

Supporting mental health and emotional well-being among younger students in Further Education

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ABSTRACT

Over the last 25 years there has been an increase in reported behavioural and emotional problems among young people. Moreover, students in Higher Education are reported to have increased symptoms of mental ill health compared to age-matched controls. Some students in Further Education (FE) are likely to experience similar difficulties, especially as an increasing number may come from backgrounds that may make them more vulnerable to mental health problems. National policies and guidance highlight the importance of promoting the mental health of young people in general and of students in particular. This exploratory study aimed to identify whether, and in what ways, FE colleges were contributing to younger students' (aged 16-19 years)

mental health. Interviews with key informants, a survey of FE colleges in England and five case studies of individual FE colleges providing specialised mental health support services to students, revealed some evidence of promising and good practice, but this did not appear to be widespread. Given the current range of college settings, no single approach to improving mental health among students is likely to be the answer. Rather, respondents highlighted a number of factors that influence the provision of support services for students: awareness among professionals of the links between students' mental health and their achievement at college; having in place national and college policies and guidance that address mental health; building an inclusive college ethos; building leadership at senior and middle manager levels; having accessible in-college and/or external support services; and the provision of professional development opportunities for staff.

Background

Mental health and young people

In any one year, one in ten children and young people are said to have a clinically recognisable mental disorder (Green et al., 2005; Mental Health Foundation, 2005).

Over the last 25 years, reported behavioural problems among children and young people have increased by 50%, alongside a 70% increase in emotional problems (Collishaw et al., 2004). Older young people (16 to 19 year-olds) are thought to be at greater risk of mental health problems – this being explained, in part, by a clustering of risk factors and stressful life experiences (Hurry et al., 2000; Harden et al., 2001; Stanley and Manthorpe, 2001; Jacobson, 2002). General risk factors associated with poor mental health include living in an economically and socially deprived community, and having a history of family difficulties (Green et al., 2005; Mental Health Foundation, 2005).

A report from the Royal College of Psychiatrists (RCP) stated that students in higher education displayed ‘increased symptoms of mental ill health when compared to age-matched controls’ (RCP, 2003, p.7). The report concluded that universities and other higher education institutions often fail to meet the mental health needs of their students (RCP, 2003).

There is little reason to believe that students entering Further Education will experience fewer mental health problems than students attending university. A study in one FE college found that 26% of students had experienced intrusive emotional or psychological problems during the current term and that 46% had experienced such problems in the past (Schools Health Education Unit, 2002). Indeed, it could be argued that some students entering FE may be especially vulnerable to mental health problems since FE colleges are often used by young people who have found school difficult, who may require extra time to develop basic and employment-related skills, and who may be drawn from backgrounds that are relatively socially and economically deprived (Foster, 2005).

Both the public health White Paper *Choosing Health* (Department of Health (DH), 2004a) and the Social Exclusion Unit's report on mental health (Office of the Deputy Prime Minister, 2004) highlight the need to promote student mental health in further and higher education settings. Moreover, the Disability Discrimination Act (Part 4), introduced in September 2002, places a duty on all post-16 education and related services to provide an accessible, inclusive and enabling environment for students with mental health problems.

The importance of meeting the needs of learners and addressing 'the cultural, social and economic factors which can limit aspiration and participation' (p.34) is highlighted in *Further Education: Raising Skills, Improving Life Chances* (Department for Education and Skills (DfES), 2006). This calls for not only stimulating and expert subject teaching tailored to individual needs, but also accessible and professional support services, including guidance and counselling, that

are ‘attuned to the needs of learners’ (p.17). Moreover, and particularly for learners new to a college, there is a commitment made within the White Paper to effective pastoral support, which is seen to be ‘essential ... if learners are to settle and begin to achieve’ (p.50).

The National Service Framework (NSF) for Children, Young People and Maternity Services states that all children and young people with mental health problems and disorders should have access to a comprehensive Child and Adolescent Mental Health Service (CAMHS) (DH, 2004b). There is, in particular, a call to support the mental health of 16 and 17 year-olds – as their needs appear often to be unaddressed by both child and adult mental health service providers.

