Policy title	Policy and procedure Staff and Student Mental Wellness	Year	2026
Policy Review manager	Janice Paddey Quality Assurance Manager		
Policy review conducted by	Head of Academics: Anelma Janse van Rensburg		
Policy sign-off date	February 2026		
Policy signed off by	Head of Academics: Anelma Janse van Rensburg		
Signature			

Contents

1. PURPOSE

eta is committed to a safe, supportive, and inclusive learning and working environment that promotes mental wellness and provides timely support for staff and students. This policy:

- promotes prevention, early identification, and support for mental health concerns;
- defines roles, referral pathways, and crisis response processes;
- ensures appropriate third-party support services and clear escalation routes;
- sets minimum standards for confidentiality, ethical handling of information, and reporting;
- supports academic and workplace success through reasonable accommodation and structured follow-up.

2. DEFINITION OF WELLNESS

In the context of a tertiary institution, wellness refers to the state of holistic well-being that encompasses physical, mental, emotional, social, and environmental dimensions for all members, including students, faculty, and staff. It involves creating an environment that supports academic success, fosters a sense of belonging and inclusivity, promotes proactive self-care, and addresses wellness-related challenges to ensure a positive and thriving educational experience. A holistic approach to wellness is critically important within **eta** because it recognises that well-being extends far beyond physical health. It acknowledges that students, faculty, and national staff are complex individuals with interconnected dimensions of well-being, including mental, emotional,

social, and environmental aspects. By addressing all these dimensions, a holistic approach ensures that individuals are better equipped to succeed academically, maintain positive mental health, foster supportive relationships, and thrive within **eta's** diverse community. It not only enhances the quality of life but also contributes to a more inclusive and vibrant learning and working environment.

3. SCOPE

This policy applies to:

- all registered students (contact, blended, distance);
- all staff (academic, operational, national, campus-based);
- wellness activities on campus, online, and during eta-related activities/events;
- referrals linked to teaching, learning, assessment, student support, HR, or workplace performance.

This policy does **not** replace professional medical/psychiatric care. eta provides support and referral pathways and partners with accredited service providers.

4. ROLES AND RESPONSIBILITIES

4.1.1 NATIONAL WELLNESS SUPPORT OFFICER

The National Wellness Support Team is comprised of dedicated members with expertise in psychology and mental well-being. Their primary role is to serve as ambassadors for **eta**, advocating for the overall mental wellness of both students and staff. This team extends its wellness support services across all **eta** regions and to **eta** national staff members.

The National Wellness Support officer:

- approves minimum national wellness standards, reporting templates, and annual training plan;
- oversees national third-party relationships and MoU compliance (or signs off on regional MoUs);
- reviews anonymised quarterly dashboards and recommends improvements.

The National Wellness Support Team is entrusted with the crucial responsibility of ensuring that every **eta** region is well-informed about mental health. This includes providing access to vital resources such as mental health emergency contact information, contact details for external mental health professionals, and facilitating collaborations with third-party mental health organisations.

The responsibilities of the National Wellness Support Team include the following:

- **Data Collection and Analysis:** Collect data related to wellness, including feedback, incident reports, and wellness program outcomes, to inform decision-making and program improvements.
- **Resource Allocation:** Advise on the allocation of resources for wellness initiatives, ensuring that necessary psychoeducation is available to support wellness programs.
- **Communication and Promotion:** Develop a communication strategy to promote wellness programs and counselling resources, raising awareness, and encouraging participation.
- **Collaboration:** Collaborate with regions, and external partners to enhance wellness efforts and coordinate resources effectively.

4.1.2 CAMPUS WELLNESS OFFICER (WO)

The campus wellness officer will have the responsibility of managing mental wellness at their respective campus. The WO will manage all staff and student wellness activities at their respective campuses:

- Oversee 3rd party collaborations and external mental health professionals.
- Coordinate wellness activities, including workshops and wellness awareness days.
- Provide routine updates to the National Wellness Support Team through an online reporting system (Student and Staff Wellness Report). These updates cover mental health incidents involving staff and students, psychoeducational activities, and 3rd party information and activities. The data from the reports are encrypted to keep data safe and confidential.
- Ensure the completion and timely upload of all documentation, including Memorandums of Understanding (MoUs) and reports, to etaResources.
- Maintains confidential case register (coded/anonymised for reporting);
- Coordinates reasonable accommodation requests with Academic Manager/HR (no clinical details shared);
- Ensures incident response steps are followed and post-incident support is offered.

