

Counselling and Mental Health Policy and Procedure

Primary person responsible for this policy: Emily Elliott

Job title: Integrative Therapeutic Counsellor

Last review date: June 2021

Next review date: June 2022

Circulation: This policy has been adopted by the governors and is available to parents on request. It is addressed to all members of staff and volunteers and applies wherever they are working with children.

'Parents' refers to parents, guardians and carers.

This policy aims to promote and maintain positive mental health by early detection and recognition of broad-spectrum mental health issues. We aim to support and assist any student who displays signs of developing any of the mental health issues identified and other associated disorders.

Common mental health presentations in young people are :

- Anxiety
- Depression
- Self-harm
- Eating disorders

This will be carried out within the guidance set out by the National Children's Bureau guidelines for mental health. DLD aims to intervene early where a mental health presentation is identified. DLD nurtures a supportive learning environment and ethos to promote wellbeing and prevent issues. Staff and selected students are trained in mental health first aid and have an awareness of various mental health presentations through training delivered by Mental Health Foundation Association.

All students receive education in the recognition and management of their own mental health through weekly PSHE and Tutor period sessions (See the PSHEE Curriculum and Wellbeing Policy for more information).

Factors associated with the onset of persistent mental health disorders in young people include:

- experiencing three or more stressful life events, such as family bereavement, divorce or serious illness;
- physical illness (linked strongly to the onset of emotional disorders);
- family stability and structure

Where students are experiencing difficulties with mental health they are referred to College Counsellor who will undertake a Core assessment to ascertain level of psychological distress. The College Counsellor will signpost the student with severe psychological disorder if under 18 to CAMHS or over 18 services via GP or to private practitioners. These actions will be taken with the student's consent.

Counselling

"Counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short term, and to help young people move towards their personal goals" Cooper (2013) [School-based counselling in UK secondary schools: a review and critical evaluation](#).

Counselling at DLD College is integrated in the pastoral provision of the college. The college counsellor is in school in term time providing an independent confidential counselling service for students.

The counsellor is able to provide individual support to students coping with a range of emotional issues and difficulties. Students may arrange to see the counsellor on their own initiative in confidence.