Supporting students’ mental health

The benefits in supporting students’ mental health and well-being are generally acknowledged (AMOSSHE, 2001; Ferguson, 2002; NIACE, 2002; Aylward, 2003; James, 2003). Beyond the obvious health benefits and the corresponding decrease in demand for mental health services, students may become better engaged with learning, which can lead to positive outcomes with regard to educational achievement and attainment (Harden et al, 2001; HDA/DfES/DH, 2004).

Students’ mental health can be supported in a number of ways. Accessible, confidential and well-integrated student support services – including counselling – have been identified as being of benefit to students (AMOSSHE, 2001; Alexander,

2002; HDA/DfES/DH, 2004; Ofsted, 2005) with peer support schemes also highly recommended (Harden et al., 2001). In-house service provision can often be complemented by partnerships with external mental health agencies (AMOSSHE, 2001; Alexander, 2002; Ferguson, 2002; RCP, 2003; HDA/DfES/DH, 2004; Ofsted, 2005).

However, specific mental health services are perhaps most useful when part of an overall college ethos or culture of inclusiveness, trust and respect that aims to support the mental health of students and of staff more broadly (NIACE, 2002; HDA/DfES/DH, 2004; DfES, 2005). The stigma that often surrounds mental health problems can be challenged across a college, with students being provided with opportunities, through and beyond the formal curriculum, to learn about issues such as 'emotional intelligence' and 'emotional resilience' (Alexander, 2002; Ferguson, 2002; HDA/DfES/DH, 2004).

Despite the increased policy emphasis on promoting mental health among young people, there has been relatively little research on how FE colleges are addressing this issue. In the remainder of this paper, we report on an exploratory study undertaken for the Department of Health by the Thomas Coram Research Unit at the Institute of Education, University of London, to learn more about how FE colleges in England might better promote mental health and respond to mental health problems among their younger (16-19 year old) students.

This study aimed to identify whether and in what ways FE colleges in England are addressing the mental health of their students, both in terms of promoting positive

mental health and well-being and in responding to identified mental health problems. Particular areas of enquiry focussed on the links colleges had developed with other specialist mental health agencies and the factors that helped and hindered the development of services to promote and support student's mental health and emotional well-being.

Methods

Data were collected from three main sources – interviews with selected key informants with specialist experience in the issues, a postal survey of a stratified sample of 150 FE colleges, and focused case studies conducted in five FE colleges. Data were collected between October 2005 and January 2006.

Key informants

Interviews with selected key informants sought to identify perceptions about the ways in which the FE sector was addressing mental health issues among younger students (aged 19 years and under). An initial 'long list' of potential key informants was drawn up in consultation with National Institute of Adult Continuing Education (NIACE), the National Association for Managers of Student Services in Colleges (NAMSS), the Department of Health (DH) and the Department for Education and Skills (DfES). The criteria for selection of key informants aimed to ensure that a range of views regarding mental health and FE students could be identified, by drawing on respondents from a range of mental health and FE sector national organisations. A final list of 13 organisations was drawn up (see Appendix A).

An interview schedule was developed, piloted and minor revisions made. Interviews took place with 18 informants, either face-to-face or by telephone. Interviews lasted between 30 and 90 minutes, with detailed notes taken and written up immediately following interview.

Postal survey

A postal survey of a stratified random sample of 150 FE colleges across England was conducted to identify how mental health problems were being addressed in colleges. From a list of all FE Colleges contained in the Education Yearbook, colleges were divided into nine government regions and 150 colleges then randomly selected. Questionnaires were sent to a named Student Services Manager.

The questionnaire drew on findings from the key informant interviews and was developed in consultation with representatives of DH, DfES, NIACE and NAMSS. Following piloting, minor revisions were made and the questionnaire was sent with follow up letters and telephone calls being made.

Fifty-six questionnaires were returned (a 37% response rate). Non-responders whom we were able to contact gave three main reasons for not returning the questionnaire. Some stated that they had not received the questionnaire (some of these returned the questionnaire when an electronic version was sent to them). A few others had passed the questionnaire to a colleague for completion and were unaware that it had not been returned. Finally, some respondents explained that they did not have the time to

complete the questionnaire within the given deadline because of other work-related priorities.

