each other, and to keep consistent expectations about behaviour within the mentoring relationship.

In summary Scholars need to know that there are:

- Clear and fair expectations;
- Definite limits about acceptable behaviour;
- Consequences for inappropriate behaviours; and
- Sometimes disagreements within relationships also provide opportunities for understanding and honesty.

Managing Conflict

Conflict is usually about values, beliefs and needs and may occur when people have opposing interests or opinions. Behaviours resulting from conflict may include arguments, fights or disagreements that may be verbal or physical. While there are benefits in managing conflict, to be clear, the Foundation will not tolerate Mentors/Scholars acting in an inappropriate or abusive manner towards the other.

Formal conflict resolution is a skill for trained counsellors, but everyone can learn to manage conflict by practising a few personal skills.

Advantages of conflict:

- It brings about change.
- It presents an opportunity to learn.
- It encourages a person to do better.
- It helps people to see and understand differences.
- It helps people to become more flexible.
- It clears the air and helps people to move on.

Disadvantages of conflict:

- People can become hurt and angry.
- People can become confused.
- It can be scary.
- It can stop people taking risks.

A possible formula for Mentors to manage conflict¹³

Step 1: Treat the person with respect.

¹³ Bolton, R., 1986. *People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts*, Florida: Touchstone Books.

- Address the behaviour, not the person.
- Use appropriate language. Don't swear.
- Don't dismiss their concerns.

Step 2: Listen until you experience the other side

- The goal is to understand the other person's thoughts and ideas.
- Understand content. What meaning do you think it has for them?
- What feelings do you think they are experiencing?

Step 3: State your feelings, needs and views briefly

- State your point of view.
- Avoid loaded questions.
- Say what you mean and mean what you say.
- Disclose your feelings.

Step 4: Move on to problem solving if required

Problem Solving

Some Scholars may have yet to fully develop their problem-solving skills. Mentors can use the following model to solve problems with Scholars and to help them to improve their problem-solving skills.

- Define the problem.

Begin with wants. What does the Scholar want? If it's a big problem, it may need to be broken down into sub-problems that can be looked at one at a time.

- Brainstorm possible solutions.

Come up with as many solutions as possible, without criticism or evaluation of the suggestions. To relieve tension a Mentor might throw in some deliberately silly solutions, if they feel the Scholar would be comfortable with this.



- Evaluate the possibilities.

Go down the list of solutions, noting the pros and cons and the probable consequences of each one. Write them down if it helps.

- Select the solution.

Explore whether one solution emerges as the best option. Does one clearly have more pros?

Cultural Considerations

There are a number of issues concerning culture to be mindful of when working with young people. All individuals have differences. Life gives useful clues about an individual family or community, all individuals, families and communities are different. ¹⁴

Culture is

How we meet • Metaphors we use • Our humour • The clothes we wear • Our stories • Our rituals • Our use of space • The food we eat • How we greet strangers • How we communicate • Our gender roles • How we view time • How mistakes are dealt with • Our celebrations • Our heroines and heroes • How we learn • How we view hurdles • Our religion • How we understand family • How we approach new problems • How we view authority • Our status symbols • Our use of eye contact • Our values • The language we speak • Our worldview • Our music, and many more...

While we always try to match the cultural background of our Scholars and Mentors this is not always possible. Key points to consider when communicating with Scholars with ethnic or indigenous backgrounds are:

Do:

- Listen attentively.
- Explain technical terms.
- Demonstrate an interest in the cultural background of the Scholar by asking questions about their heritage.
- Recognise the influence of culture on communication styles and meanings; e.g. the degree of directness or indirectness, formality and informality, non-verbal/body language.

It would be incredibly boring if we were all exactly the same. So, while understanding culture:

Don't:

- Shout, mumble or speak really slowly.
- Show impatience.
- Replicate the Scholar's accent.

¹⁴ Harris, P., 2005. *Cultural Competence Works! A Manual to put it into Practice*, Sydney: Multicultural Disability Advocacy Association of NSW.

- Use technical terms, abbreviations, slang or jargon. ¹⁵

Attainment of Learning Skills

In one survey, about 45% of students found that "the standard of work expected at university was much higher than they expected" and most found university to be more demanding than school.

