

The Pinnacle Foundation's Mentoring Guidelines 2014

Table Of Contents

Introduction.....	3
Impact Of Mentoring	4
Role And Skills Of A Mentor	5
Beginning The Process.....	6
The First Meeting.....	6
Going Forward.....	7
Induction Day And Future Assistance	7
Adolescent Development To Adulthood.....	9
“Coming Out”	9
Resilience	12
Communication	13
Active Listening.....	15
Anger	16
Passive Behaviour.....	17
Aggressive Behaviour	17
Assertive Behaviour.....	17
Managing Difficult Behaviour	18
Responding To Difficult Behaviour	18
Managing Conflict.....	20
Problem Solving	21
Cultural Considerations.....	22
Mental Health	23
Understanding Mental Illness	23
Common Mental Illnesses.....	24
Supporting A Scholar With Mental Health Difficulties	28
Suicide.....	30
Drug Use.....	32
Signs And Symptoms	32
Harm Minimisation.....	33
Attainment Of Learning Skills	34
Terms And Definitions	35
Code Of Conduct And Undertaking	37
Code Of Conduct - Mentors	37
Code Of Conduct - Scholars.....	38
Undertaking Between Mentor And Scholar.....	39

Introduction

Without your participation in Pinnacle's Mentoring program our engagement with GLBTIQ students would not be as successful as it is. 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 roles 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; and
- Manage the first meeting ²

We encourage you to spend an hour or so reading through these guidelines. We particularly draw to your attention the sections on "How to begin the process" and the Code of Conduct and Undertaking that both scholar and yourself have undertaken.

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

² The Foundation has developed these Guidelines for use by Mentors. The Foundation does expect Mentors to take additional further action if they believe their skills or knowledge are inadequate, including contacting the Chief Executive if they believe that this lack of knowledge/skill is likely to be detrimental to the relationship with the Scholar.

Impact Of Mentoring

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.³

³ *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 And Skills Of A Mentor

As a Mentor you want to help our Scholar navigate the everyday challenges of school/tertiary studies, society and the community by drawing on your greater knowledge and experience, and your genuine concern for young people. This is in essence what we believe a successful relationship should be able to provide to the Scholar.

This is achieved by limiting your role to the following functions:

- Offering support, encouragement, optimism and hope
- Offering guidance, support and realistic advice as requested
- Assisting with goal-setting, suggest possible courses of action, and support them in making choices
- Helping them identify their strengths and promote their self-esteem
- Being “a sounding-board” for ideas and problems
- Helping them develop their skills
- Offering a consistent, non-judgmental relationship engaging in some social and recreational activities with them
- Where possible introducing them to your work environment, and
- Helping them deal with any sense of alienation and loneliness.⁴

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 or social worker.

Finding the right balance in your role as Mentor will require you to be cautious and alert. The role also carries responsibilities, since the future of the Foundation relies on all involved parties meeting our objects and operating conditions so that our reputation 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.

As a Mentor for the Foundation you are one of Pinnacle's front line representatives. Your sole role as Mentor is identified above. In discharging this role you are expected to conduct yourself in a professional manner while representing the Mentor's program. Professional manner includes respecting the dignity and rights of others, observing all relevant laws in conducting mentor relations and avoiding any improprieties. The attached Code of Conduct sets out more details on what is required.

⁴ Role descriptors taken from various mentor position statements.

Beginning The Process

Being a Mentor is a challenging and rewarding experience. You will feel immense pleasure at helping a LGBTIQ scholar achieve their academic and life goals. Before you meet with the Scholar to ascertain compatibility please read these Guidelines.

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. So it is important that time is taken to ensure this is the case.

At this first meeting the following outline might be of assistance to you

1. Congratulate the Scholar on being awarded a scholarship. Let them know how proud you are at being selected as their Mentor.
2. Then demonstrate your interest in the Scholar's academic goals, their perceived barriers to achieving their goals and understanding their life style. We asked Scholars what they thought the barriers could be and the following issues were identified (not in order of priority):
 - Creating study program which I can maintain
 - Swatting/cramming for exams
 - Accessing prescribed library material
 - Getting through the prescribed reading material
 - Comprehension of reading material
 - Preparing for tutorials
 - Work and study balance
 - Delivery of prescribed work on time
 - Preparing assignments
 - Coping with stress
 - Managing my financial situation
 - Developing friendships
3. Discuss the Code of Conduct and establish how you might communicate, how frequently and where. Monthly meetings are probably appropriate but how often a meeting is required will depend on many factors affecting the Scholar. 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.