4.1.3 WELLNESS SUB-COMMITTEE

The Wellness Committee, herein referred to as the "Committee," shall be composed of dedicated members who collectively represent **eta** commitment to wellness and shall be entrusted with the responsibility of overseeing wellness initiatives and policy implementation in each region. The composition of the Committee is as follows:

- National Wellness Support officer
- **eta** Student representative
- Campus Wellness Officers
- Academic Manager
- Campus Operators (2 – 3)
- Human Resources Manager
- Head of Academics

The Wellness committee will:

- Collaborates to ensure the successful development, implementation, and reporting of wellness programs and policies, thereby fostering a culture of well-being throughout **eta**.

- Meet once every academic term to discuss wellness matters, assess program effectiveness, and propose enhancements for the betterment of our wellness initiatives.
- Ensure a quorum, minutes of meetings, action tracking;
- Report about wellness every term
- Ensures escalation route to HR Management

4.1.4 ETA HUMAN RESOURCES

The following responsibilities will fall under the **eta** Human Resources department:

- Program Oversight: Oversee the planning, implementation, and evaluation of wellness programs and initiatives within a particular region. Establish a mental wellness system to enhance the well-being of all eta students and staff.
- Oversee mental wellness induction of all staff and students.
- Ensure all mental wellness activities at each region is in line with the wellness policy and procedure.

5. WELLNESS SERVICES

The comprehensive array of resources and services offered will encompass:

- A wellness psychoeducation starter pack provided by SADAG (South African Depression and Anxiety Group).
- On-campus counselling services available through a 3rd party, for example SACAP, (national WIL (Work Integrate Learning) coordinator, Kim Starkey: kims@sacap.edu.za.)
- Online counselling support through a 3rd party, for example SACAP.
- Immediate assistance through a 3rd party emergency hotline, coupled with a wellness starter pack.
- Psychoeducation workshops, available both online and on-campus via a 3rd party.
- Regular weekly wellness emails, directly addressed to the Wellness Officer in each region.
- Ongoing Monthly Wellness Wednesday training sessions.
- Continuous support from the National Wellness Support Team.

6. CONFIDENTIALITY, CONSENT, AND DATA HANDLING (ADD A NEW SECTION)

- eta handles wellness information confidentially and shares personal information only on a need-to-know basis to enable support and ensure safety.
- Consent is obtained before referrals and information sharing, except where there is a serious and imminent risk to the person or others, or where reporting is legally required.
- Reporting to national structures is anonymised and thematic/statistical, aligned to your current intent ("no disclosure of biographical details").
- Records are stored securely (restricted access), with a defined retention period and secure disposal process.

7. WELLNESS PROCEDURE

7.1 ACCESSING SUPPORT (SELF-REFERRAL)

A student or staff member may access support by:

1. Contacting the Campus Wellness Officer (WO), or
2. Using the approved third-party counselling access route, or
3. Requesting support via the campus Academic Manager / HR (who must refer to WO).

Target response time: acknowledge within **1 working day**, provide support pathway within **2–3 working days** (non-urgent).

7.2 REFERRAL BY STAFF (ACADEMIC/OPERATIONAL)

If a staff member is concerned about a student or colleague:

1. **Recognise:** note observable indicators (attendance drop, distress, withdrawal, disruptive changes).
2. **Respond:** speak privately, non-judgementally; do not diagnose.
3. **Refer:** connect the person to WO / third-party support.
4. **Report (minimal):** submit a **Wellness Concern Referral** (no sensitive detail beyond what is necessary to enable support).