Only about a third thought that their schooling had given them "a very good preparation" for their university study. The required self-motivation and personal responsibility for learning was the most cited difference between school and university. While students preferred this situation, the transition took some adjustment. Almost half the students were unsure about "what was required of them, or of the direction they should take" in their university course. Their insecurity was exacerbated by initial confusion at the start of the year about timetables, expectations, how they compared with fellow students, and university standards. Almost a third of students also had difficulty adjusting to the style of teaching at university. The sorts of study skills that students need to gain include problem solving, "time management, learning how to learn, independent learning, motivation, responsibility.

Most lecturers would also agree student involvement in the social environment of the classroom is an important factor in the quality of the teaching-learning experience. Not only do lecturers find students who do not participate a problem, but students themselves can be quite anxious about that participation. Many universities have preparatory programs and special admission schemes that endeavour to give students learning skills but they are designed for people who would not normally meet their admission requirements so as to increase access to and equity in higher education rather than for the first year student. Additionally, some universities provide some form of study skills assistance to students. ¹⁶

Mental Health

Mental health and well-being can be undermined by stressful experiences in our lives. For Scholars these may include exams, relationship issues, a traumatic event, bullying, unrealistic expectations and establishing themselves in the LGBTIQ+ community.

The following characteristics are simple indicators of good mental health:

- Feeling comfortable about trying new things.
- Thinking clearly and having ability to solve problems.

¹⁵ *Developed by the Centre for Multicultural Youth, 2008.*

¹⁶ *Extract from Article by Sharon Beder, Uni of Wollongong "Addressing the issues of social and academic integration"*

- Feeling okay about making mistakes and asking for help.
- Forming good relationships with other people.
- Enjoying the company of friends.
- Feeling good about oneself or having good self-esteem.
- Feeling positive and having the energy to do normal daily tasks.
- Taking care of oneself and making good choices about personal health.
- Sleeping well, exercising regularly and having a good appetite.

While these are indicators of good mental health, not identifying with a few does not necessarily mean the person has a mental health problem.

What we should be concerned about is if there is a significant change in the normal behaviour or mood of a Scholar. If someone is usually sociable and enjoys spending time with friends, and they start to withdraw and aren't interested in going out, this may be an indicator that there is a mental health problem. A helpful question to ask yourself is: *Is this behaviour out of character for this person?*

Understanding Mental Illness

Mental illness causes people to think, act and feel differently from how they usually do. One in five Australians aged 16-85 years will have a diagnosable mental illness in any one year¹⁷. Valuable information about mental health and mental illness can be found at: <https://www.beyondblue.org.au/>

A growing body of evidence from overseas and Australia reveals significant disparities in the mental health status of LGBTIQ+ communities and individuals relative to either general community or heterosexually identifying samples. The most significant findings are:

- Higher rates of anxiety and depression among LGBTIQ+ people ¹⁸

¹⁷ Australian Bureau of Statistics 2007. *National Survey of Mental Health and Well-Being: Summary of Results*, Canberra: ABS, 2008.

¹⁸ (Ritter et al 2012, Hillier et al 2008, Carman et al 2012, Leonard et al 2012, Couch et al 2007)

- Higher rates of attempted suicide, suicidal ideation and self-harm, especially among younger people ¹⁹

At Pinnacle we focus on helping marginalised or disadvantaged LGBTIQ+ students and therefore your Scholar might have experienced mental illness and/or may be still grappling with its impact. They are very likely to have peers who have been affected by mental illness.

Some mental illnesses are more severe than others, and some will have more noticeable symptoms. In most cases they are manageable, and do not prevent people from living happy and successful lives.

There are a number of factors that are associated with the development of mental illness, including:

- Family history. Most illnesses have a genetic component. This means that if a family member has experienced a mental illness, other family members may be at higher risk.
- Chemical imbalance. An imbalance of brain chemicals (called neurotransmitters) can cause symptoms of mental illness to develop. Most drugs used to manage mental illnesses try to correct this.
- Stressful life events. Stressful experiences such as grief or loss, experiencing violence or a traumatic accident may trigger a mental illness.
- Drug use. Research has shown that using drugs may lead to a mental illness. For example, there is evidence of a link between psychosis and the heavy use of cannabis and amphetamines.