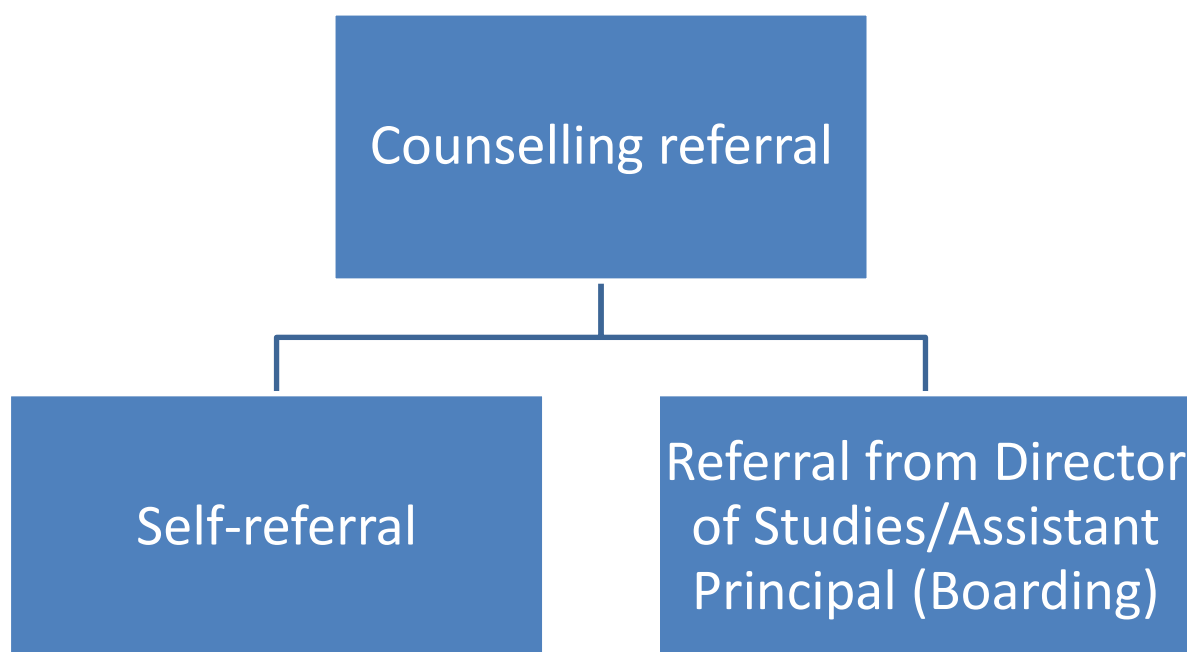
Referrals

When a student or member of staff arranges an appointment with the counsellor directly, the Director of Studies are notified that the counselling service is being accessed. Counselling sessions once booked are confidential. Parental permission is not sought for over 16.

Members of staff can refer and students can self-refer by email. Parents may also request that their child sees the counsellor. Where this is the case, the counsellor will offer the student an appointment, but the student will be under no compulsion to accept it. Once the appointment has been arranged under these circumstances, all matters discussed between the counsellor and student will be confidential.

Confidentiality is a key factor of the counselling service in building the trust of students without concerns that information will be disclosed. Under safeguarding requirements however, where there are concerns about child protection or the child being at risk of significant harm the counsellor will have to inform the school's DSL. The student will always be informed that this action is to be taken in advance where possible.

There are several different ways in which students are referred to the college counsellor.



The aim of the counselling service is to provide young people with an opportunity to talk through their difficulties in a welcoming and supportive environment, and to find their own ways of addressing their issues.

Prioritisation is based on the critical nature of presentation **and** availability. The counsellor is unable to dismiss one student who is already in counselling to meet a more pressing need. If a potential client is deemed critical then they will be signposted to CAMHS or private psychotherapy urgently.

Self-referrals – anyone who self refers will know that their Director of Studies are notified so that they are aware of appropriate support being given. Accessing counselling is not confidential but the session content is.

Referral from Director of Studies – anyone whom the Director of Studies feels may benefit from additional support and maybe experiencing personal difficulty.

Number of sessions

Sessions are reviewed every 6 weeks. More sessions can be added where there is an ongoing psychological need. Sessions are booked to avoid class and vary between 40-50 minutes.

Signposting

Where the presentation of a student is deemed severe, critical or requiring specialist intervention support will be arranged via GP, CAMHS or private providers.

There are also contact numbers for helplines posted in the boarding common rooms and on the wellbeing page on student dashboard DLD website. Mental health factsheets are also provided on staff dashboard.

Independent Listener

Dr Emma Loveridge

Rafan House

eloveridge@rafanhouse.com

07774 859215

If a student feels that they are not being sufficiently supported by the college with regard to their counselling sessions they are encouraged to discuss their complaints with the counsellor directly. The student also has the option of contacting the independent listener – Dr Emma Loveridge, whose role is to offer an impartial viewpoint. The independent Listener is a person outside staff and those responsible for the leadership and governance of the school, who boarders may contact directly about personal problems or concerns at college.

Reporting

The College Counsellor offers a confidential service and this is made clear to the students from the initial session including the limits to confidentiality such as safeguarding. The College counsellor is obliged to report where there is a risk of significant harm to the Designated Safeguarding Lead.

At the end of the academic year a report is made regarding the number of counselling sessions offered and the themes of the presentations. A confidential survey is used to develop the service to meet the needs of the students and staff.

Staff

Staff have the option of also utilising the College Counsellor to ensure that they are properly supported. Again these sessions are strictly confidential unless safeguarding concerns are raised.

Anxiety

Definitions

Anxiety is a common presentation. Symptoms are racing thoughts, uncontrollable overthinking, feelings of panic, heightened alertness, feeling irritable, dread, panic of impending doom, wanting to escape from the situation you are in and dissociation.

Obsessive Compulsive disorder, Body Dysmorphic Disorder and Post Traumatic Stress disorder are common types of anxiety that will require further support and referral via GP or counsellor.

Protocol

It is recognised that stress and anxiety are common. Students are regularly psycho-educated via PSHE; wellbeing boards re how to cope with common anxiety and panic attacks.

