

Mental health and emotional well-being of students in further education - a scoping study

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Executive summary

Introduction

Leaving school and entering further or higher education can be particularly stressful times for young people. Although there has been some research into how well universities are responding to mental health problems among their students, there has been no comparable recent research focussed solely on the mental health issues in the further education (FE) sector. Yet this is likely that many students entering further education from school will be particularly vulnerable, since study in FE is often (perhaps increasingly) undertaken by young people who have found school difficult or who may require extra time to develop basic and employment-related skills.

This relatively small-scale study was undertaken by the Thomas Coram Research Unit for the Department of Health, with the backing of the Department for Education and Skills. It aimed to explore how FE colleges in England are engaging with and addressing the mental health needs of their younger students (aged 16-19), both in terms of promoting positive mental health and emotional well-being and in responding to identified mental health problems.

Methods

The study drew on four main sources of data collected between October, 2005 and January, 2006:

- An overview of relevant literature
- Interviews with 'key informants' representing 13 organisations with an interest in promoting student mental health in this sector
- A postal survey of 150 FE colleges in England, which achieved a 37% response rate
- Detailed case studies of five colleges with experience of addressing mental health issues among younger students (aged 19 and under)

Key findings

- Respondents stated that they and their colleagues were increasingly aware of mental health problems among younger students, including depression, eating disorders, self-harm, and obsessive-compulsive disorder. Factors perceived as contributing to poor mental health include the transition from school to college, bullying, drug and alcohol (mis)use, concerns about body image, and family relationship breakdowns.
- All the key informants in this study believed that greater attention needs to be paid to the mental health of students in FE colleges. Some noted that students who experience mental health problems tend to be labelled, not as mentally ill, but as having 'behavioural problems' –

such as truanting, being violent, or being withdrawn and not engaging with their studies.

- The importance of addressing mental health-related issues across the whole college was stressed. Although specific types of support such as counselling and the provision of personal mentors had been found useful by students with mental health problems, just as important to them was the overall ethos of the college as a welcoming and supportive place.
- A minority of colleges had a specific policy on mental health, but most referred to mental health within the context of a range of other policies, for example on disability or equal opportunities and diversity.
- The promotion of positive mental health for all students was often closely tied to the provision of student support in general, such as personal tutor systems, mentor schemes, drop-in services and suchlike. These formed part of overall college provision to extend students' capacities both academically and emotionally.
- Specific health-related work undertaken by the case study colleges included anti-bullying and anti-harassment activities, stop smoking initiatives, group work sessions on anger management for identified students, and information included in college diaries about external agencies and sources of support.
- Despite the potentially important role of CAMH services in helping colleges to support younger students with mental health problems, there was little evidence of strong working relationships between colleges and local CAMHS. Little more than a third (19) of survey respondents stated that their college had an identified link person in the local CAMHS who they could turn to for information and advice. Some concerns were expressed about the accessibility and relevance of specialist provision that was available.
- Four main themes are identified as contributing to the development of services to promote students' mental health in FE colleges. These are: making use of national and college policy, strong leadership and commitment to student support services, providing students with opportunities to make their views and needs known, and sufficient resources with which to carry out the necessary work.
- The development of such provision needs to be considered within the context of factors that are affecting the development of the FE sector as a whole, in particular the increasing demands that are being placed on colleges at the same time as they have to respond to frequent changes in funding arrangements and the demands of new inspection frameworks.

Conclusion

The study found evidence of concern among health and education professionals about the prevalence of mental health problems among young people, and interest and goodwill among those in the FE sector to develop further their provision to support and promote the mental health of younger students. Sixteen per cent (9) of colleges responding to the survey stated that they did not mention mental health in any of their college policies, 91% (51) stated that their college would benefit from further guidance on how to support younger students with mental health difficulties.

The diverse nature of the FE sector suggests that no single approach is likely to engage all colleges, but the report concludes by drawing out a variety of factors that appear to contribute to success. Recommendations include the need for strong leadership (at government and college levels), better use of existing policies and guidance, continuing professional development, closer partnership working between colleges and local CAMHS, and making resources available to disseminate existing good practice.

1. Introduction

1.1 Background

The National Service Framework (NSF) for Children, Young People and Maternity Services sets a standard for all children and young people with mental health problems and disorders to have access to a comprehensive child and adolescent mental health service (Department of Health (DH), 2004a). Provision for the mental health needs of young people has been identified as an area needing further attention, in particular for 16 and 17 year-olds as their needs may remain unaddressed by both child and adult service providers.¹

The time of leaving school and entering further or higher education can be particularly stressful. A recent study by the Royal College of Psychiatrists has shown that universities and other higher education institutions often fail to meet the mental health needs of their students (RCP, 2003). There has been no comparable investigation of the further education (FE) sector, yet it is likely that many students entering this sector will be particularly vulnerable, since FE colleges are often used by young people who have found school difficult and/or who may require extra time to develop basic and employment-related skills (Foster, 2005)

Both the NSF and the public health White Paper *Choosing Health* highlight the importance of early interventions to promote young people's emotional well-being, as well as the need for services to be available once difficulties have become more severe. Furthermore, the delivery plan for *Choosing Health* states that the Department of Health '*...will support the initiatives being taken locally by some colleges and universities to develop a strategy for health that integrates health into the organisation's structure to create healthy working, learning and living environments, increase the profile of health in teaching and research, and develop healthy alliances in the community*' (DH, 2005: p.102).

Youth Matters: Next Steps proposes that colleges are to have a role in providing young people with information, advice and guidance about a range of issues, including those related to their health and well-being (Department for Education and Skills (DfES), 2006a). And while not directly focused on

¹ With regard to the Public Service Agreement (PSA) relevant to CAMHS, it is expected that local services will contribute to improving '... the life outcomes of children with mental health problems, by ensuring that all patients who need them have access to comprehensive CAMHS.' The success criteria for meeting the PSA target are that all PCTs and local authorities should be commissioning the following services for their population by December 2006:

- CAMHS 24/7 emergency out of normal hours services
- CAMHS for CYP with learning disability
- CAMHS for 16/17 year olds
- CAMHS for children with complex needs (for local authorities only)

Available at:

<http://www.everychildmatters.gov.uk/files/DD2C4B56108C9F47A3E6DF6E442BBADF.doc>

Accessed 13 July 2006

students, but nevertheless inclusive of them, the provision of Integrated, targeted support for young people is also being tested out as part of the implementation of *Youth Matters* (DfES, 2006a).

One approach to promoting health in educational settings is that outlined through the National Healthy Schools Programme (NHSP). This approach aims to attend to children's emotional health and well-being through promoting a positive 'whole-school' ethos alongside specific interventions for both primary and secondary school aged children. Some FE Colleges, such as Huddersfield New College, are already working towards what they describe as a Healthy College Standard.²

The Department of Health, with the backing of the Department for Education and Skills, commissioned a study from the Thomas Coram Research Unit at the Institute of Education, University of London, to find out more about how FE colleges in England might better promote mental health and respond to mental health problems among their students.