Common Mental Illnesses

The most common mental illnesses are mood disorders (depression), anxiety disorders, and substance use disorders. There are also other disorders which might be relevant to your scholars. We know from interviews with applicants for scholarship that depression and anxiety can be a major issue for Scholars, so the more you know about the subject, the better equipped you are to assist the Scholar.

¹⁹ (Hillier et al 2008, Hillier et al 2010)

Mood disorders

Depression

Everyone experiences days when they feel sad or down. This is usually a reaction to a sad or difficult experience. When someone feels sad and down nearly every day for at least two weeks they may have depression.

Common symptoms of depression are:

- An unusually sad mood (key indicator);
- Loss of interest in activities that used to be enjoyable (key indicator);
- Problems with sleep, appetite or energy levels;
- Feelings of hopelessness or helplessness;
- Lack of energy and tiredness;
- Changes in sleeping and eating patterns;
- Crying a lot for no reason;
- Feeling worthless or feeling guilty for no real reason;
- Difficulty concentrating or making decisions;
- Moving more slowly; and
- Becoming agitated or unable to settle²⁰.

Bi-polar disorder

People with bipolar disorder have extreme mood swings. They experience periods of depression, periods of mania and long periods of normal mood in between. Someone with mania will have an elevated mood, little need to sleep, be overconfident and full of energy. It may lead to risky behaviours such as excessive spending, fast driving and sexual dis-inhibition. In severe cases someone with bipolar disorder might become psychotic when manic and have grandiose delusions, e.g. believe they are a famous person or have extraordinary powers to change the world. Psychotic

²⁰ Kitchner BA, Jorm AF and Kelly CM. *Mental Health First Aid Manual*. 2nd ed. Melbourne. Orygen Youth Health Research Centre, 2010.

depression may also occur, and the person will be at high risk of suicide. Any psychosis associated with bipolar disorder usually requires hospital treatment.

Anxiety disorders

Everyone experiences anxiety at some time and may use terms such as anxious, stressed, nervous, frazzled or worried. An anxiety disorder differs from normal anxiety because it is more severe, it lasts longer and it interferes with the person's work, other activities or relationships.

Anxiety disorders are the most common mental illnesses, affecting 14.4% of people aged 16-85 years in any one year. This includes 17.9% of females and 10.8% of males²¹.

There are five main types of anxiety disorders – generalised anxiety disorder, panic disorder, post traumatic stress disorder and obsessive compulsive disorder and social phobia.

Generalised anxiety disorder (GAD)

The main symptoms of GAD are overwhelming unfounded anxiety or worry that things might go wrong, and that one will be unable to cope. They may worry excessively about their health, family, friends or study when there are no signs of problems. It is accompanied by multiple physical and psychological symptoms of anxiety or tension and lasts most days for at least six months.

Panic disorder

A person who experiences recurrent panic attacks may have a panic disorder. A panic attack is a sudden onset of intense apprehension, fear or terror. Symptoms may appear similar to a heart attack and can include racing heart, sweating, shortness of breath, chest pain and dizziness. Once a person has had a panic attack they may fear another attack and avoid particular places where they have experienced a panic attack. This may lead to agoraphobia where a person avoids any situation where they feel they may have a panic attack and thus finds it difficult to leave home.

Post Traumatic Stress Disorder (PTSD)

Everyone reacts to traumatic events and most people will return to normal life within a month. A person is more likely to develop PTSD if their response to the event involves intense fear, helplessness or horror. A major symptom is re-experiencing the trauma. This may take the form of recurrent dreams of the event, flashbacks or intrusive memories. This can in turn lead to avoidance behaviour, emotional numbing, constant watchfulness, jumpiness, outbursts of rage and/or insomnia. PTSD can last for months or years if not effectively treated.

²¹ Australian Bureau of Statistics 2007. *National Survey of Mental Health and Well-Being: Summary of Results*, Canberra: ABS, 2008.

Obsessive Compulsive Disorder (OCD)

This is the least common anxiety disorder but can be very disabling. Obsessive thoughts are recurrent thoughts and impulses which are intrusive and cause marked anxiety. Compulsive behaviours commonly involve behaviours such as constant cleaning, checking and counting which a person is driven to perform to reduce their anxiety.

Social phobia

A person with a phobic disorder avoids or restricts activities due to fear. The most common phobia is social phobia, or extreme shyness, where a person fears any situation where they may become embarrassed or humiliated. This may include speaking or eating in public, dating or social events.