Due to the relatively low response rate, findings from the survey should be viewed as indicative only.

Case studies

Case studies were undertaken in five FE colleges which were identified by key informants as having a good track record of addressing mental health issues. These aimed to identify characteristics of emerging good practice in addressing mental health issues with young learners in FE colleges.

A 'long list' of nine colleges was initially drawn up in consultation with NIACE and NAMSS. Discussions were held with each college in order to select five case studies that covered a range of geographical locations (rural and urban), size of college (from 1,650 to 27,000 students) and organisational arrangements for supporting students' mental health (such as number and types of services, as well as links with external agencies).

For each case study, interviews took place with, as a minimum, a senior manager, the person with lead responsibility for students' mental health, a member of an external agency working with the college on mental health, and a small number of students.

With respondents' permission, interviews were audio recorded.

Data analysis

Data from interviews were analysed using a template approach (Robson, 2002). Key codes were determined on *a priori* basis from the research questions guiding the study as well as from an initial reading of data. These codes served as a template for data analysis. To check for relevancy and omissions, emerging themes were discussed among the project team and also with the DfES Mental Health and FE Colleges working group (an existing policy group whose members were provided with regular feedback on the study's findings).

Data from the survey were analysed using SPSS and frequency distributions generated.

Findings

Identifying need

Forty seven out of the 55 colleges responding to a question on declaration of mental health problems stated that they invited students to indicate whether they had a mental health problem prior to admission. One college identified as many as 200 students (aged 19 and under) as having declared a mental health problem, although, on average, this figure was 19 students per college.

Most key informants and case study respondents stated that they and their colleagues were increasingly aware of younger students experiencing mental health problems. Particular problems that had been identified included depression, eating disorders, self-harm and obsessive compulsive disorders.

Some key informants and a number of case study interviewees felt that such problems might not always be understood as mental health difficulties, either by colleagues or by the students themselves. Three key factors were said to contribute to this. First, the stigma associated with mental illness might make staff and students unwilling to label their problems as such. In addition, a few participants indicated that some FE staff may see mental health problems as something more likely to be experienced by adults than young people. Third, respondents suggested there was a tendency to label difficulties not as mental illness, but as behavioural problems, such as truanting, being violent, being withdrawn and not engaging with academic studies.

Interviewees suggested a range of factors contributed to poor mental health among students. These included, among other things, making the transition from school to college, bullying, drug and alcohol (mis)use, concerns about body image and family relationship breakdowns. A number of respondents also indicated that, over the last few years, the profile of students at the college was changing (due to the 'widening participation' agenda – DfEE, 1998), and that increasing numbers of FE students were experiencing mental health problems.

National and local policies

Key informants working at the national level generally thought that there were already sufficient policies and guidance that could be used by colleges to guide their work.

All of the case study colleges and many survey colleges referred to mental health issues in their college policies. A minority of survey colleges, around a quarter (14), had a specific policy that outlined how to support students' mental health – although very few had consulted widely with students and mental health agencies during the development of such policies. Reference was commonly made to mental health in a range of college policies, including those relating to disability, equal opportunities and student/learner support.

However, in nine of the 56 colleges responding to the survey, respondents stated that no reference was made to mental health in any of their college policies.

A number of interviewees in case study colleges reported they had found that the inclusion of mental health within other college policies was one way of tying the issue into the college's wider strategic objectives – such as promoting a culture of equality and diversity, or improving student retention and raising attainment. Most key informants and case study college interviewees emphasized the links between good mental health and an ability to learn:

‘Emotional health and well-being is a core factor in whether or not students can learn effectively (...) Supporting young people who have specific mental

health problems will enable them to continue to recover and study and gain qualifications and become employed.’ (CAMHS key informant)

Leadership

Leadership from senior managers was seen as an essential driver for the provision of mental health support and promotion in four of the five case study colleges. In one college, senior managers were reported to have ‘set the culture of being inclusive’. In another, the Principal was a keen advocate of mental health provision as he had noticed ‘great social and academic improvements’ among students who had received support from the lead health worker and her colleagues.