1.2 *About the study*

This relatively small-scale study aimed to identify whether and in what ways FE colleges in England are addressing the mental health of their younger students (aged 16-19), both in terms of promoting positive mental health and well-being and in responding to identified mental health problems.

Research questions guiding the study were:

- How do colleges provide support for students with existing mental health problems? How do they respond to students who develop mental health problems while at college?
- What links have colleges developed with other agencies (such as local CAMH services and voluntary bodies) to assist with service access and provision for students who experience mental health problems? What access to specialist services do students have?
- Are specialist services available to support students with learning disabilities and mental health problems? How are these perceived by students?
- How far and in what ways are colleges trying to promote positive mental health and well-being for all their students?
- How can mental health promotion and service provision form part of a broader Healthy College approach (that includes addressing other issues – such as sexual health).
- Are professional development activities available for college staff to help them support students' mental health and emotional well-being?
- What factors inhibit the development of services to promote and support student's mental health and emotional well-being? What factors facilitate such provision?

² See: www.huddnewcoll.ac.uk/healthycollege/healthycoll.asp Accessed 5 February, 2006

- What forms of advice or help would colleges welcome to further support students?

1.3 *Methods*

The study drew on four main sources of data collected between October, 2005 and January, 2006.

An overview of literature focused on the promotion of mental health and well-being in further education colleges, with a particular focus on the UK. Articles, research papers and reports (both published and in the 'grey' literature) were identified through contact with specialist organisations such as the National Institute of Adult Continuing Education (NIACE), *Young Minds*, the Royal College of Psychiatrists, the Association of Colleges (AoC) the Department of Health (DH) and the Department for Education and Skills (DfES). Further material was found through interviews with key informants and through web-based searches.

From the literature, five key areas were identified: background to the further education sector; young people and mental health in England; specific studies on mental health and students in further and higher education; best practice in promoting student mental health in educational settings; and health promoting colleges and universities.

Interviews with selected key informants sought to identify whether and in what ways mental health issues were currently addressed in the FE sector – and in particular for students aged 16-19 years.

A 'long list' of potential key informants and organisations was drawn up in consultation with NIACE, the National Association for Managers of Student Services in Colleges (NAMSS), the DH and DfES. Following consultation with the DH and DfES, a final list of 13 organisations was selected for consultation, including the Association of Colleges, the Department of Health and Department for Education and Skills, the National Child and Adolescent Mental Health Services Support Network, the National Union of Students, the Royal College of Psychiatrists and *Young Minds* (a list of all the organisations consulted is included as Appendix A).

An interview schedule was developed and minor revisions made following piloting. Phone or face-to-face interviews took place with 18 informants, lasting between 30 and 90 minutes.

A focused postal survey of a stratified sample of 150 FE colleges across England asked respondents to outline how mental health issues and problems were being addressed in their colleges – particularly for students aged 16-19 – and what links had been established with external agencies to support this area of work.

From a list of 250 FE colleges contained in the Education Yearbook (and organised by region), 150 general further education and tertiary colleges were randomly selected (with an equal proportion in each region). Following

selection, the names of Student Services Managers were provided by the National Association of Managers of Student Services (NAMSS).

A questionnaire, drawing on emerging findings from the expert interviews, was developed in consultation with DH, DfES, NIACE and NAMSS. Revisions were made following an initial piloting of the data collection instrument. Together with a covering letter explaining the purpose of the study, the questionnaire was sent out to one hundred and fifty named respondents. A reminder letter was sent to all colleges that had not responded by the initial deadline. Follow up telephone calls were then made to all potential respondents who had not returned the questionnaire by the second deadline.

As a result of these efforts, fifty-six questionnaires were returned (indicating a 37% response rate). Non-responders gave three main reasons for not returning the questionnaire. Some respondents commented that they had not received the questionnaire by post (some of these respondents returned the questionnaire when they received an electronic version). A few others (who were managers of student services) had asked a colleague to complete the questionnaire and were unaware that it had not been returned. Some others stated that they had not had the time to complete the questionnaire and would be unable to do so due to other work-related priorities.

Due to the relatively low response rate, findings from the survey conducted as part of this scoping exercise should be viewed as indicative only.

Five case studies of FE colleges with a track record of addressing mental health issues (or of healthy colleges work) were undertaken, in order to explore relevant issues in more depth and to identify characteristics of emerging good practice in this field.

Following initial discussion with NIACE and NAMSS, a long list of nine colleges with some expertise in addressing mental health issues among younger students (aged 19 and under) was drawn up. Discussions were then held with each college prior to a decision on their inclusion in the study. Criteria for final selection of colleges related to geographical spread, size of college, the nature of the mental health work in place (such as forms of support within the college, links with external agencies and the balance between mental health promotion and services for younger students with mental health problems). One college was chosen due to its adoption of a whole college approach to health-related issues.

Within each college, interviews took place with 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 issues, and a small number of students. Interviews also took place with those nominated by other respondents who were seen to contribute to the college's work to address mental health and emotional well-being (such as Connexions staff). With respondents' permission, interviews were audio recorded.

Emerging themes from key informant and college interviews were identified and discussed among the project team to identify commonalities and

differences across interviews. To check for relevancy and omissions, emerging findings were presented to the DfES mental health and FE colleges working group.

Two-three page summaries of the mental health-related work of case study colleges are included as Appendix B

1.4 About the report

The report is structured around the main research questions and brings together findings from the review of relevant literature, key informant interviews, postal survey of colleges and case studies.

The report aims to provide an overview of policies and studies that inform (and can be used to inform) services to support and promote the mental health and emotional well-being of students. Although the fieldwork was not extensive, our analysis of data seeks to illuminate key issues that illustrate how colleges are responding to mental health issues among students. Findings and implications are intended to assist and guide the decisions of policy-makers and practitioners and the implications are suggestive of the sorts of actions that could be taken to further develop work in this field.

2. Findings

2.1 Further education: setting the scene

Around two-thirds of the further education sector in England is comprised of general further education and tertiary colleges (around 250 colleges in total). Together these colleges offer a broad range of courses in one setting or across a number of sites in one locality. Sixth form colleges (approximately 100 colleges) make up around a quarter of the sector and cater in the main for those studying towards A Levels, the majority of whom are 16-19 year-olds. Specialist colleges, usually focusing on art and design or land-based studies, and specialist designated institutions (who have a mainly adult student population), form the final ten percent of the further education college sector (Foster, 2005).

The development of the FE sector into its current form has been described as somewhat 'haphazard' (Lucas, 2004: 39). A recent review of the sector also suggests that it lacks a 'clearly recognized and shared core purpose' (Foster, 2005: vii). The shifting purpose and ever-changing funding and inspection frameworks within which colleges of further education have had to operate (Davies and Jones, 2003; Lucas, 2004), have led to the sector being poorly understood by the general public (Foster, 2005), and, among some, being perceived as something of a 'Cinderella service' (Gleeson et al., 2005).