Going Forward

Now that you have spent this time together canvassing these issues you should have a reasonable sense on whether the relationship is going to work. So let the Scholar know your views and ask them how they are feeling.

It is our experience that, initially, about 70% of scholar/mentor interactions are initiated by Mentors. This is understandable given that most Scholars will have no direct mentor experience. That's why we also provide them with Mentoring Guidelines.

Throughout your mentoring experience, it is important to:

- Stay patient and positive
- Be non-judgmental
- Be curious – enquire about what they're saying
- Use encouraging language
- Ensure talking and listening should ideally be about 50–50
- Listening is good. Silence is fine
- Use body language and encouraging sounds to show that you are listening
- Beam quality attention at them
- Ask questions rather than telling them what you think is best
- Try to understand their point of view and check back to see if you understood properly
- Use open-ended questions; and
- Use question words such as “where”, “when”, “why”, “who” and “what”.⁵

Induction Day And Future Assistance

Before academic studies begin in earnest we bring all the new Scholars and Mentors together either in Sydney. The purpose of the two day program over a weekend is for you meet other mentors and scholars and Pinnacle volunteers, hear from Past Scholars and Mentors, workshop short term goals, gain insight into maintaining mental health of our Scholar and reviewing situations that 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 who relies totally on our supporters to continue our work.

⁵ Adapted from *Mentor One on One Volunteers Manual (MOOOV)*, Collingwood, Victoria: Good Shepherd Youth and Family Services.

Future help

Even after completion of the Induction program things can still go askew so you should feel comfortable contacting us if the relationship is not progressing as well as you would like. Our Scholar Liaison Officer, Geoff Annabel (Geoff@thepinnaclefoundation.org.au) 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 our Scholar Liaison Officer and to gain insight into how to improve our services we undertake two feedback exercises from both our Scholars and Mentors:

- June – an online survey is forwarded for completion
- December/January – a telephone interview.

If we identify any problems we will immediately contact you to clarify and remedy the situation. A report is subsequently prepared for the Board on the overall effectiveness of Mentoring program.

Adolescent Development To Adulthood

Most of our Scholars (aged between 16 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” ⁶. 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”

As a LGBTIQ person we all know the act of “coming out” is often a difficult one. Because of homophobia, LGBTIQ individuals often experience fear and trepidation about telling others his or her 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.

Speaking generally the following four stages of identity development can be observed over time: ⁷

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

⁶ VYNA Mentor training documentation.

⁷ Troiden, Richard R. (1989). *The Formation of Homosexual Identities*. *Journal of Homosexuality*, 17 (1/2), 43-73

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 homophobia and stigmatisation.

Other issues that LGBTIQ persons have to cope with are:

- Alcohol, tobacco and other drug misuse
- Difficult behaviour
- Depression and suicide
- Eating disorders
- Cultural issues
- Cyberspace and technology
- Coping with peer pressure and influence; and

Coping with any of these issues is not easy and much depends on a young person's self esteem and resilience.

Self-esteem

People's thoughts and feelings about themselves fluctuate depending on daily experiences, like how others treat them and what happens at school/university or 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 have devastating 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 self-esteem

- Avoiding references to “shoulds”. Concentrate on doing what is possible and what feels right instead of paying attention to the “shoulds” of others.
- Respect their 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.
- Setting achievable goals and working step by step to get there.
- Engaging in positive self-talk. Try to stay positive and don't allow the “inner critic” to take over. Telling them they are ok and can succeed can be very powerful.
- Experiencing 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 them to feel good about trying something new.
- Solving problems. Address rather than avoid problems they may be experiencing. Identify ways to solve or cope with challenges.
- Making decisions. Practise making decisions with them and encourage them to trust in their ability to deal with the consequences.
- Developing skills. Identify what they 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.
- Relying on their own opinion of themselves. Listen to feedback from others, but not relying on it. Encourage them to apply their own values to making decisions about what is right for them.⁸
- Find opportunities for them to help others. This can help put their own life and struggles in perspective.