Staff are able to support students experiencing anxiety and panic attacks by encouraging them to focus on breathing strategies such as square breathing, grounding techniques and mindfulness.

- To ensure that students are supported in their efforts to recognise and deal with their individual problem.
- To work closely with other agencies to ensure that appropriate holistic care is delivered.
- To help the student identify, where possible, the underlying cause(s).
- To encourage self-confidence and increase a sense of self-worth.
- To foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the student.
- To refer to the College Counsellor or external counselling support.

Signposting

www.getselfhelp.co.uk

<https://www.psychologytools.com>

www.mindful.org.uk

www.nopanic.org.uk

<https://bemindful.co.uk>

Eating Disorders

Definitions

Anorexia is characterised by severe weight loss in the absence of an obvious physical cause. Incidence 1:250, 90% of whom are females, commonest in age range 15 -17, though can be younger.

Bulimia may occur singly or in combination with anorexia. Binge eating: secretive, frenzied consumption of large amounts forbidden food during a brief period of time, which is then counteracted by a variety of weight control measures, e.g. vomiting, purging.

Obesity (compulsive eating disorder) is an increase in body weight resulting in from excessive accumulation of fat. 15% of teenagers are overweight. It is the most common nutritional disturbance of children.

Protocol

- It is essential to recognise the stress that even early or mild, anorexia can have within the college community and peer group. The isolation, generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others.
- Many precipitating factors can be spread within the college environment, e.g. chaotic eating, food fads, laxative abuse, vomiting.
- The college recognises that overeating leading to obesity is as serious a problem for a student's health as is anorexia and bulimia.
- Prompt diagnosis is essential to prevent the situation deteriorating further. Staff should be aware of other possible medical conditions which may cause excessive weight loss/gain.
- Eating disorders are a complex and multifaceted problem. The college recognises that for treatment to be effective then prompt referral to a medical practitioner, usually the GP, is essential. This will probably result in further referrals to specialist practitioners and counsellors.

General policy

- If deemed necessary, to record a student's height and weight, and to maintain regular checks thereafter, which will ensure that excessive weight loss or gain can be identified.
- To foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the student.
- To refer to the College Counsellor or external counselling support.

- To encourage students and staff to report to the college nurse / Assistant Principal (Boarding)/ Vice Principal (Pastoral) any odd or altered eating habits that they may observe: for example any excessive exercise, bingeing, or vomiting.
- The PSHE curriculum may include sessions on healthy eating for students at intervals.
- Boarding staff have an important role to play, including setting an example, in the promotion of healthy eating.
- To implement the eating disorders policy as soon as a potential problem is identified to prevent the situation developing, and to liaise with the parents/guardians.
- Staff should contact the college nurse immediately should they suspect an eating disorder.
- The college nurse will follow up any query about a student's eating habits with a medical and chat with the student.
- The nurse will discuss and decide an action plan with the student's full consent and where possible inform the parents /guardians.
- All intervention should ideally be with the student's full consent, though this may not always be possible.
- To ensure that students are supported in their efforts to recognise and deal with their individual problem.
- To work closely with other agencies to ensure that appropriate holistic care is delivered.
- To help the student identify, where possible, the underlying cause(s).
- To encourage self-confidence and increase a sense of self-worth.
- To value each student as an individual in his/her own right and to promote the idea of a more realistic self-image.
- The college will ensure that a healthy balanced diet is available for all students at mealtimes.

When an eating disorder is suspected:

- The college nurse will aim to liaise with the student on a regular basis to determine the severity of the eating disorder. They will discuss and set an action plan together. Where possible it will be dealt with between them using resources such as eating diaries and counselling. Where possible the action taken will always be with the consent and understanding of the student.
- All meetings will be clearly documented in the student's medical notes.
- The college nurse with the student's consent will refer to the college counsellor.
- The college nurse will discuss the situation with the Assistant Principal (Boarding) and/or the Vice Principal (Pastoral) and the parents/guardians will be contacted. This will be with the student's knowledge, but not necessarily with their consent.
- If appropriate staff will be informed and an unobtrusive surveillance of a student's meals instigated. Compulsory attendance at meals should facilitate discreet observation; this is particularly important with boarding students. It is more important to observe what food s/he has left on her plate and throws away, than what food s/he puts on her plate at the beginning of the meal. Boarding staff should also discreetly observe what a student eats and what exercise s/he does during her leisure time.
- The student will be approached in a caring and supportive manner and given the opportunity to discuss the situation. They will be informed of appropriate support networks.