However, staff in another case study college reported that senior managers and Governors had yet to be convinced of the importance of addressing mental health. Regular student needs assessments and feedback from support staff (indicating that the emotional support received had helped students stay on at college) was used as evidence to persuade senior staff and Governors of the value of this area of work.

‘The college is now in the top 25% of colleges nationally in terms of recruitment, retention and achievement – the senior management team have started to recognise this is due to the work of the learner support team.’

(Learning support manager)

Middle-managers, too, played a crucial role in developing mental health services. Some were themselves leading the development of college mental health services, others acted as coordinators working in partnership with external service providers (such as Connexions Personal Advisors and specialist mental health providers). Such staff provided a focal point for the work as they advocated for mental health issues to be addressed, managed specialist workers, initiated training, facilitated mental health awareness events, sought and obtained external sources of funding.

In-college support services

Findings from the survey showed that a range of forms of support were being provided to students. Out of the 56 colleges responding, most had college counselling services (N=53); information to students about how to access internal and external support services (N=52); learning mentors and support assistants (N=51); a personal tutor system (N=49) and provided special examination arrangements for students with mental health difficulties (N=47). A majority of colleges had a member of staff with specific responsibility for students with mental health problems (N=39).

Complementing these specific services were other activities, including anti-bullying and anti-harassment campaigns; personal social and health education programmes, student groups and activities such as sports, music and faith societies.

Effective personal tutor systems and learning support programmes emerged as a central feature of the case study colleges. Interviewees in these colleges highlighted

the important role of educational support, not only in helping student learning, but also in contributing to their emotional well-being.

‘Lots of young people are leading a dual life – dealing with family breakdown, caring for a parent or sibling as well as coming to college.’ (Mental health support worker)

In addition, every case study college provided students with opportunities to talk about emotional or psychological difficulties. One college offered a course to students with mental health problems to help them build communication and life-skills, as well as learning to manage stress and anxiety. Although reported to be ‘stretched’ as a service, three of the case study colleges had a counselling service. The smallest of the case study colleges did not have the resources to provide in-house counselling (although there was a ‘drop-in’ available to students).

Students in case study colleges indicated that the specific support they had been given for mental health difficulties had helped them to continue with their studies. These included counselling, tutorial support, drop-ins and mentors.

‘No one at the college talks negatively about people accessing support – it’s just seen as normal.’ (Female student)

‘Support staff are passionate about their work and want to help, so I am never worried about asking; at my previous college I had to justify why I wanted to

see a member of the student support service before an appointment was given to me!’ (Male student)

These students, along with staff interviewed, noted that services worked most successfully when they were part of a positive and inclusive college ethos or environment. Students stated that, among other things, ‘friendly staff’, ‘being treated as an adult, with respect’, ‘having a choice of courses’, ‘a good atmosphere in class’, ‘having someone to talk to when things get too much who is non-judgemental and doesn’t make you feel like you’re imposing’, all contributed to them feeling settled at college and having ‘a sense of belonging’. A few students stated that the lack of ‘quiet spaces’ in which to spend free time or the presence of ‘unfriendly security guards’ did not help them feel settled or safe.

Respondents highlighted that confidentiality regarding, among other things, students’ mental health, was integral to building trust and confidentiality when providing services. However, interviewees in two of the case study colleges noted there could be differing views concerning what information about students should be shared – either within a college or with a student’s parents or carers. One case study college participant noted,

‘Sometimes tutors want more information about a student than we can provide because they have real concerns about the student and want to know what they can do to help.’ (Student support worker)

In two of the case study colleges, staff had collected data on the retention rates of students receiving specialist student support services and had found that 98% stayed on in one college and 86% in another. Such information about retention rates for students experiencing significant difficulties helped senior managers and governors make the case for continued college investment in student support services.

External support services

A majority of colleges in the survey (49 out of 55 responding to a question about external links) stated that they had contact with specialist mental health agencies, such as a local voluntary sector organisation. Despite the potentially important role that Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services could play in supporting some students in FE colleges, only about one third (19 colleges out of 53) and one half (26 out of 55) respectively colleges surveyed had links with this provision.