A phobia can develop in relation to practically any object or situation. Other common phobias include fear of flying, storms, heights, spiders and blood²².

Psychosis

If someone becomes very confused and appears out of touch with everyone else's perception of the world, they may be experiencing a psychotic episode. Psychosis may be part of various disorders including bipolar (see above), schizophrenia, schizo-affective disorder or drug induced psychosis.

Common psychotic symptoms can include:

- Delusions or false beliefs such as paranoia;
- Hallucinations, usually auditory hallucinations; or
- Thinking difficulties, e.g. difficulty with memory, concentration and planning.

Other symptoms can include loss of drive, blunted emotions and social withdrawal.

Psychotic symptoms can be associated with mood problems.

A drug induced psychosis can occur following use of amphetamines, hallucinogens, alcohol or cannabis. Common symptoms include visual hallucinations, disorientation and memory problems ²³.

²² Kitchner BA, Jorm AF and Kelly CM. *Mental Health First Aid Manual. 2nd ed.* Melbourne. Orygen Youth Health Research Centre, 2010.

²³ Kitchner BA, Jorm AF and Kelly CM. *Mental Health first Aid Manual. 2nd ed.* Melbourne. Orygen Youth Health Research Centre, 2010.

Other conditions

Attention deficit disorder

When someone has problems concentrating and staying focused on tasks, they may have an attention deficit disorder. The condition may have started in early childhood. They may be easily distracted, excessively active, or have a tendency to go off into daydreams more than others.

Eating disorders

“Eating disorder” is the term used to describe a group of illnesses where someone has a distorted body image and a preoccupation with eating, food and weight. The most common eating disorders are anorexia nervosa (restricted food intake because of extreme fear of obesity), bulimia nervosa (binge-eating followed by purging) and binge eating disorder (out of control eating leading to obesity).

Self Harm

Self-harm refers to people deliberately hurting their bodies. It is usually done in secret and on places of the body that may not be seen by others. The most common type of self-harm is cutting, but there are many other types of self-harm including burning or punching the body, or picking skin or sores.

Substance Abuse

Many people with depression or anxiety use drugs and alcohol to try and cope. It is very common, for men in particular, to try to mask or block out the symptoms of depression or anxiety by using alcohol or other drugs, which only makes the symptoms worse.

It is important to keep in mind that if a Scholar shows any of the following symptoms, it does not necessarily mean that they are using drugs. The presence of some of these behaviours could be the product of stress, depression or a host of other problems.

Physical signs

- Loss of appetite; increase in appetite; changes in eating habits; unexplained weight loss or gain.
- Slowed or staggering walk; poor physical coordination.
- Inability to sleep; awake at unusual times; unusual laziness.
- Red, watery eyes; pupils larger or smaller than usual; blank stare.
- Cold, sweaty palms; shaking hands.

- Puffy face, blushing or paleness.
- Smell of substance on breath, body or clothes.
- Extreme hyperactivity; excessive talkativeness.
- Runny nose; hacking cough.
- Needle marks on lower arm, leg or bottom of feet.
- Nausea, vomiting or excessive sweating.
- Tremors or shakes of hands, feet or head.

Behavioural signs

- Change in overall attitude/personality with no other identifiable cause.
- Changes in friends; new hang-outs; sudden avoidance of old crowd; doesn't want to talk about new friends; friends are known drug users.
- Change in activities or hobbies.
- Drop in grades at school or performance at work; skips school or is late for school.
- Change in habits at home; loss of interest in family and family activities.
- Difficulty in paying attention; forgetfulness.
- General lack of motivation, energy, self-esteem, an "I don't care" attitude.
- Sudden oversensitivity, temper tantrums, or resentful behaviour.
- Moodiness, irritability, paranoia or nervousness.
- Silliness or giddiness.
- Excessive need for privacy; unreachable.

- Secretive or suspicious behaviour.
- Chronic dishonesty.
- Unexplained need for money, stealing money or items.
- Change in personal grooming habits.
- Possession of drug paraphernalia.

Harm Minimisation

A harm-minimisation approach considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. It recognises that drugs are, and will continue to be, a part of our society.

The best a Mentor can do is to share clear information (or know where to find it) to the Scholar in a calm, non-imposing and non-judgmental way.