7.3 URGENT BUT NON-EMERGENCY

If there are indicators of escalating distress but no immediate threat:

- WO contacts the third-party provider for **same-day triage** where possible.
- WO notifies National Wellness Support Team using anonymised case category reporting.

- Follow-up plan created within **5 working days**.

7.4 CRISIS / EMERGENCY RESPONSE

A crisis is any situation with **immediate risk** (self-harm, threats, violence, severe psychosis, overdose, inability to care for self).

Actions:

1. **Ensure safety first** (do not leave the person alone if safe to stay; call emergency services if required).
2. **Contact emergency services / local emergency number** and/or approved third-party emergency hotline.
3. **Notify WO immediately**, then Academic Manager / HR (as applicable).
4. **Document the incident** using the **Mental Health Incident Report** within 24 hours (facts only).
5. **Debrief and follow-up:** WO arranges follow-up support, and National Wellness Support Team logs the incident category for trend reporting.

8. REPORTING, MONITORING, AND EVALUATION

The process of Reporting, Monitoring, and Evaluation will be a continuous and integral aspect of the operations. Wellness officers are expected to engage in monthly meetings with the 3rd party collaborators and/or external mental health professionals, to gather feedback on counselling services. The wellness officers are expected to complete regular reports that is sent to the national wellness support team, to gather feedback on counselling services, incidents, and other mental health issues, concerns, and/or suggestions. These sessions with the 3rd party and reporting to the national wellness support team will strictly focus on collecting thematic and statistical information, with no disclosure of biographical details.

Minimum reporting (monthly by WO):

- referrals made (student/staff) (anonymised),
- service uptake (attended/not attended),
- workshop/activity count + attendance,
- incident categories (no identifying detail),
- risks/issues requiring national support.

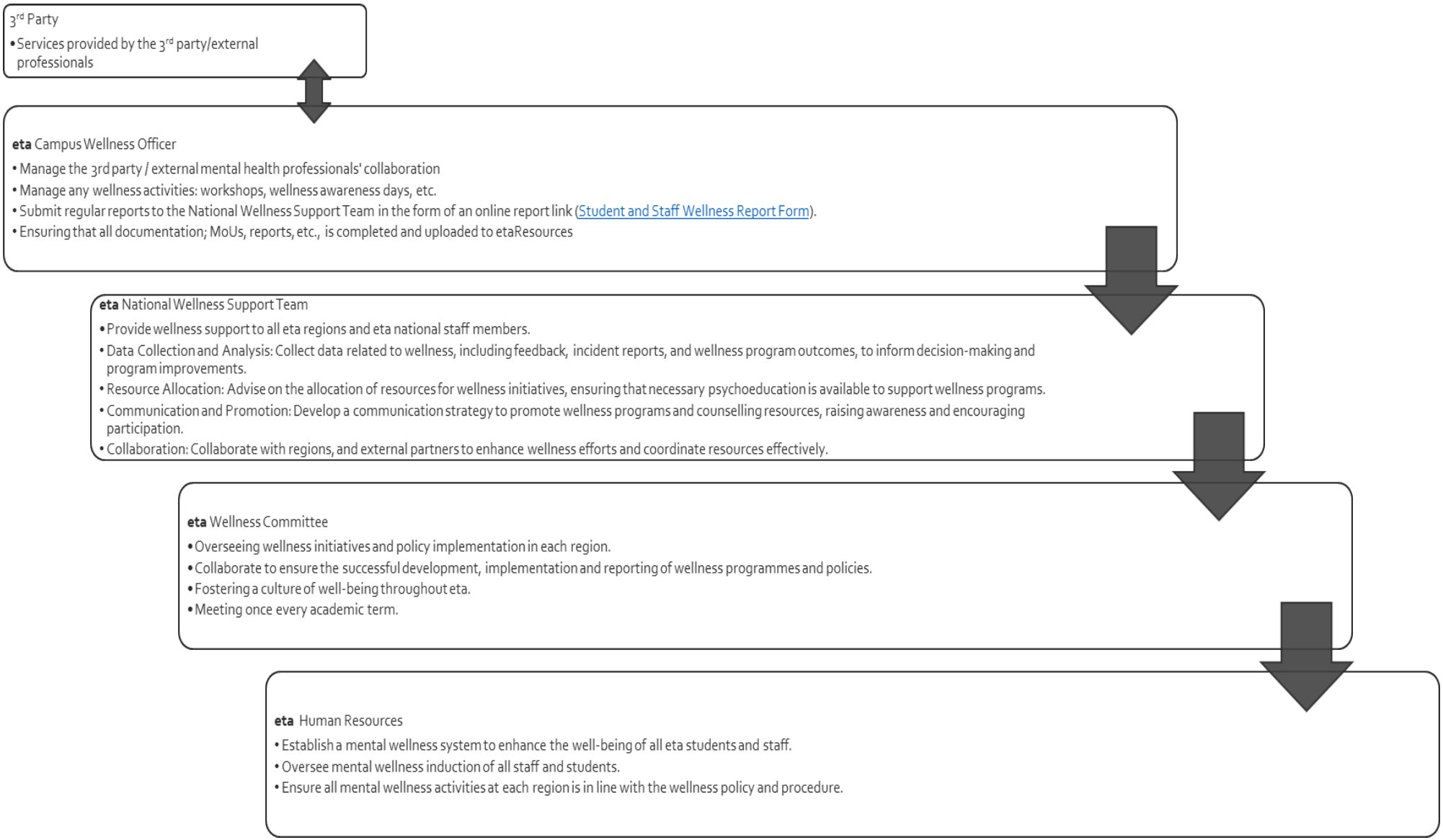
Termly committee outputs:

- dashboard review + improvement actions,
- provider feedback summary,
- training completion status.

Annual review:

- trend analysis,
- policy effectiveness evaluation,
- recommended resource changes

Annexure


3rd Party
• Services provided by the 3rd party/external professionals
eta Campus Wellness Officer
• Manage the 3rd party / external mental health professionals' collaboration
• Manage any wellness activities: workshops, wellness awareness days, etc.
• Submit regular reports to the National Wellness Support Team in the form of an online report link (Student and Staff Wellness Report Form).
• Ensuring that all documentation; MoUs, reports, etc., is completed and uploaded to etaResources
eta National Wellness Support Team
• Provide wellness support to all eta regions and eta national staff members.
• Data Collection and Analysis: Collect data related to wellness, including feedback, incident reports, and wellness program outcomes, to inform decision-making and program improvements.
• Resource Allocation: Advise on the allocation of resources for wellness initiatives, ensuring that necessary psychoeducation is available to support wellness programs.
• Communication and Promotion: Develop a communication strategy to promote wellness programs and counselling resources, raising awareness and encouraging participation.
• Collaboration: Collaborate with regions, and external partners to enhance wellness efforts and coordinate resources effectively.
eta Wellness Committee
• Overseeing wellness initiatives and policy implementation in each region.
• Collaborate to ensure the successful development, implementation and reporting of wellness programmes and policies.
• Fostering a culture of well-being throughout eta.
• Meeting once every academic term.
eta Human Resources
• Establish a mental wellness system to enhance the well-being of all eta students and staff.
• Oversee mental wellness induction of all staff and students.
• Ensure all mental wellness activities at each region is in line with the wellness policy and procedure.

9. TERMINOLOGY

For this policy, the following terms apply:

9.1. MENTAL HEALTH AND WELLNESS:

Mental health and wellness are a holistic state of well-being that encompasses emotional,

psychological, social, and cognitive dimensions. It reflects an individual's ability to effectively cope with life's challenges, maintain fulfilling relationships, work productively, make informed decisions, and contribute positively to their community. A mentally healthy and well individual experiences a sense of purpose, self-acceptance, resilience, and the capacity to adapt to change.

Key elements of mental health and wellness include:

1. **Emotional Resilience**: The capacity to recognise, understand, and manage one's own

   emotions and reactions, as well as empathise with the emotions of others. This involves the development of emotional intelligence and coping skills.