⁸ Adapted from the Gippsland Mentoring Alliance Training Package, Trafalgar, Victoria: Gippsland Mentoring Alliance.

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.”⁹

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 that prevents young people from falling hard.

Strategies that build resilience:

- Help the young person set realistic goals and take small steps to achieve them.
- Be a positive person and compliment the young person (without overdoing it).
- Encourage them to identify and spend more time with optimistic people; i.e. people who do positive things, play sport, environment groups.
- Help them recognise the good things around them.
- Admit that sometimes there are things you can't do yet, but 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.

⁹ Andrew Fuller, psychologist

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.¹⁰

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.

Verbal communication

Before considering non verbal communication consider the following process which we undertake when we verbally communication 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.

¹⁰ Pease, B. and Pease, A., 2006. *The Definitive Book of Body Language*, New York: Bantam.

Non-verbal 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. ¹¹

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 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.
- Head nods are messages that a person is paying attention, but do not necessarily signify that they agree with everything being said. ¹²

¹¹ Pease, B. and Pease, A., 2006. *The Definitive Book of Body Language*, New York: Bantam.

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

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 young person'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
- Clarify what you don't understand
- Put yourself in the young person'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 young person 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.¹³

¹³ Adapted from the "Gippsland Mentoring Alliance Training Package", Trafalgar, Victoria: Gippsland Mentoring Alliance.

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.
- "Shoulding", 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.
- 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.
- "Alwaysing", 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:

- Our rights have possibly been violated
- We are threatened with loss; and
- We feel 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. ¹⁴

¹⁴ Adapted from MOIRA Mentor Training Manual, Moorabbin, Victoria: South Directions Youth Service.

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.

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 young person’s mind by arguing or debating – a person who is angry is less likely to respond to logic or reason.

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 young person about how they will treat each other, and to keep consistent expectations about behaviour within the mentoring relationship.

In summary, young people 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.

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 formula for Mentors to manage conflict ¹⁵

Step 1: Treat the person with respect

- 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?

¹⁵ Bolton, R., 1986. *People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts*, Florida: Touchstone Books.

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 young person 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 young person 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 of migrant backgrounds. All individuals have differences. Life gives useful clues about an individual family or community, all individuals, families and communities are different. ¹⁶

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...

Your Scholar may come from an indigenous or ethnic background so awareness of the cross cultural communication issues is very important. Key points to consider when communicating with scholars with such 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 client's accent
- Use technical terms, abbreviations, slang or jargon. ¹⁷

¹⁶ Harris, P., 2005. *Cultural Competence Works! A Manual to put it into Practice*, Sydney: Multicultural Disability Advocacy Association of NSW.

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 or 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.
- 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 year¹⁸.

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:

¹⁷ Developed by the Centre for Multicultural Youth, 2008.

¹⁸ Australian Bureau of Statistics 2007. *National Survey of Mental Health and Well-Being: Summary of Results*, Canberra: ABS, 2008.

- Higher rates of anxiety and depression among GLBTIQ people ¹⁹
- Higher rates of attempted suicide, suicidal ideation and self-harm, especially among younger people ²⁰

Our own research on applicants and Scholars indicates that mental health issues are a major consideration for many of our Scholars.

Some mental illnesses are more severe than others, and some will have more noticeable symptoms. In most cases they are manageable and people are able to live 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 chemicals (called neurotransmitters) in the brain can cause symptoms of a mental illness to emerge. Most drugs used to manage mental illnesses try to correct this imbalance.
- 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 anxiety disorders, depression and substance use disorders. We know from interviews with applicants for scholarship that depression and anxiety is or has been an major issue for some Scholars, so the more you know about the subject, the better equipped you are to assist the Scholar.

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.