- Day pupils will be referred to the family GP by the parents. Boarders will be seen at the doctor's surgery, or in the nurse's room, as arranged by the college nurse.
- The college, through the college nurse / Assistant Principal (Boarding)/ Vice Principal (Pastoral), will liaise with the medical practitioners to support the student's individual treatment plan. This may include:
 - Regular weighing
 - Monitoring of dietary intake
 - Monitoring of exercise
 - Administration of food supplements
 - Attendance at counselling appointments
- All patients with eating disorders react differently; have different requirements/reason/needs etc. Therefore the support and treatment need to be flexible. It may be reasonable to expect that the course of action may need to be outside the guidelines set out in this protocol. All course of action will be determined by the receptiveness of the student. If this is the case then it must be clearly documented.
- Where the nurse suspects the student is at risk to herself/himself she will inform parents, Vice Principal (Pastoral) and Lead Safeguarding Officer.

The "scoff questionnaire" Assessment tool for eating disorders

The SCOFF questions

- Do you make yourself **S**ick because you feel uncomfortable full?
- Do you worry that you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **o**ne stone in a 3 month period?
- Do you believe yourself to be **F**at when others say you are too thin?
- Would you say that **F**ood dominates your life?

One point for every "yes", a score of 2 indicates a likely case of anorexia nervosa or bulimia

Refer to www.beateatingdisorders.org.uk for further information.

Self-Harm

Definition

Self-harm is defined as 'intentional self-poisoning or injury, irrespective of the apparent purpose of the act'. (NICE, Clinical Guidance 16, July 2004). Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to hurt him or herself. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries.

Introduction

Our definitions of self-injury

We regard self-injury to be a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour which causes physical pain and/injury and aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. We understand these behaviours not to be about seeking attention but rather to be about seeking relief and release from emotional distress. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions and we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Aims

Our college team is dedicated to ensuring the emotional, physical and mental well-being of all the students in our community. We consequently aim to:

- Recognise any warning signs that one of our students may be engaging in self-harming behaviours.
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home/college problems, social isolation, emotional, physical or sexual abuse.
- Be pro-active in discussing this topic with students we might feel are deliberately harming themselves.
- Know how to respond to students who wish to discuss these behaviours with us and take them seriously at all times.
- Be able to produce short and long term care and management plans for such students in conjunction with external agencies if necessary.
- Provide the appropriate level of practical and emotional support for staff dealing with students who self-harm and ensure appropriate training and education is available to all staff regarding this issue.
- Provide an appropriate awareness campaign for students and ensure the topic is part of our PSHE curriculum.

Recognising Warning Signs

We are aware that for some young people, there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

- Risky behaviours e.g. drug taking/alcohol misuse
- Lack of self-esteem/being overly negative
- Bullying of others
- Social withdrawal
- Significant change in friendships
- Regularly bandaged wrists and/ arms
- Obvious cuts, burns or scratches (that don't look like accidents)
- A reluctance to participate in PE/change clothes
- Frequent accidents that cause physical injuries
- Wearing long sleeved tops even in very hot weather

Principles of immediate care

- Students who self-harm will be treated with the same care and respect as all other students.
- Every effort will be made to ensure privacy.
- Wellbeing staff members will provide a non-judgemental environment.
- Students who self-harm will be offered immediate treatment for the consequences of their self-harm, regardless of their willingness to accept any further treatment/counselling.
- Self-harm often takes place in secret and nursing staff will be aware of the difficulties a student may have in discussing issues surrounding self-harm.
- Nursing staff recognise that self-harm is a situation which will require on-going long term care and treatment and possible specialist intervention, and will refer students for counselling to the college counsellor or externally for further treatment as appropriate to that student.