2. **Psychological Well-being**: A positive sense of self and self-esteem, characterised by self- confidence, a sense of purpose, and the ability to manage stress, anxiety, and depression.
3. **Social Connections**: Healthy relationships with family, friends, and the community. Social support and a sense of belonging are essential for mental health and wellness.
4. **Cognitive Function**: The ability to think critically, solve problems, and make sound decisions. Cognitive well-being involves continuous learning and maintaining mental agility.
5. **Physical Health**: Physical well-being is closely linked to mental health. Regular exercise, a balanced diet, and adequate sleep contribute to overall wellness.

6. **Work-Life Balance**: Achieving a balance between work, personal life, and leisure activities is vital for maintaining mental health and preventing burnout.
7. **Community Engagement**: Active participation in one's community, volunteering, and contributing to the well-being of others fosters a sense of purpose and belonging.
8. **Access to Mental Health Services**: Adequate access to mental health care, including prevention, early intervention, and treatment services, is fundamental to ensuring that individuals can address mental health challenges effectively.
9. **Stigma Reduction**: Promoting an inclusive and stigma-free environment where individuals are encouraged to seek help when needed and are not discriminated against based on mental health conditions.
10. **Education and Awareness**: Raising awareness about mental health and wellness, providing education on mental health issues, and promoting mental health literacy within the community.

9.2. MENTAL ILLNESS AND DISORDERS

Mental illness and disorders, collectively referred to as mental health conditions, encompass a range of emotional, cognitive, and behavioural challenges that affect an individual's thoughts, feelings, moods, and daily functioning. These conditions may vary in severity and duration, and they can

significantly impact a person's well-being, relationships, and overall quality of life. Here are some examples of mental illnesses and disorders:

1. **Major Depressive Disorder (MDD)**: Also known as clinical depression, MDD is characterised by persistent and severe feelings of sadness, hopelessness, and a loss of interest or pleasure in activities. It often includes symptoms such as changes in appetite and sleep patterns, fatigue, and difficulty concentrating.
2. **Generalized Anxiety Disorder (GAD)**: GAD involves excessive and uncontrollable worry about various aspects of life, including work, health, and relationships. Individuals with GAD often experience physical symptoms like muscle tension, restlessness, and sleep disturbances.
3. **Panic Disorder**: People with panic disorder have recurrent and unexpected panic attacks, which are intense episodes of fear or anxiety accompanied by physical symptoms like rapid heartbeat, sweating, and trembling.
4. **Obsessive-Compulsive Disorder (OCD)**: OCD is characterised by intrusive and distressing thoughts (obsessions) that lead to repetitive and ritualistic behaviours (compulsions)

   performed to alleviate anxiety. For example, someone may have obsessions about germs and compulsively wash their hands.

5. **Post-Traumatic Stress Disorder (PTSD)**: PTSD develops in response to a traumatic event and

   involves symptoms such as flashbacks, nightmares, hypervigilance, and emotional numbness.

   It often affects individuals who have experienced trauma, such as combat veterans or survivors of sexual assault.

6. **Bipolar Disorder**: Bipolar disorder involves extreme mood swings, including episodes of mania (elevated mood, impulsivity) and depression (low mood, lack of interest). It can severely impact a person's daily life and relationships.
7. **Schizophrenia**: Schizophrenia is a severe and chronic mental disorder characterized by hallucinations, delusions, disorganised thinking, and impaired emotional expression. It affects an individual's perception of reality.
8. **Borderline Personality Disorder (BPD)**: BPD is marked by unstable relationships, self-image, and emotions. Individuals with BPD may have intense mood swings, impulsivity, and a fear of abandonment.
9. **Eating Disorders**: Conditions like anorexia nervosa (extreme weight loss and restricted eating), bulimia nervosa (binge eating followed by purging), and binge-eating disorder (frequent overeating without purging) are examples of eating disorders that affect body image and eating behaviours.