¹⁹ (Ritter et al 2012, Hillier et al 2008, Carman et al 2012, Leonard et al 2012, Couch et al 2007)

²⁰ (Hillier et al 2008, Hillier et al 2010)

Common symptoms of depression are:

- An unusually sad mood (key indicator)
- Loss of interest in activities that used to be enjoyable (key indicator)
- 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 settle²¹.

Bi-polar disorder

People with bipolar disorder (previously called manic-depression) 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 over confident and full of energy. It often leads to risky behaviours such as excessive spending, fast driving and sexual disinhibition. A person may 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 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 disorder

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 disorder is the most common mental illness, affecting 14.4% of people aged 16-85 years in any one year. This includes 17.9% of females and 10.8% of males²².

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

²¹ Kitchner BA, Jorm AF and Kelly CM. *Mental Health First Aid Manual*. 2nd ed. Melbourne. Orygen Youth Health Research Centre, 2010.

²² Australian Bureau of Statistics 2007. *National Survey of Mental Health and Well-Being: Summary of Results*, Canberra: ABS, 2008.

Generalised anxiety disorder (GAD)

The main symptoms of GAD are overwhelming unfounded anxiety or worry about things that may go wrong, or one's inability 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 recurring 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.

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 blood²³.

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 associated with schizophrenia include:

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

Non-psychotic symptoms include loss of drive, blunted emotions and social withdrawal.

A person with schizo-affective disorder may have some of the above symptoms plus those related to bipolar disorder.

A drug induced psychosis is usually due to heavy use of amphetamines, hallucinogens, alcohol or cannabis. Common symptoms include visual hallucinations, disorientation and memory problems ²⁴.

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 (starving oneself due to extreme fear of obesity), bulimia nervosa (binge-eating followed by purging) and binge eating disorder (out of control eating leading to obesity).

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

²⁴ Kitchner BA, Jorm AF and Kelly CM. *Mental Health first Aid Manual*. 2nd ed. Melbourne. Orygen Youth Health Research Centre, 2010.

Supporting A Scholar With Mental Health Difficulties

Someone who 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. This may cause people to feel embarrassed and avoid seeking help. There are some things that you may want to do to help the young person feel more comfortable:

- Avoid being judgmental
- Be aware of the stigma. Keeping an open mind may help to create a safe environment for your young person 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 the person know you support them. You may like to talk about your understanding of what is happening and ask how they feel about it.
- Respect the young person's limits

There may be times when your young person says they are not able to do something because of their illness. It is important that you respect this and don't put extra pressure on them.

- Encourage interaction with their doctor

Someone with a long-term mental illness may be on regular medication. This may have side effects, which can mean the young person may not enjoy taking the medication. However, medication can be an important part of managing the illness, and the young person may need your support to stick at it. Their doctor may also suggest counselling or self help strategies such as regular exercise, good diet and better sleeping patterns.

Getting help for the young person

A Mentor should inform the Chief Executive or Scholar Liaison Officer of Pinnacle as soon as possible if they have concerns about a Scholar, especially if the young person 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 the young person. 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.²⁵

²⁵ 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.

Suicide

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 young person's 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
- Loneliness
- Sadness
- Hopelessness
- Disconnection

How to respond

It can be distressing to realise that a young person 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 Chief Executive or Scholar Mentor Liaison Officer of The Pinnacle Foundation if they are concerned that a Scholar is at risk of suicide. This is not a breach of confidentiality as risk of harm to self or others always overrides confidentiality.

You can also encourage them to:

- 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
- 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. A Mentor's role is to provide general support, but you should never act as a counsellor. ²⁷
- Write down their feelings, or keeping a journal. It can be a great way for the young person to understand their feelings, situation and alternative solutions to problems.
- 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.
- 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 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.

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

²⁷ *Adapted from Youth Beyondblue Fact Sheet “Suicide - knowing when to get help”.*

Drug Use

We know from interviewing candidates for scholarships that drug use has been an issue for some candidates and therefore it is important that you be aware of the symptoms and how to handle the situation.