That said, over three million students study in further education and tertiary colleges every year. The majority of these are adults (79% in 2003/04)

undertaking part-time courses. Adults studying part-time account for most of the 19% increase experienced by the further education sector over the past eight years (Foster, 2005). However, while young people only comprise a fifth of the total population of students in FE, approximately half of all college provision – in terms of teaching hours – is for 16-19 year-olds (Foster, 2005).

Students take a range of courses, ranging from Basic Skills, to English for Speakers of Other Languages (ESOL), to vocational qualifications such as NVQs, BTECs and City and Guilds in subjects such as Health and Beauty, Construction or Business and Administration, to more traditional academic qualifications such as GCSEs, A' Levels, Foundation Degrees and Higher National Certificates or Diplomas.

Data collected for the study survey demonstrated some of the diversity of the sector as a whole. For example, although the average number of students per college was around 15,000, this ranged from 2,750 students attending the smallest college to 43,000 at the largest. The average number of full-time students in survey colleges was around 3,000 (ranging from 620 to 13,630 students). The average number of part-time students per college was around 12,000, ranging from 2,000 to 36,000 students.

There were, on average, around 2,000 full-time students aged 19 years and under per college – ranging from 451 to 11,000 students. The average number of part-time students aged 19 years or under per college was 1,200, with a range from 52 to 5,000 students.

The average proportion of female full-time students aged 19 years or under was 55 percent (with a range from 40% to 96%) and the average proportion of female part-time students aged 19 years or under was 60 percent (ranging from 0% to 95%).

2.2 Mental health and young people

The importance of supporting the mental health of all children and young people has been identified through research and highlighted in government policy. At least one in ten children and young people are said to have a clinically recognisable mental disorder in any one year (Green et al., 2005; Mental Health Foundation (MHF), 2005). Reported behavioural and emotional problems among young people are reported as having increased by 50% and 70% respectively over the last 25 years (Collishaw et al., 2004).

Older young people are thought to be more at risk of mental health problems, which may in part be explained by an increased likelihood of a clustering of risk factors and experiences (Hurry et al., 2000; Harden et al., 2001; Stanley and Manthorpe, 2001; Jacobson, 2002). Other risk factors associated with poor mental health among young people include living in an economically and socially deprived community, and having a history of family difficulties (Green et al., 2005; MHF, 2005). Overall, young men appear to be more at risk of 'mental disorders' (Green et al., 2005), but there are gender differences in the types of mental health problems experienced. The literature also suggests that, particular groups of young people, such as those with experience of

living in public care, who are homeless or who have a history of offending, are more vulnerable to poor mental health (Green et al., 2005).

There is little published information specifically about the mental health of students. In 2003, a report from the Royal College of Psychiatrists stated that university student counselling and health services had reported a progressive increase in the number of students presenting to them and that the mental health problems experienced were becoming more severe. Students in higher education displayed 'increased symptoms of mental ill health when compared to age-matched controls' (RCP, 2003, p. 7). In a survey of academic staff in one English university, 35% reported that they had taught and/or supervised students with mental health problems in the last five years. Of those students identified with mental health problems, 28% were said by staff to be experiencing 'severe' or 'life threatening' mental health problems (Stanley and Manthorpe, 2001).

Students attending FE colleges may be particularly vulnerable to emotional and mental health problems, a point made by several key informants in the current study. Some evidence for this is provided by a recent Schools Health Education Unit survey of students in one further education college. Although not generalisable to all FE students, the study found that 26% had experienced intrusive emotional or psychological problems during the current term and 46% had experienced such problems in the past (Schools Health Education Unit, 2002).

All the key informants in our study believed that greater attention needed to be paid to the mental health of students in FE colleges. Some noted that students who experienced mental health problems tended to be labelled as having 'behavioural problems' – such as truanting, being violent, or being withdrawn and not engaging with their studies. A number felt that this was due, at least in part, to college staff not wishing to stigmatise young people as mentally unwell. Key informants also indicated that mental illness might be seen by some education and health professionals as something experienced by adults rather than young people.

Yet almost all those interviewed, in case study colleges as well as representatives of relevant organisations, indicated they and their colleagues were now more aware of mental health problems among younger students, including depression, eating disorders, self-harm, and obsessive compulsive disorder. Factors contributing to poor mental health were said to include, among other things, the transition from school to college, bullying, drug and alcohol (mis)use, concerns about body image, and family relationship breakdowns.

A group of respondents in one case study college noted that some of their colleagues were unwilling to alter their expectations of, and techniques for interacting with, the more 'challenging' younger students who were increasingly attending the college as part of the widening participation agenda.

A number of key informants felt there was a particular challenge in meeting the needs of students with learning difficulties and mental health problems. As one CAMHS key informant noted,

‘Young people with learning difficulties are more at risk of mental health problems (...) they face particular difficulties because CAMHS staff don’t feel skilled to work with them, but then neither do learning disability staff, so colleges are likely to feel they don’t have the skills to support these young people either.’

2.3 *Supporting students with mental health problems*

Over the last four to five years, a number of best practice guides and publications have sought to highlight the importance of addressing mental health in educational settings³. While many of these relate to work in schools, an increasing number focus on further and higher education settings.

The main difference between publications for schools and those for further and higher education settings is that while the former are primarily interested in the promotion of mental health and well-being, the latter are chiefly concerned with meeting the needs of students experiencing mental health problems.

The public health White Paper *Choosing Health* (DH, 2004b), the Social Exclusion Unit’s report on mental health (Office of the Deputy Prime Minister (ODPM), 2004a), and some local healthy school partnerships (Drury and Doherty, 2005) argue for the need to promote student mental health in both further and higher education settings. Other publications focus specifically on higher education settings, such as reports from the Association of Managers of Student Services in Higher Education (AMOSSHE, 2001), the Higher Education Funding Council for England (Ferguson, 2002), the Royal College of Psychiatrists (RCP, 2003), and National Institute of Adult Continuing Education (NIACE, 2002; Aylward, 2003; James, 2003).

One of the main reasons given in the literature for supporting work to promote the mental health of students is that directly or indirectly this will encourage educational engagement and raise attainment (Harden et al., 2001; Health Development Agency/Department for Education and Skills/Department of Health (HDA/DfES/DH), 2004). Promoting mental health and well-being in an educational setting may facilitate a readiness to learn, improve behaviour and attendance, and promote staff recruitment and retention (HDA/DfES/DH, 2004). 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.

Developing a culture and environment of inclusiveness, respect and trust is fundamental to the promotion and support of student mental health and

³ AMOSSHE (2001); DfEE (2001); Alexander (2002); Ferguson (2002); RCP (2003); HDA/DfES/DH (2004); DfES (2005a); Ofsted (2005).

emotional well-being (NIACE, 2002; HDA/DfES/DH, 2004; DfES, 2005a). The White Paper *Further Education: Raising Skills, Improving Life Chances* (DfES, 2006b) highlights the importance of meeting the needs of learners and addressing 'the cultural, social and economic factors which can limit aspiration and participation' (p.34). To help learners achieve, there is expected to be 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). Furthermore, and particularly for learners new to a college, there is a commitment made to effective pastoral support, which is seen to be 'essential ... if learners are to settle and begin to achieve' (p.50).