Where links had been established with external agencies, interviewees at case study colleges noted that they had had to be pro-active in developing these. One respondent echoed the sentiments of others in expressing surprise that external agencies did not engage more fully with FE colleges,

‘Colleges of FE are often the best place to reach the largest number of 16-19 year olds in one locality – it is a resource for them (the external agencies) – so they should want to work together with us!’ (Student support manager)

Interviewees stated that working in partnership with mental specialist health services could, at least potentially, benefit younger students in a number of ways. First, CAMHS partnerships carried out annual needs assessments, and FE colleges and students could be included in these. Second, Early Intervention Psychosis Teams could liaise with college staff to help identify students in particular need. Third, primary mental health workers (who work in settings such as community centres and schools) could extend their activities on a sessional basis to FE colleges. Fourth, college staff could attend local CAMHS partnership meetings, to raise awareness of how professionals in health and the FE sector might work together – a strategy that had, in practice, worked well in one of the case study colleges. Fifth, a member of a college’s Senior Management Team could liaise strategically with mental health professionals through networks such as those co-ordinated NIACE and NIMHE.¹ Finally, external mental health services could provide training and awareness-raising to contribute to a FE college’s staff development programme, as well as offering direct referral routes to specialist care if a significant mental health difficulty emerged in a student.

While many colleges in the survey had put in place referral procedures for students with mental health problems (49 out of 55 colleges), case study respondents expressed concern about the accessibility and quality of external provision including, the long waiting list for appointments, the distance some students needed to travel to get to the

¹ The National Institute of Adult Continuing Education - England and Wales (NIACE) and the National Institute of Mental Health in England (NIMHE) have established a partnership project which aims to improve access to learning and skills for adults with mental health difficulties. They have set up eight Regional Networks that draw together professionals from mental health and further education organisations to highlight positive practice and identify gaps in provision for adults with mental health difficulties. For further information see: <http://www.niace.org.uk/mentalhealth/> Accessed 29 Dec, 2006.

agency and negative feedback from students themselves (who often reported the service had not engaged with their immediate problems and concerns).

Staff development and support

In a little under two thirds of colleges (34 out of 54) responding to a question on training, staff had access to training about mental health issues in the last year.

Interviewees in case study colleges spoke of the need to balance general awareness raising (to include relevant referral procedures) with building specialist expertise.

‘Tutors can learn active listening skills, empathy, but there is a limit to the extent people can be trained up (...) Tutors need to know where they can go for help, either for students or for themselves (...) But we do need more training for a core group of staff on mental health issues, such as depression, self-harm and eating disorders.’ (External CAMHS worker)

Case study college interviewees indicated that staff development needed to be tailored to the interests and expertise of staff. They suggested, for example, that staff with certain subject specialisms – such as in health and social care – may, (although not necessarily), be more attuned to mental health issues than staff who taught other subjects. Moreover, respondents in colleges that operated across a number of sites, and with both full-time and part-time staff, often noted the challenge of ensuring that all staff had a solid grounding in college practices and procedures, whether with regard to mental, or more general, health issues.

Funding and resourcing

All five case study colleges had funded some level of mental health services through their core budgets. Funding via Additional Learner Support (ALS) also allowed colleges to provide services to students identified as disabled – including those identified as having a mental health problem. However, the number of students experiencing such problems and who were in receipt of college services was invariably greater than those formally identified with such a problem under the Disability Discrimination Act (DDA). As one case study respondent noted,

‘We have to prioritise those students who declare a disability under the DDA [Disability Discrimination Act] for ALS; and the students who declare a disability are usually older.’ (Learning support manager)

Case study colleges had actively sought external resources to improve their mental health provision to students. In one college funding had been gained from the local CAMHS and Connexions services, at another college the European Social Fund had resourced some provision, while at a third college the local authority and primary care trust supported service developments. Using this start-up funding to develop pilot services, the student support leads had been able to demonstrate that such initiatives met student needs, which resulted in the senior management team in all three colleges deciding to provide core funding to continue such mental health support. In two of the colleges, external funding continued to be made available as well.

However, securing funding from a specific external budget could have unintended negative consequences. A college substance misuse worker was concerned that ring-fenced money could lead to 'health silo work'. This meant it could be difficult to develop whole-college programmes of health-related work. In one case study college, funding had been obtained from the local Teenage Pregnancy Strategy Group, the Drugs and Alcohol Team, Connexions and CAMHS. The student support manager in this college stated that funding was now needed to employ someone to coordinate these initiatives across the college and to provide a joined-up service for students.