Treatment

- The Nurse will administer first aid treatment as needed: cleaning and dressing wounds, treatment for self-poisoning (see suspected poisoning policy) etc.
- Cutting: the college nurse will advise on wound healing and measures to prevent infection from further cutting.
- Try to remove object used for self -mutilation if any
- The college nurse will discuss, as far as the student will allow and cooperate, the issues surrounding the self-harm and the various ways of seeking further advice and treatment. During this discussion the college nurse will attempt to gain the students' consent to disclosure to a third party.
- A full contemporaneous record will be kept in the student's notes in the medical room.
- Information may only be passed on with the student's consent, unless they are at serious risk. Where appropriate the college nurse will disclose information without the student's consent.
- Resources available include; GP, college counsellor, CAMHS, NSPCC, Safeguarding Officer.

Possible factors leading to self-harm

- Social circumstances
- Family dynamics
- Pubescent changes
- Self-identity
- Transition
- acceptance
- overall physical and mental wellbeing

Resources to support students

- Think back over the last few hours and try and pinpoint when you started wanting to hurt yourself. What events or feeling led to this?
- What would you be saying now if you injured yourself? Can you find another way of saying it?
- Ring a friend or try calling a helpline
- Draw a picture of the wound you want to create
- Write or draw and associated feelings
- Write down your feelings in a journal
- Try to think of other ways of expressing your feelings, such as punching or kicking a cushion, shouting or screaming, crying or even tearing up an old telephone directory.
- Do something relaxing, have a bath, yoga, listen to music or use aromatherapy oils.
- Breath slowly or deeply (concentrate on breathing out)
- Imagine you are breathing out all your anxiety and breathing in peace
- Hold an ice cube really tightly in your hand – the anger is melting away. Or flick yourself with an elastic band – it hurts but is not as dangerous and wont scar.
- Refer to www.harmless.org.uk – information on self-harm for students.

Depression

This is a persistent feeling of low mood, and unhappiness. They are unresponsive to any efforts to resolve them and can arise without obvious precipitating factors. Depression is a disorder of mood that must be distinguished from the understandable melancholy arising from our witnessing or experiencing things remembered or lost. It can sometimes be preceded by anxiety and develops over days/weeks. The duration of these episodes can last weeks or months. Most cases will self-resolve. 20-30% will have a residual low-level depressive state continuing for months/years. 5-10% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase.

There are specific forms of depression;

Seasonal affective disorder (sad) – happens in the autumn and winter due to not getting enough daylight

Bipolar disorder (manic depression) a rollercoaster of manic high episodes and then low mood with unhappiness.

Symptoms - if you tick of 5 or more of the following symptoms it is likely you are depressed

- Restless or agitated
- Waking early, difficulty sleeping or sleeping more
- Feeling tired, lack of energy, doing less and less
- Using more tobacco, alcohol or other drugs than usual
- Not eating properly, losing or putting on weight
- Crying a lot
- Difficulty in remembering things
- Physical aches and pains without a physical cause
- Feeling low spirited for much of the time every day
- Being unusually impatient or irritable
- Getting no pleasure out of life or what you usually enjoy
- Losing interest in your sex life
- Finding it hard to concentrate or make decisions
- Blaming yourself or feeling unnecessarily guilty about things
- Lacking self-confidence or self esteem
- Being preoccupied with negative thoughts
- Feeling numb empty despairing
- Feeling helpless
- Distancing yourself from others, not asking for support
- Taking a bleak, pessimistic view of the future
- Experiencing a sense of unreality
- Self-harming
- Thinking about suicide