In the current study, key informants and respondents in colleges also made links between mental health and students' ability to learn and achieve good outcomes

'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)

In all case study colleges, respondents highlighted the importance of addressing mental health-related issues across the whole college.

All of the case study college students interviewed indicated that the support they had received from college had been of help; in many cases it had enabled them to continue with their studies. Although specific types of support were mentioned as useful (such as counselling, tutorial support, drop-ins, mentors), as important to students was the overall ethos of the college. This appeared to be crucial to their assessment of their college experience.

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', 'someone you can talk to when things get too much, who is non-judgemental and doesn't make you feel like you are imposing' could all contribute to them feeling settled in college and experiencing a 'sense of belonging'. Finally, students emphasized how critical the overall physical environment of the college was. The presence of 'unfriendly security guards' or the lack of 'quiet' spaces in which to spend free time worked against students feeling 'safe'.

All case study colleges and 86% (47) of colleges in the survey invited students to indicate whether they had a history of mental health problems on admission. Some survey colleges stated that no students aged 19 and under had declared having mental health problems, while one college identified 200 students as having indicated such. Across all colleges responding to the survey, the average number of students stating they had a mental health problem on admission during 2004/5 was 19 per college. Respondents reported there were fewer students reporting both learning and mental health problems – an average of 15 students per college, with some colleges having no declarations and one college having 75 students with these needs.

Around a quarter (14) of survey colleges had developed a specific policy that outlined how to support students' mental health. In developing these, just 9% (5) had consulted students, 5% (3) had consulted their local Child and Adolescent Mental Health Service (CAMHS), 11% (6) had consulted the local Adult Mental Health Service and 7% (4) had consulted their local Connexions service.

Rather than having a specific mental health policy, colleges more commonly made reference to mental health in a range of other policies and college materials, including, for example, those that addressed:

- Disability (71%)
- Equal opportunities and diversity (69%)
- Student/learner support (62%)
- Child protection (53%)
- Pastoral care (53%)
- Human resources and professional development (53%)
- Admissions (40%)
- Confidentiality (36%)
- Anti-bullying (29%)
- College development plans (27%)

Around 16% (9) survey respondents stated that no reference was made to mental health issues in their existing college policies.

Findings from the survey showed that a range of forms of support were in place to support students experiencing mental health difficulties. Most colleges had in place counselling services (95%; 53), information for students about how to access internal and external mental health services (93%; 52), learning mentors and support assistants (91%; 51), a personal tutor system (88%; 49), special examination arrangements (84%; 47), and a member of staff with specific responsibility for student retention and support (70%; 39). Thirteen colleges (23%) had a college nurse and eight (14%) stated they made use of peer mentors.

The majority of college case study respondents and some of the key informants stressed the importance of being able to offer students a range of support services, so they could choose the type of support they were most comfortable accessing. However, respondents were keen to point out that these needed to be complemented by the fostering of a positive college ethos or culture.

One case study college had developed a specific course for students who had or were experiencing mental health problems. This was held over ten weeks and helped them, among other things, to build communication and life skills, manage stress and anxiety and better organise their time. Students often attended this programme alongside their main college course.

A number of case study colleges emphasized the importance of offering support to students who needed it before they began at college, either through one-to-one work to deal with any anxieties they were experiencing, or by offering students the opportunity to take 'taster' sessions to explore whether they wanted to commit to a formal college course.

Case study colleges and some of the key informant respondents spoke about the importance of confidentiality when working with students. Confidentiality was seen to be an integral part of provision, in that it helped build trust between students and staff. However, respondents in at least two of the colleges indicated that there was often a disjuncture between the attitude to confidentiality held by support service staff and the attitude of many teaching staff (both in terms of what information had to be shared within college, and what information should be shared with students' parents). As one case study college respondent 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, College 4)

In one college, a member of the Senior Management Team had mediated between a department and the college support service, when the former made a complaint that it was not being kept informed of the progress made by a student receiving personal and emotional support. Case study college respondents emphasized the need to explain the advantages of sharing information, and to negotiate with the student the information they were willing to share with other key members of staff.

In two of the case study colleges, data were collected on the retention rates of students receiving specific forms of support. One college demonstrated a retention rate of 98% for students receiving support from the specialist student support service, and the other college reported a 86% retention rate. Case study college respondents reported that their senior management teams and governors felt that such high retention rates for students experiencing significant difficulties justified continued college investment in student support services.

2.4 Working with and accessing specialist services

Support for students' mental health can be provided both in-house and by external agencies. Provision of accessible, confidential and well integrated student support services – including counselling – have been highlighted as being of benefit to students (AMOSSHE, 2001; Alexander, 2002; HDA/DfES/DH, 2004; Office for Standards in Education (Ofsted), 2005). Peer support schemes are also highly recommended (Harden et al., 2001).

Existing guides to best practice in providing mental health support highlight that strong partnerships should be built between schools, colleges, universities and external agencies (AMOSSHE, 2001; Alexander, 2002; Ferguson, 2002; RCP, 2003; HDA/DfES/DH, 2004; Ofsted, 2005). A study of joint working between schools and CAMH services found that effective

partnerships were associated with numerous benefits such as a better understanding of each organisation's roles and skills, and led to earlier identification and support being offered to pupils experiencing mental health problems (Pettitt, 2003). That said, it is important too to recognise that the stigma attached to having a mental disorder – whether as a young person or adult – may prevent some people from seeking help and support when needed.⁴

Despite the potentially important role of CAMH services, few key informants in the current study were aware of any examples of strong working relationships between CAMHS and colleges. Little more than one third (19) of survey respondents stated that their college had an identified link person in the local CAMHS who they could turn to for information and advice. And a little under one half (26) stated that their college had a link with the local Adult Mental Health Service.

One or two key informants thought that better links between mental health workers and college staff could be established. For example, as CAMHS partnerships carried out annual needs assessments, valuable insights could be gained into the mental health problems of young people locally by including those attending FE colleges.

In working to meet young people's needs, one key informant stated that primary mental health workers (who work in a range of community settings such as health centres and schools) could extend their activities on a sessional basis to FE colleges. Furthermore, it was suggested that Early Intervention Psychosis teams could liaise with college staff to identify psychosis at an early stage. And if a young person was to be discharged from a CAMHS in-patient unit, there could be value in college staff attending Care Programme Approach meetings – particularly as engagement with education could be a protective factor for young people's future mental health and emotional well-being.

Links with other specialist mental health agencies, such as a local voluntary sector organisation, were more common than those with CAMHS. Around 89% (49) of respondents indicated that their college had contact with such an agency.