Conclusions

There appears to be a growing concern among health and education professionals that mental health problems among younger students in FE are becoming increasingly evident. This study found interest and goodwill among respondents to develop mental health support services for students. However, nine of the 56 colleges responding to the survey stated that they made no reference to mental health issues in any of their college policies and 51 stated that their college would benefit from further guidance on how to support younger students with mental health difficulties. There exists, therefore, opportunities to develop further the role of FE colleges in supporting and promoting student's mental health and emotional well-being.

The diverse and rapidly changing nature of the FE sector suggests that no single approach to improving mental health among younger students is likely to be effective. However, there are a number of factors that appear to contribute to success.

First, respondents highlighted the importance of understanding the ways in which mental health can affect learning and *vice versa*. In this study, college staff had noted how the provision of mental health support services had contributed to student retention, attainment and achievement. Case study findings, in particular, highlighted the importance of providing complementary and non-stigmatising support for students which was responsive to the range of mental health and learning support needs experienced.

Second, current national policies and guidelines could be used to prioritise activities that support and promote students' mental health. While specific college-based mental health policies do not necessarily need to be written, respondents spoke of the value in embedding the rationale for support into a range of policies (such as welfare, learning support, equality and diversity).

Third, building an inclusive and supportive college-wide ethos and environment appeared to complement the work of specific mental health support services. Students highlighted that having friendly adults to talk to, being treated with respect, having a wide range of courses and appropriate places in which to be quiet and to study were of value to them.

Fourth, the development of mental health services in a college generally required the leadership, or at least the support of, senior managers and governors. Where this was not forthcoming (as in one case study college), leadership at middle manager level became all the more important.

Fifth, case study colleges strove to strike the best balance between having staff with specialist mental health expertise working alongside those who had at least a general awareness of key mental health issues. Those with particular mental health responsibilities could provide one-to-one support to students, ensure that student tutorial programmes addressed mental health, liaise with external agencies, and support the development of college-wide activities to promote mental health. While those staff with a more general awareness should be able to identify when students were having problems and what the procedures were to refer them, initially at least, to in-college sources of support.

As 'Staff need to be properly trained and to develop and update their skills regularly to respond to changing needs and new challenges' (DfES, 2006, p.8) more could be done to address mental health and emotional well-being during initial teacher training and through continuing professional development.

Finally, establishing and sustaining links with external agencies could bring some advantages. These included having access to specialist workers (from, for example, CAMHS or Connexions) to work with young people, receiving clinical supervision for college mental health workers, using specialist workers to contribute to health

‘drop-in’ services, and accessing financial resources for particular programmes or activities.

This study found that much good work is in place to address the mental health needs of students – at least in the five case study colleges visited. All five were committed to building an inclusive environment to promote the well-being, achievement and attainment of all their students. Furthermore, they had invested in specific programmes and activities that provided focussed mental health support to students and helped raise awareness among staff of the ways in which they could promote students’ learning and improve their emotional well-being. All colleges had also attempted to build links with specialist external agencies, with variable success.

The promising practice demonstrated by case study colleges exemplified the key themes highlighted in the good practice literature highlighted in the background section of this paper. There seems now to be a growing awareness of how best to support the emotional well-being of students in FE colleges. What remains more open to question is the extent to which those in health and education services can work together to provide accessible and relevant services to students, no matter which FE college they study in.

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Appendix A – Key informants’ institutional affiliations

1. Association of Colleges (AoC)
2. Department for Education and Skills (DfES)
3. Department of Health (DH)
4. Learning and Skills Development Agency (LSDA)
5. Mental Health Foundation (MHF)
6. National CAMHS Support Service (NCSS)
7. National Institute of Adult Continuing Education (NIACE)
8. National Union of Students (NUS)
9. National Youth Agency (NYA)
10. Office for Standards in Education (Ofsted)
11. Royal College of Psychiatrists (RCP)
12. University Mental Health Advisors Network (UMHAN)
13. Young Minds