The Mentor should never engage in conversation that condones the use of alcohol or other drugs. If the Scholar asks their advice about drug use, the Mentor can offer it, but based on sound knowledge rather than emotion, or generalising from one experience or story.

A Mentor should understand that their friendly and supportive presence in a Scholar's life is the strongest protection they can give that Scholar.²⁴

If a Mentor believes the Scholar to be under the influence of substances the quality and value of their time together is likely to be diminished. The Mentor might be tempted to "talk it through" with the Scholar but should be aware that the young person's ability to do that is likely to be compromised. Suggesting, or stating if need be, that this is not the best time to meet is a sensible alternative.

If the Scholar tells you that they believe they have an alcohol or drug problem, the Mentor should speak to our Scholar Manager Nic Steepe (0423 710 901) about a referral to a drug and alcohol service.

Suicidal thoughts or actions

If you are concerned that your Scholar may be suicidal the most important thing is to ask them a direct question: *Are you having thoughts of suicide? Or, Are you thinking about killing yourself?* This won't put the idea into their head but will encourage them to talk about their feelings. The Scholar's

²⁴ Australian Drug Foundation, "Drug Info". Available online at.

safety is your main concern. All threats of suicide must be taken seriously and require follow up action (see How to Respond below).

Sometimes young people may not tell you they are contemplating suicide although they are more likely to if you ask them a direct question. Some of the key warning signs that indicate a person is suicidal include:

Situations

- Relationship problems
- Poor academic performance
- Trouble with the law
- Sexual or physical abuse
- Recent suicide of a famous person, friend or family member

Thoughts

- “All my problems will end soon.”
- “No one can do anything to help me now.”
- “I just can’t take it anymore.”
- “I wish I were dead.”
- “Everyone will be better off without me.”

Actions

- Giving away possessions
- Withdrawal (family, friends, school)
- Abuse of alcohol and drugs
- Reckless behaviour and impulsivity
- Extreme behavioural changes

Physical

- Lack of interest/pleasure in all things
- Lack of physical energy
- Disturbed sleep
- Loss of appetite

Feelings

- Desperation
- Anger
- Worthlessness

- Sadness
- Hopelessness
- Disconnection
- Loneliness

How to respond

It will be very distressing to hear that your Scholar may be thinking about taking their own life. It's often difficult to know what to say and do, and how to make sure the person is safe.

A Mentor must immediately inform the Scholar or Mentor Manager of The Pinnacle Foundation if they are concerned that a Scholar is at risk. This is not a breach of confidentiality as risk of harm to self or others always overrides confidentiality. We have a Duty of Care to the individual which overrides other concerns.

You can also encourage them to:

- See a mental health professional. Psychologists, psychiatrists, counsellors and other health professionals are trained to deal with issues relating to suicide, mental illness and well-being. As a Mentor your role is to provide general support, but you should never act as a counsellor.²⁵ In the event that you or your Scholar do not know who the right person to provide help then please contact Nic Steepe our Scholar Manager (nicholas@thepinnaclefoundation.org) and he will assist finding the right help for your Scholar.
- Make a promise or “contract” with you. For example, “I want you to promise me that you won't do anything after I leave you, and I want you to ring me first thing in the morning.” The research shows that even people who intend to do something soon will “contract” and keep their promise.²⁶
- Set goals that are achievable, even if it's on a day-by-day or hour-by-hour basis is a great way to stay focused.
- Suggest that they write down their feelings by keeping a journal. It can be a great way for the Scholar to understand their feelings, situation and alternative solutions to problems.
- Encourage regular exercise and good eating and sleeping patterns as this will help them feel better, and stronger to manage difficult things in their life. Suggest they start by doing

²⁵ Adapted from Youth Beyondblue Fact Sheet “Suicide - knowing when to get help”.

²⁶ *Suicide Intervention Handbook, 1999. Melbourne: LivingWorks Education.*

something small a couple of times a week (e.g. a 15-minute walk or two or three laps of a pool).

- Avoid alcohol and other drugs. They don't help to solve problems and they can make young people do things they wouldn't normally.

Supporting A Scholar With Mental Health Difficulties

Someone who is has experienced a mental illness is usually able to live a successful, full life, particularly if they are receiving treatment and support to manage their illness.