Among the five case study colleges, three had links with local CAMH services. Staff in these colleges reported, however, that they had had to be proactive in developing such partnerships. One described how CAMHS staff had initially been 'very slow in coming to the party' (College 5). But after initial meetings with CAMHS to talk about the work of the college, good progress had been made and a member of the CAMHS team regularly came to the college to support them to develop the work, and to provide clinical supervision to two of the college's specialist support workers.

⁴ See, for example, the Royal College of Psychiatrist's campaign 'Changing Minds' <http://www.rcpsych.ac.uk/campaigns/changingminds/whatisstigma/mentaldisorderschallenging.aspx> Accessed 13 July 2006.

One key informant noted that a college lead on mental health could attend local CAMHS partnership meetings. This could raise awareness of the college among mental health professionals and increase their confidence in the support that staff in colleges provided to young people – a strategy that had, in practice, worked well for one of the case study colleges.

Members of the Senior Management Team at one college noted that they would not necessarily wish to be involved in meetings with CAMHS staff, as the college health lead would be expected to establish those sorts of working relationships. However, they envisaged that the college could benefit from their engagement with senior professionals in the health service who had a strategic lead for mental health.

Such strategic engagement was felt to be of value by one or two key informants too. They noted that the profile of FE colleges might be raised among mental health professionals through local CAMHS partnerships, or within Early Intervention Psychosis teams or by CAMHS Regional Development Workers – the latter being able to promote awareness of colleges with Strategic Health Authority CAMHS leads. The NIMHE and NIACE networks were also seen to be a key regional resource⁵.

In one case study college, close links had been established with the local Connexions service. Connexions had funded three specialist posts in the college: an intensive support Personal Advisor who worked with students experiencing problems related to homelessness, substance misuse, teenage pregnancy and mental health problems; a Personal Advisor who specialised in supporting students with mental health problems; and a counsellor who undertook mediation work with families where relationship breakdowns had resulted in a student becoming homeless.

One college respondent expressed surprise that more external agencies did not proactively develop partnerships with colleges given that,

‘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 Lead, College 5).

The larger case study colleges indicated that they could provide services in-house for students experiencing mental health problems such as depression, self-harm, anxiety, substance use. Two colleges, for example, had two part-time counsellors with one having a further two trainee counsellors. However, due to the numbers of students seeking to access the service, and the severity of problems experienced by students, respondents felt that counselling provision needed to be increased.

⁵ 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. After undertaking a survey of learning and skills providers to identify the level of provision for people experiencing mental health difficulties in 2003, NIACE and NIMHE 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/research/HDE/Projects/NIMHE.htm> (accessed 12th March 2006).

In-house services were more difficult to develop and resource in the smaller case study colleges. In one such college, students with mental health problems had to be referred to an outside specialist psychological or mental health support service.

Overall, eighty-two per cent (45) of survey respondents stated that their college had developed a referral procedure with an external agency for students experiencing mental health problems.

When respondents in case study colleges were asked about the quality of external mental health provision, many tended to express concern about the accessibility and relevance of provision that was available. As one college mental health lead said,

‘We meet the need that external agencies don’t’ (Student Support Worker, College 4).

Respondents noted the long waiting list for appointments, the distance some students needed to travel to get to the agency, and feedback (to college staff) from a few students at one college suggested that the service was not perceived to be particularly helpful as it did not engage with students’ immediate problems. Some college respondents also expressed frustration that external agencies often ‘dumped’ students with difficulties once they had begun college, and appeared often unwilling to share responsibility for the care of that student. As one member of staff noted,

‘One of my students has had the last three meetings with his Psychiatrist cancelled and he can become unwell very quickly. We feel outside services often expect us to ‘hold’ students for them ... we struggle to refer students who are becoming unwell and need extra support’ (Student Support Worker, College 3).

2.5 *Promoting emotional well-being for all students*

Good practice guides and resources aimed at promoting students’ mental health suggest that the widespread stigma surrounding mental illness should be challenged and that students should be provided with opportunities through and beyond the formal curriculum to learn about issues such as ‘emotional intelligence’ and ‘emotional resilience’ (Alexander, 2002; HDA/DfES/DH, 2004; Ferguson, 2002). Furthermore, teaching and learning strategies should be responsive to students’ different approaches to learning (Alexander, 2002, Ferguson, 2002; HDA/DfES/DH, 2004) and, as far as possible, timetables should be flexible to help students sustain their engagement with classes (AMOSSHE, 2001; ODPM, 2004b).

Raising achievement among students and promoting their well-being (both physical and emotional) was seen by respondents at case study colleges to lie at the heart of their colleges’ provision. The promotion of positive mental health for all students was often closely tied to the provision of student support. That is, personal tutor systems, mentors, drop-ins and suchlike

formed part of overall college provision to extend students' capacities both academically and emotionally.

Nonetheless, all of the case study colleges (and as the case study summaries highlight) also addressed specific health-related themes in one way or another. Health awareness events (such as World Mental Health Day), anti-bullying and anti-harassment campaigns, stop smoking initiatives, group work sessions on anger management for identified students, information about external agencies and sources of support (included in college diaries) all aimed to contribute to students' well-being. Findings from the survey indicate that, over the past year, mental health awareness-raising campaigns had been run in a little over a third (19) of colleges. Indeed, two key informants felt that mental health professionals should consider including FE colleges when running activities related to World Mental Health Day or similar campaigns.

There were a number of other activities and groups in which students could become involved – such as sports, music and faith societies. These, along with personal, social and health education programmes (run by 84% (46) of survey colleges) were seen to be an important element of college provision to promote the well-being of students.

Personal tutor systems and learning support programmes were a central feature of case study colleges. Not only did these provide support for students in particular difficulties, but they also provided routes through which all students could gain more general assistance. While not necessarily focussing specifically on mental health, support for learning and assisting students to achieve, was seen to have a positive impact on students' confidence, self-esteem and emotional well-being.

2.6 *The 'Healthy College' approach*

Seeking to improve the overall physical and emotional well-being of students and staff is a goal of what has been termed a Healthy College approach. This builds on the theory and practice of a settings based approach to health promotion in schools (DH, 2004b; Department for Education and Employment (DfEE), 1999) and universities (Tsouros et al., 1998). Although the idea of the 'health promoting college' was being discussed at least as far back as 1993 (O'Donnell & Gray, 1993), it was not until 2001 that a small network of professionals in Kirklees developed a 'Healthy College Standard', inspired by the National Healthy Schools Standard (DfEE, 1999).⁶

Despite increasing numbers of schools joining their local Healthy Schools Programme, and two studies by the National Institute of Adult Continuing Education (Escolme et al., 2002 and James, 2003) recommending that the healthy settings approach be taken up by colleges of further education, a recent audit found little evidence of holistic and comprehensive health promotion work underway in the college or further education sector (Drury and Doherty, 2005).