Treatment

- Students who are depressed will be treated with the same care and respect as all other students.
- Every effort will be made to ensure privacy.
- The nurse will refer to the college counsellor or to GP for alternative counselling provision or specialist support.
- It is essential to recognise the stress that even early or mild, depression can have within the college community and peer group. The isolation, generated by the condition and the controlling effects of the depression on the sufferer can be disturbing for others.
- Prompt diagnosis is essential to prevent the situation deteriorating further. Staff should be aware of other possible medical conditions which may cause the depression and any physical symptoms the students may show.
- Depression is a complex and multifaceted problem. The college recognises that for treatment to be effective then prompt referral to a medical practitioner, usually the GP, is essential. This will probably result in further referrals to specialist practitioners and counsellors.
- The college accepts that most students and some parents will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation.
- To foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the student.
- To encourage students and staff to report to Vice Principal (Pastoral) / college nurse / Head of Boarding any odd or altered behaviour that they may observe: for example a sudden lack of interest in socialising and college life.
- The college nurse will follow up any query about a student's drastic change in behaviour with a medical and chat with the student
- The nurse will discuss and decide an action plan with the student's full consent and where possible inform the parents /guardians.
- All intervention should ideally be with the student's full consent, though this may not always be possible.
- To ensure that students are supported in their efforts to recognise and deal with their individual problem.
- To work closely with other agencies to ensure that appropriate holistic care is delivered
- To help the student identify, where possible, the underlying cause(s).
- To encourage self-confidence and increase a sense of self-worth.
- To value each student as an individual in her own right and to promote the idea of a more realistic self-image.

When depression is suspected:

- The college nurse will with the consent of the student refer to the college counsellor or private external providers for an assessment to determine the severity of the depression they will discuss and set an action plan together. Where possible it will be dealt with between them using resources such as mood diaries and counselling.
- All meetings will be clearly documented in the student's medical notes.
- The college nurse will discuss the situation with the Principal/Vice Principal (Pastoral) and/or Assistant Principal (Boarding) and the parents/guardians will be contacted. This will be with the student's knowledge, but not necessarily with her/his consent.

- Good diet and exercise is paramount to the recovery of a student with depression.
- The student will be approached in a caring and supportive manner and given the opportunity to discuss the situation. They will be informed of support networks such as www.depressionalliance.org, <https://psychologytools.com>, www.getselfhelp.co.uk
- Day students will be referred to the family GP by the parents. Boarders will be seen at the doctor's surgery or the nurse's office, as arranged by the college nurse.
- The college, through the college nurse / Vice Principal (Pastoral) or Assistant Principal (Boarding), will liaise with the medical practitioners to support the student's individual treatment plan. This may include:
 - Attendance at counselling appointments
 - All patients with depression react differently; have different requirements/reason/needs etc. Therefore the support and treatment need to be flexible. It may be reasonable to expect that the course of action may need to be outside the guidelines set out in this protocol. All course of action will be determined by the receptiveness of the student. If this is the case then it must be clearly documented.
- Where the nurse suspects the student is at risk to herself/himself she will inform parents/Vice Principal (Pastoral) /Safeguarding Officer/GP.
- This will be for over-the-phone counselling only and so that if the student is deemed to be in danger the nurse is able to call appropriate emergency help for that student.

Anger management

Anger is a natural feeling that affects everyone. Things that can make you feel angry include:

- losing someone you love (grief)
- sexual frustration
- being tired, hungry or in pain
- coming off certain medicines or drugs
- pre-menstrual syndrome

Mild anger can be expressed as annoyance or irritation.

However, for some people, anger can get out of control and cause problems with relationships, work and even the law. Uncontrolled anger can lead to arguments and physical fights. It can cloud your thinking and judgment and may lead to actions that are unreasonable and/or irrational.

In a recent survey for the Mental Health Foundation, 28% of adults said they worry about how angry they sometimes feel, and 32% have a friend or relative who has problems dealing with anger.

Physical signs of anger

Everyone has a physical response to anger. Your body releases stress hormones such as cortisol and adrenaline, which increase your heart rate, blood pressure, temperature and breathing (the "fight or flight" response).

This allows you to focus on the threat and react quickly, but it can also mean that you do not think straight, and maybe react in ways you might regret later on.

When your body has to cope with large amounts of stress hormones due to angry outbursts, you may become ill

It can weaken your immune system, making you more likely to pick up infections and less able to recover from operations, accidents or major illnesses. Anger also makes you more sensitive to pain.

If anger is hidden or buried, it can lead to:

- eating disorders
- self-injury
- misuse of drugs and/or alcohol
- low self-esteem

Reactions to being angry

How people react to feeling angry depends on many things including the situation, their family history, and cultural background and stress levels.