10. **Attention-Deficit/Hyperactivity Disorder (ADHD)**: ADHD is characterised by persistent patterns of inattention, hyperactivity, and impulsivity. It often begins in childhood and can continue into adulthood.
11. **Autism Spectrum Disorder (ASD)**: ASD is a neurodevelopmental disorder that affects social interaction, communication, and behaviour. It exists on a spectrum, with individuals

    displaying varying degrees of impairment.

12. **Substance Use Disorders**: These disorders involve the misuse of drugs or alcohol, leading to significant physical, psychological, and social consequences. Examples include alcohol use disorder, opioid use disorder, and cocaine use disorder.
13. **Schizoaffective Disorder**: This disorder combines features of schizophrenia (psychotic symptoms) with a mood disorder (such as depression or bipolar disorder). Individuals experience both psychotic episodes and mood disturbances.
14. **Dissociative Identity Disorder (DID)**: DID, formerly known as multiple personality disorder,

    involves the presence of two or more distinct identity states or personality fragments within an individual. Memory gaps between these states are common.

15. **Specific Phobias**: These are intense and irrational fears of specific objects or situations, such as heights, spiders, or flying, that can lead to avoidance behaviours.

9.3. MENTAL HEALTH INCIDENTS

"Mental health incidents" can encompass a wide range of situations or events in which individuals experience mental health challenges, crises, or emergencies. Here are some examples of mental health incidents:

1. **Suicidal Ideation or Attempt**: When an individual expresses thought of suicide or engages in self-harming behaviours, it is considered a mental health emergency that requires immediate intervention and support.
2. **Psychotic Episode**: A person experiencing a psychotic episode may hallucinate, have

delusions, disorganised thoughts, or impaired reality perception. This is a significant mental health incident that requires prompt assessment and treatment.

3. **Severe Anxiety or Panic Attack**: Individuals with severe anxiety may experience panic attacks characterised by intense fear, shortness of breath, palpitations, and a feeling of impending doom. These incidents can be distressing and may necessitate immediate calming and

   therapeutic intervention.

4. **Substance Abuse Crisis**: When someone is struggling with substance abuse or addiction and experiences an overdose, withdrawal symptoms, or other serious health complications, it becomes a mental health incident requiring medical attention and rehabilitation.
5. **Acute Manic Episode**: Individuals with bipolar disorder may have manic episodes

   characterised by elevated mood, impulsivity, reduced sleep, and risky behaviour. Managing these episodes is crucial for their safety and well-being.

6. **Eating Disorder Crisis**: For individuals with eating disorders like anorexia nervosa or bulimia nervosa, a crisis might involve severe malnutrition, dehydration, or suicidal thoughts due to body image issues.
7. **Aggressive or Violent Behaviour**: When someone with a mental health condition becomes aggressive or poses a threat to themselves or others, it's considered a crisis that may require de-escalation techniques, safety measures, and intervention by mental health professionals or law enforcement.
8. **Child or Adolescent Behavioural Crisis**: Children and adolescents may experience mental

   health incidents such as severe behavioural issues, self-harm, or emotional breakdowns that require immediate attention from caregivers, school counsellors, or mental health specialists.

9. **Post-Traumatic Stress Episode**: Individuals with post-traumatic stress disorder (PTSD) may experience flashbacks, nightmares, or severe anxiety triggered by traumatic memories. These incidents can be debilitating and require trauma-focused therapy.
10. **Domestic Violence or Abuse**: Mental health incidents can also encompass situations where individuals are victims of domestic violence or emotional abuse, leading to psychological

    distress and trauma.

11. **Bereavement and Grief**: While grief is a natural response to loss, some individuals may experience complicated grief that leads to severe depression or other mental health issues, necessitating grief counselling and support.
12. **Sudden Mood Deterioration**: Individuals with mood disorders like major depression may experience rapid and severe deterioration of their mood, putting them at risk for self-harm or suicide.

9.4. MENTAL HEALTH PROFESSIONAL

Mental health professionals are individuals who have received specialised education and training to assess, diagnose, treat, and support individuals experiencing mental health issues and emotional

challenges. These professionals play a crucial role in promoting mental health, providing therapy, and helping people cope with a wide range of mental and emotional issues.