⁶ http://www.aoc.co.uk/aoc/Members/health_safety/kirklees (Accessed 14 Feb 2006)

This may be due to the different nature of colleges as settings when compared to schools. The majority of colleges are larger institutions than schools and work is often conducted across several sites. FE colleges also have a wide range of students, some of whom are as young as 14 years, others who are balancing family, work and study commitments, some attend full-time while many are registered on very part-time, short-term courses (Escolme et al., 2002). Difficulties in implementing a whole college approach to health and well-being may also arise from the diversity found between colleges (Lucas, 2004) so that it may be difficult to identify a single approach that suits all FE settings.

One of the case study colleges had adopted the Healthy College approach (see case study 2 in Appendix B). Resources for the coordinator had come from internal and external sources, with funds recently being provided by the local CAMHS to develop work on mental health and emotional well-being. The healthy college lead had developed nine standards, each aimed at engaging with specific health issues, such as smoking, healthy eating, staff and student wellbeing; or at promoting active citizenship and community involvement.

Findings from college student surveys, discussions with tutors and access to specific resources (for sexual health, for example) had shaped the implementation of the work at this college. Rather than attempting to address all health-related issues at once, the college had adopted a staged approach – with termly themes and events. The coordinator of the healthy college approach was also responsible for a drop-in, a service where students could confidentially discuss matters of concern to them. A part-time nurse and General Practitioner were also available at the drop-in on specific days.

The healthy college approach had support from the college Principal. The coordinator was guided in her work by an Advisory Group that had representation from college staff, senior management and students.

One reason that the healthy college approach appeared to work well in this setting was said to be due, at least in part, to the relatively small size of the college. It had around 1,650 full-time students, almost all of whom were aged 16-18 and, as a sixth form college, students attended during the day. This was said to make it easier to adopt a whole college approach than perhaps it might be in a multi-site college, with part-time as well as full-time students, and where students might attend during the day, evenings and/or weekends.

Most colleges responding to the survey (89%; 49) indicated that they would appreciate further information about the Healthy College Standard.

2.7 Training and support for college staff

Concerns have been expressed that too little support currently exists for the professional development of staff throughout the FE sector (James, 2003; Lucas, 2004; Foster, 2005; Gleeson et al., 2005). Nevertheless, professional development activities can be invaluable in assisting tutors, lecturers and others to understand how best to promote mental health and well-being, and to help them respond to the needs of students with mental health problems

(AMOSSHE, 2001; Alexander, 2002; Ferguson, 2002; RCP, 2003; HDA/DfES/DH, 2004; DfES, 2005a). Moreover, alongside the development of their skills and confidence in working with students, staff can themselves try to build a working environment which goes some way to promoting and supporting their own mental health (Alexander, 2002; RCP, 2003; HDA/DfES/DH, 2004).

However, there is some debate about the appropriate role for tutors and lecturers in meeting the mental health needs of students. Teaching staff at colleges may experience a tension between being a subject expert and promoting effective learning through an understanding of students' circumstances and biographies (Hart, 1996; Gleeson et al., 2005). Some tutors may have only recently gained teaching qualifications, having followed an alternative path into further education teaching – such as holding specific knowledge or skills in their craft or subject (Lucas, 2004) – and may lack (or may feel they lack) relevant skills and expertise. In one study, a significant minority of tutors (just over a quarter) said they lacked the confidence and skills to help students deal with mental health problems (Stanley and Manthorpe, 2001).

Mental health awareness-raising training had been run for college staff in the past year in half (28) of the colleges in our survey. In the case study colleges, building a better understanding of mental health and well-being among all college staff, facilitating an appreciation of their responsibility in supporting students and the limits of their own capabilities, and developing an awareness of who within and outside college they could refer students to, was seen to assist the college in meeting the needs of students.

With respect to continuing education and development, a few key informants suggested that this could be an area in which CAMHS and other mental health professionals could be involved in professional development activities for college staff.

In most colleges, respondents were aware that staff with certain subject specialisms – such as in health and social care – may be more attuned to mental health issues than staff who taught other subjects. 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 this was in mental health or any other health concerns.

Colleges appeared increasingly committed to the expectation that all staff should at least be aware of the possible signs and symptoms of mental problems and should know how to follow college referral policies (where such existed). Other staff (usually those in the student support service) would then be able to provide personalised assistance – perhaps by offering information and guidance, counselling, or through an agreed referral procedure, make a referral to an external mental health provision.

As one case study respondent from an external agency noted,

‘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 Lead, College 5).

Respondents in case study colleges also emphasised the importance of clear support structures being in place to assist and support members of staff working with students. Thus, a number of colleges had personal tutor managers to oversee and advise the college personal tutors, as well as to deal with particularly difficult students when necessary. Similarly, college specialist mental health leads highlighted the value of being provided with clinical supervision from an external specialist mental health provider.

As part of its healthy college approach, one case study college explicitly sought to address staff health issues. Through consultation on their training and support needs and by playing their part in developing a positive college culture, it was anticipated that staff would feel more valued and be more able to share issues of concern. At the time of the case study visit a staff consultation exercise was nearing completion with findings about to be presented to the Principal for consideration.

3. Developing provision to support students’ mental health

Four main themes emerged from an analysis of the literature and interview data in relation to factors that help or hinder the development of services to promote and support students’ mental health and emotional well-being in FE colleges. These are: making use of national and college policy; the importance of good quality leadership; the need for opportunities to enable students to make their views and needs known; and the adequacy of resources with which to carry out the work. These are addressed in turn below.

However, interviewees stressed the need to consider these factors in relation to the development of the FE sector as a whole. In particular, increasing demands are being placed on colleges at the same time as they have to respond to recurrent changes in funding arrangements and inspection frameworks.

3.1 Clear policies and guidance

At the national level, key informants noted there were a range of policies and guidance that could be used to advocate for work on mental health and emotional well-being in colleges. The Disability Discrimination Act, National Service Frameworks (for children, young people and maternity services, as

well as the mental health NSF), *Every Child Matters* and *Youth Matters* were all mentioned. As one key informant stated,

'I don't think we have a shortage of [national] policies, there is a lot of acknowledgement that 16 and 17 year olds have needs, but the resources aren't there and the energy isn't there.' (Mental health voluntary sector organisation)

At the college level, it is argued that commitments to address students' mental health and well-being should be clearly stated in key policy and practice documents (Alexander, 2002; Ferguson, 2002; AMOSSHE, 2001; RCP, 2003; HDA/DfES/DH, 2004).

Although not all colleges had distinct mental health policies, the need to engage with mental health issues was mentioned across a range of policy contexts in survey responses and case study colleges (see above). Thus, addressing mental health was sometimes tied to a college's strategic objectives, such as promoting a culture of equality and diversity, improving student retention and raising academic attainment.

Respondents at all case study colleges were keen to develop further their mental health provision for students. Indeed, they often stated that they hoped their participation in this study would raise awareness of the role that FE colleges could play in responding to the mental health problems of young people.

3.2 Leadership

The literature suggests that promoting and supporting the mental health and emotional well-being of students requires clear leadership and the commitment of senior managers (Alexander, 2002; HDA/DfES/DH, 2004). The development of provision is likely to be assisted by the appointment of a mental health co-ordinator responsible for driving forward the work (RCP, 2003).