It may be shown in many different ways, including:

- sarcastic comments
- swearing
- shouting
- name-calling
- bullying
- physical violence, such as hitting, pushing, kicking or breaking things

Other people might react to anger by hiding it or turning it inwards against themselves. They can be very angry on the inside but feel unable to let it out.

It is important to deal with anger in a healthy way that does not harm you or anyone else.

Managing anger

The college nurse, college counsellor or member of staff should help the student manage the anger in a healthy way, such as;

- Recognizing when they get angry encourage the student to let us know what her triggers are
- Encourage the student to let staff know when she is starting to feel angry
- Taking time to cool down
- Reducing your general stress levels in life
- Remove from a stressful environment until cooled down
- Use outside resources if they need help controlling anger such as CAMHS, GP, counselling
- The nurse will meet with the student at regular intervals to set action plan and discuss feeling on anger and its management.
- All meetings will be documented accordingly
- The nurse will communicate with staff to inform them of any strategies put in place as a result of meetings
- The nurse will support the student as much as possible with the student's consent
- Where the nurse suspects the student is at risk to herself/himself she will inform parents/ /Vice Principal (Pastoral)/Safeguarding officer.

Domestic violence

If uncontrolled anger leads to domestic violence (violence or threatening behaviour within the home), there are places that offer help and support. If this is suspected the Vice Principal (Pastoral) will be informed immediately and an appropriate action plan discussed.

Tips to control anger

Recognize your anger signs

Your heart beats faster and you breathe more quickly, preparing you for action. You might also notice other signs, such as tension in your shoulders or clenching your fists.

If you notice these signs and you struggle to stay in control, try to get out of the situation.

Count to 10

Counting to 10 gives you time to cool down so you can think more clearly and overcome the impulse to lash out.

Breathe slowly

You tend to breathe in more when you feel angry. Make sure you breathe out for longer than you breathe in, and relax as you exhale. This will help you to calm down and think clearly.

Managing anger in the long term

Once you are able to recognize the signs that you are getting angry and can calm yourself down, you can start looking at ways to control your anger more generally.

Exercise

Exercise is one of the best ways to release built-up anger and tension. Running, walking, swimming, yoga and meditation are just a few of the activities that boost your production of the "good mood" hormones (such as endorphins) and help reduce stress.

Diaphragmatic breathing

Diaphragmatic breathing is a breathing exercise that focuses on the contraction (shrinking) and release of your diaphragm muscle, which separates your chest from your abdomen. When you breathe in, you fully inflate your lungs. This can help you to unwind. A simple guide is as follows.

- Sit or lie comfortably and loosen your clothing.
- Put one hand on your chest and one on your stomach.
- Breathe in through your nose and slowly count to three in your head.
- As you breathe in, feel your stomach inflate with your hand. If your chest expands, focus on breathing with your diaphragm.
- Slowly breathe out through pursed lips and slowly count to six.
- Repeat two more times.

Music

Listening to calming music, such as classical music, can help you relax. It can slow your pulse and heart rate, reduce stress hormones and lower your blood pressure.

Massage and relaxation

The kneading and stroking movements in massage relax tense muscle and improve your circulation.

Some people find that attending relaxation classes are good at reducing stress levels and help to control anger. Meditation, yoga and Pilates may also be helpful.

Talking about it

Discussing your feelings with a friend can be useful and can help you get a different perspective on the situation.

Looking at the way you think

Examples of unhelpful ways of thinking are: "It's not fair", or "People like that shouldn't be on the roads".

Thinking like this will keep you focused on whatever it is that is making you angry. Let these thoughts go, and it will be easier to calm down.

Do not use phrases that include:

- **always** (for example, "You always do that")

- **never** ("You never listen to me")
- **should/shouldn't** ("You should do what I want" or "You shouldn't be on the roads")
- **must/mustn't** ("I must be on time" or "I mustn't be late")
- **ought/oughtn't** ("People ought to get out of my way")
- **it's not fair**

Refer to <http://www.nhs.uk/Conditions/Anger-management/Pages/Getting-help.aspx>
www.angermanage.co.uk, www.angerplanet.uk for further information for students.