Signs And Symptoms

It is important to keep in mind that if a young person shows any of the following symptoms, it does not necessarily mean that he or she is 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

For the past two decades, Australia has been at the forefront of a unique approach to drug policy and practice, known as “harm minimisation”.²⁸ 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 young person 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 young person’s life is the strongest protection they can give that young person.²⁹

If a Mentor believes the Scholar to be substance-affected, 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 the Scholar Mentor Liaison Officer about a referral to a drug and alcohol service.

²⁸ *The National Drug Strategy: Australia’s Integrated Framework 2004-2009, 2004.* Canberra: Federal Government Department of Health and Ageing.

²⁹ Australian Drug Foundation, “Drug Info”. Available online at www.druginfo.adf.org.au.

Attainment Of Learning Skills

About 45% of students who were surveyed 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. Whilst 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.³⁰

³⁰ Extract from Article by Sharon Beder, Uni of Wollongong "Addressing the issues of social and academic intergration"

Terms And Definitions

Bisexual: Someone whose romantic and sexual attraction is directed at both genders.

Coming Out: The process of first recognizing one's non-heterosexual orientation or transgender identity and then sharing it with others.

Gay: The preferred synonym for homosexual. Gay is typically used to describe men who are homosexual, but the term can be used for women as well.

Gender Identity: One's internal sense and expression of masculinity or femininity, not necessarily related to physical sex characteristics.

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

Homophobia: The irrational fear of homosexuality resulting in prejudice and discrimination of LGBTIQ people.

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

Intersex: refers to a person with intermediate or atypical combinations of physical features that usually distinguish female from male.

Lesbian: A preferred synonym for women who are homosexual.

LGBTIQ: An acronym used to describe and include lesbian, gay, bisexual, and transgender people.

Queer: An umbrella term used by LGBTIQ people. It can be considered more inclusive of various sexual and gender identities.

Questioning: Someone who is unsure of their sexual orientation 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.

Transgender/Trans sexual: An umbrella terms used to describe someone whose gender identity or expression differs from the conventionally-expected one associated with his or her physical sex:

Non-Operative: A transgender person who does not intend to alter their physical sex characteristics to resemble that of the appropriate sex through hormone therapy and/or surgery.

Post-Operative: A transgender person who already has altered their physical sex characteristics to resemble that of the appropriate sex through hormone therapy and/or surgery.

Pre-Operative: A transgender person who intends to alter their physical sex characteristics to resemble that of the appropriate sex through hormone therapy and/or surgery.

Code Of Conduct And Undertaking

The future of the Pinnacle Foundation relies on all involved parties meeting our objects and operating conditions so that our reputation 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.

Code Of Conduct - Mentors

As a Mentor for this Foundation you are one of Pinnacle's front line representative. Your sole role as Mentor is to be a "sounding board" and provide guidance on academic and related issues 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 avoiding 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 in a safe, responsible and effective manner
- 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; and

Improprieties include:

- Utilizing the Mentorship Program to induce Scholars to enter into a sexual relationship with Scholar.
- Acting in a sexually provocative manner or engaging in a dating or sexual relationship with a student 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
- Attempting to fulfil Mentor's responsibilities while under the influence of alcohol or any illegal drug

Code Of Conduct - Scholars

As a Scholar of this Foundation you are expected to:

- Publicly and privately support the 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, while avoiding any improprieties.

This 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 GLBTIQ meeting places for periodic meetings with your Mentor
- Attempting to fulfil Scholar's responsibilities while under the influence of alcohol or any illegal drug; and
- Respecting the Mentor's right to confidentiality. You may not disclose any personal information about the individual participating as your Mentor, without the consent of the Mentor.

Undertaking Between Mentor And Scholar

The following text is the undertaking that both scholar and mentor sign prior to the mentor arrangement commencing:

"I understand that a Mentor is a person who acts as a guide to a young person 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
- I agree to meet regularly, preferably monthly, with my Scholar/Mentor³¹
- 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/Mentor Liaison Officer or Executive Director 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 Executive Director in June and December on how effective the mentor/scholar relationship was during the year

Although I will keep all that I am told confidential, I acknowledge that I will provide comments to the Foundation on the relationship and the Scholar's academic progress, but it will be limited to compliance with the purpose and conditions attached to the scholarship."

³¹ 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.