In four of the case study colleges, senior management were reported as being supportive of work to address mental health. In one college, senior managers were said to 'set the culture of being inclusive'. In another, the Principal stated that he valued the work on mental health as he had seen great social and academic improvements among students who had received support from the lead health worker and her colleagues.

In the fifth college, however, staff interviewed felt that senior managers and Governors still needed to be persuaded of the importance of addressing health-related issues, including mental health. They were attempting to do this by regularly undertaking student needs assessments and providing information about how emotional support had helped students remain in college and achieve.

All five colleges had at least one key member of staff leading the work. These leads ranged from a mental health co-ordinator, to a healthy college lead, to a

small team of professionals (a Connexions Personal Advisor working in partnership with a Student Support Service Manager and an external Young Adults Mental Health Adviser; or a Student Support Services Manager, youth work support team manager and mental health co-ordinator) working in partnership. These staff provided a focal point for the work; advocating for mental health issues to be addressed across the college, managing other workers, running training, organising mental health awareness events, providing one-to-one support to students, developing working relationships with external agencies and seeking external sources of funding.

3.3 Identifying and responding to students' concerns

A number of recent reports have highlighted the importance in relation to emotional well-being of developing and providing opportunities for students to have a 'voice', for example through initiatives such as the college student union (Alexander, 2002; Ferguson, 2002; HDA/DfES/DH, 2004; Ofsted, 2005).

This was explored in the interviews with staff in the case study colleges. Most said that their college strove, at least in principle, to involve students in initiatives and to work with the student union. However, in practice, this could sometimes prove challenging. Few college student unions are adequately resourced or supported by members of staff. Specific difficulties encountered in the case study colleges in relation to student union involvement included engaging the student union on an ongoing basis due to the general lack of student involvement, a high turnover of those on the executive, or a limited interest of those in the student union in challenging the college to address the mental health problems of students.

However, in most colleges, staff carried out periodic surveys of students' views. This was said to provide an overview of the students' concerns, needs and interests and helped shape initiatives such as themed health weeks. In addition, tutors, counsellors, nurses and mental health workers, together with student support service leads could feed back to other staff the problems students were encountering.

Other ways in which colleges can be responsive to students' needs and views included having flexible course timetables (ODPM, 2004a); supporting students to manage other life transitions while remaining engaged in education (Hurry et al., 2000); and developing appropriate confidentiality agreements between teaching staff, support services and students (Stanley and Manthorpe, 2001).

All the case study colleges reported some degree of flexibility in the timetabling of classes, a willingness to make special arrangements for examinations, or the provision of a broad range of courses for students so that they could engage in studies relevant to their interests and aspirations. A range of support services were made available to students (including those related to accommodation, finance and careers). These were seen as part of the college's broad commitment to encourage student retention and achievement, rather than as a specific mental health issue.

Only around a third of colleges (19) responding to the survey had run a mental health awareness-raising campaign for students in the last year. More encouragingly, a majority of colleges (62%; 33) stated that they made reference to promoting mental health during the student induction process. Almost all of those colleges responding to the survey (91%; 51) believed that their college would benefit from further guidance on how to support younger students with mental health difficulties and on promoting mental health and emotional well-being among students more generally.

3.4 *Adequate resources*

Sufficient funding is a major issue for colleges in the current climate of expansion. Fletcher and Owen (2005) have found there to be a minimum 13% shortfall in the funding that full-time 16-18 year-old students in colleges of further education attract when compared to those in schools. Furthermore, this relatively resource-poor sector has had to absorb the greatest proportion of students moving into further and higher education as a result of the Government's 'widening participation' agenda, and these students may have a need for higher levels of support (DfEE, 1998). The 14-19 Education and Skills White Paper (DfES, 2005b) has also led to an increase in younger students (14-16 year olds) entering colleges of further education.

Several key informants and a number of respondents from senior management teams in colleges outlined their concerns about student funding. They believed the distribution of resources between FE and schools to be inequitable and felt limited in the provision they could offer to students as a result.

'If students are in the sixth form, the school receives 15% more funding for them than if they were at an FE college. Given that students in colleges are likely to have greater disadvantage in their backgrounds than those of equivalent age in school, this seems unjust' (Education key informant)

All colleges had funded some work to support students' mental health through their core budgets. This might help to pay for staff time or for services such as a mentoring project or a drop-in. Through Additional Learner Support (ALS) funding, colleges could also receive extra money for supporting students identified as disabled. However, the numbers of students formally identified as having a learning disability and/or a mental health problem was considerably lower than the numbers of students actually in receipt of one or another form of support from the college. Furthermore, ALS funding was capped at a certain percentage of the whole college budget, so as one college respondent stated,

'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' (Student Support Worker, College 1)

All respondents from case study colleges reported that they strove to put in place successful services and procedures for students, yet felt that their ambitions would be better realised with further resources. Respondents noted that, over time, the college student profile had changed and that the support services were dealing with increasing numbers of students experiencing mental health problems. Student service managers and counsellors noted that with adequate resources, new posts and services could be established, or existing ones maintained. Without more investment, services could continue to be run on an *ad hoc* basis – running one year and not the next, or running on one or two days instead of throughout the week.

In two of the case study colleges external resources, both financial and human, had significantly assisted the colleges to improve mental health provision to students. One college had proactively approached local CAMHS and Connexions for funding, while another had received funding from both the Teenage Pregnancy Co-ordinator and local CAMH service.

The other three colleges had initially received funding from the Local Authority or the European Social Fund to develop some of their initiatives to meet student mental health needs. Once the effectiveness of the services had been demonstrated, these had become mainstreamed by the college. All colleges had links with external agencies (such as Connexions) and emphasized the importance of putting time into developing these partnerships. Colleges used their external partnership for advice on how to manage particular students, to make referrals for those students requiring additional external support (although a number of respondents stressed the lack of capacity in outside agencies), and to open up the possibility of college attendance for young people involved with these external support services.

One respondent, while welcoming money from particular 'pots' of health funding, was concerned that this led too often to 'health silo work' – in which health topics were prioritised and addressed in a rather impromptu way depending on what funding was available, rather than using money to develop whole-college programmes of health-related work. One case study college, which had been very successful in gaining external funding for health-related work (from the Teenage Pregnancy Strategy, Drug and Alcohol Team, Connexions and CAMHS), commented that it was now looking for funding to employ someone to co-ordinate all these initiatives and ensure they were working collaboratively and most effectively to meet the needs of those in the college.

Key informants identified a number of networks and professionals who could be responsible for facilitating closer partnership working between local colleges and CAMHS, as well as providing advice, technical assistance and staff development to colleges keen to develop their mental health support services. These included the regional NIACE and National Institute for Mental Health England (NIMHE) networks (two case study colleges were already members); the CAMHS Regional Development Workers; and the national network of primary mental health care workers.