However, there is often a stigma associated with mental illnesses. Our Scholars are generally very open about their mental struggles nevertheless they still may feel embarrassed. There are some things that you may want to do to help your Scholar feel more comfortable on this topic:

- Avoid being judgmental.
- Be aware of the stigma. Keeping an open mind may help to create a safe environment for your Scholar to open up and talk about what they are experiencing.
- Talk about what they find helpful.
- Try asking about what has helped previously when things were tough. By talking openly, you are letting your Scholar know you support them. You may like to talk about your understanding of what is happening and ask how they feel about it.
- Respect your Scholar's limits.
- There may be times when your Scholar says they are not able to do something because of their mental health. It is important that you respect this and don't put extra pressure on them.
- Encourage interaction with their doctor / psychologist / counsellor when more support is needed



Getting help for the Scholar

A Mentor should inform the Scholar or Mentor Manager at Pinnacle as soon as possible if they have concerns about a Scholar, especially if the Scholar could be a danger to themselves or someone else. An appropriate mental health counsellor will be identified, and the Scholar should be encouraged to make contact with the counsellor.

Looking after yourself

Sometimes when we are helping someone else we forget to look after ourselves. It is important to also take care of your own needs as well as being there for your Scholar. Make sure you keep focused on the things that you enjoy, and if you are feeling tired or overwhelmed take some time out to relax. ²⁷ If at any stage the mentoring relationship feels as though it is impacting your own personal wellbeing, speak with the Pinnacle Mentor Manager or Chief Executive Officer about how to manage this. This information will be acknowledged and treated confidentially.

²⁷ Adapted from Reach Out's "Supporting Someone with a Mental Illness" information page. Available online at www.reachout.com/find/articles/supporting-someone-with-a-mental-illness.

Terms and Definitions

Asexual: a person who does not experience sexual attraction to others.

Biphobia: A fear, hatred, or intolerance of people who are bisexual, or perceived to be bisexual, which often leads to discriminatory behaviour or abuse.

Bisexual: Someone whose romantic and sexual attraction is to someone regardless of gender.

Coming Out: The process of first recognizing one's sexual identity, gender identity or intersex status and then sharing it with others.

Gay: The preferred synonym for homosexual. Gay is typically used to describe a person whose primary, emotional and sexual attraction is towards people of the same sex. The term is most commonly applied to men, but the term can be used for women as well.

Gender Identity: One's internal sense and expression of being a man or woman, both, neither or in-between.

Hetero-sexism: The societal promotion of heterosexuality as being superior to other sexual orientations.

Homophobia: A fear, hatred, or intolerance of people who are same sex attracted, or are perceived to be same sex attracted, which often leads to discriminatory behaviour or abuse.

Homosexual: Someone who is romantically and sexually most attracted to people of his or her same gender.

Intersex: refers to a person who is born with physical sex characteristics which don't fit the medical or social definitions for female or male.

Lesbian: A preferred synonym for women who are same sex attracted.

LGBTIQ+ An acronym used to describe and include lesbian, gay, bisexual, transgender, intersex and non-binary people, and Queer or Questioning.

Non-binary: describes any gender identity which does not fit within the binary structure. This includes androgynous; intergender; non gender; bigender etc.

Queer: An umbrella term used by LGBTIQ+LGBTIQ+ people. It can be considered more inclusive of various sexual and gender identities. For some older LGBTI+ people the term is often tied to a history of abuse and may be offensive.

Questioning: Someone who is unsure of their sexual orientation or gender identity and questioning the identity of their feelings.

Sexual Behaviour: The behaviours and actions in which one engages and which does not determine orientation. **Sexual Identity:** How one defines his or her sexuality and how it is presented to and perceived by others.



Sexual Orientation: The deep-seated direction of one's sexual attraction, based on feeling and not behaviour. A person can identify as gay without having engaged in same-sex behaviour.

Straight-Ally: A heterosexual person who accepts, promotes, and supports the rights of LGBTIQ+ people.

Trans/Transgender: An umbrella terms used to describe someone whose gender identity or expression differs from the conventionally-expected one associated with the sex assigned at birth:

Transphobia: A fear, hatred or intolerance of people who are transgender, or perceived to be transgender, that often leads to discriminatory behaviour or abuse



Appendices:

Scholar Wellness Plan

Contract of Excellence

Mental Health Communications Plan