4. Conclusions

There exists concern among health and education professionals that mental health problems among young people are becoming increasingly evident. This study found interest and goodwill among those working in the FE sector to develop further their provision to support and promote the mental health of younger students. In particular, of those colleges responding to the survey, 91% (51) stated that their college would benefit from further guidance on how to support younger students with mental health difficulties. The same number stated that their college would benefit from further guidance on how to promote the mental health and emotional well-being of students.

The nature of the FE sector suggests that while no single approach is likely to engage all colleges, a number of factors can be taken into account to assist them in extending their mental health provision. Based on the experiences of case study respondents and the views of key informants, factors that appear to contribute to success include:

- Building a college-wide awareness about the ways that mental health and emotional well-being affect student retention, attainment, and achievement.
- Drawing on national policies and guidelines to prioritise activities that support and promote student mental health.
- Embedding the rationale for mental health support and promotion into college-wide policies – whether these specifically address mental health or are more general in nature (such as welfare, learning support and equal opportunity policies).
- Enabling staff to address mental health issues through good leadership (at senior and middle-management levels) and adequate resourcing (from internal and external sources).
- Having in place staff with particular mental health responsibilities – to include providing one-to-one support for students, ensuring that student tutorial programmes address mental health, liaising with external agencies and developing college-wide activities to promote mental health.
- Arranging tiered professional development activities for staff so that all are, at least, aware of basic mental health issues (and how to identify problems and refer where needed) and some are able to provide more intensive support (through developing their expertise in areas that are complementary to teaching – such as in counselling or youth work).
- Addressing mental health as part of a wider health-related programme (rather than tackling health topics on an *ad hoc* basis). For some colleges, the Healthy College approach may provide useful criteria against which programmes and activities can be developed.

- Making the most of the expertise of external agencies (and the resources they can bring to colleges) – while recognising that specialist psychiatric, psychological and counselling agencies may not, at least in their current form, be accessible or relevant to young students.
- Tailoring or customising programmes and activities to students' needs, concerns and interests. This can be achieved in a range of ways – through student surveys, collating feedback from tutors, holding discussions with students and engaging students in the development of services.
- Building a college culture or ethos that is perceived by students to be supportive and inclusive – academically, culturally and socially.
- Providing non-stigmatising support for students that does not necessarily categorise them into groups with special needs – but which is nonetheless responsive to a range of mental health problems they may experience.

5. Implications

5.1 Leadership

- Given the perceived impact of mental health problems on student achievement, the DH and DfES could usefully take a lead on raising awareness about the need to support and promote the mental health of students in FE.
- As the study found that sound strategic and middle-level leadership contributed to successful mental health provision in colleges, senior and middle managers could respond to national policy drivers (see below) and set a direction and tone for the work that encourages all staff to respond to student's mental health needs, concerns and interests.
- As students' views lie at the heart of relevant college provision, so their expressed and identified needs, concerns and interests should inform decisions made about the development, implementation and review of services within college which promote positive mental health and respond to their mental health problems.

5.2 Policy and guidance

- With national policy and guidance (such as *Every Child Matters* and *Further Education: Raising Skills, Improving Life Chances*) already in place to protect and promote the education and well-being of young people, this could be drawn on to provide a strategic framework for the

development of mental health provision and promotion for young people in further education.

- Other drivers, such as those related to quality improvement, self-improvement and peer-referencing (outlined in *Learning and Skills – agenda for change*, LSC (2005)), can help provide incentives to make more widely known the work of FE colleges that have expertise in promoting mental health and well-being.
- Given the existence of a range of college policies to raise student achievement, the review (or development) of policies could usefully be used to provide opportunities for debate and discussion about mental health in college settings.

5.3 *Staffing and professional development*

- Where there are a range of health-related services provided in colleges, a member of staff with specialist health-related expertise may be needed to coordinate internal and external relations.
- As students' mental health problems can vary from the relatively minor to the severe, and as mental health promotion forms an important element of college provision, a range of professional development activities are likely to assist college staff to build appropriate expertise.

5.4 *Working in partnership*

- Since college staff and students would appear to welcome support from external professionals with mental health expertise (in terms of student support, clinical supervision, and guidance and training for staff), CAMHS and other specialist services could usefully develop stronger links with colleges and play a fuller part in college life.

5.5 *Whole college approaches*

- As a supportive whole college ethos is valued by students, and recognised by staff to contribute to student achievement, services that promote mental, physical and educational well-being are best understood as complementary (rather than viewed as addressing discrete characteristics of students' lives).
- Given the interest found among colleges participating in this study in the Healthy College approach, the DH and DfES could support the development of a strategic framework for carrying forward this area of work. Bringing together key players (such as representatives of the Healthy College Network, the Association of Colleges, the Learning and Skills Council, the National Association of Managers of Student Services, and the National Healthy Schools Programme) could ensure that existing expertise is utilised and further ownership fostered.

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Appendix A: List of key informant organisations consulted

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

Appendix B: Case study summaries

CASE STUDY COLLEGE ONE

Background

The college has approximately 27,000 students, is based in a medium-sized, city characterised by economic and social deprivation, and conducts its work across four main campus sites. The proportion of students from Black and minority ethnic communities at the college is twice as high as the proportion represented at the city-level. Only ten per cent of the student body is registered on a full-time course. Although the number of young learners (aged under-19 years) has been growing in recent years, they represent approximately one fifth of all students. The most recent Ofsted report commends the college for, amongst other things: strong strategic leadership; effective strategies to widen participation in education and training; wide range of courses offered in response to employer and community needs; and good additional support for students.

How it all began...

Over the past eight years, the college has been developing its provision and support for people requiring entry-level courses (using European Social Fund grants), developing programmes of work for excluded young people aged 14-16 years-old (following a request from the Local Education Authority), responding to the widening participation agenda (with the appointment of a senior management team post to explore and meet community learning needs) and aiming to improve the culture of inclusiveness through staff training (an initiative led by the Deputy Principal).

Support for students – what is on offer?

The college does not distinguish between the offer of personal and learning support. The student support service is comprised of the following teams and initiatives:

- **Additional learner support team** – undertakes initial numeracy and literacy assessments, allocates learner support workers to students, has nominated Link Workers who attend each curriculum area department meeting to share information on student needs, facilitates a tutor group to share good practice around learner support, and offers one-to-one support to students in and outside the classroom.
- **Counselling service** – is run by three half-time counsellors.
- **Guidance service** – offers advice and guidance on college courses, careers, higher education, finances, accommodation and so forth.

- **Student liaison team** – offers basic personal support to students, their offices tend to be located in areas where students spend their free time (such as the canteen), supports the Student Union, and organises 'enrichment activities' such as health promotion events and social outings.
- **Access and inclusion team** – offers support to young learners (aged 14-19 years) experiencing difficulties. The team aims to change 'social behaviour' as a crucial first step to facilitating academic success. Runs extra English, Maths and IT sessions for those requiring additional support in these areas; manages the Increased Flexibility Programme, runs residential programmes for various courses to deliver personal, social and health education, and undertake team building exercises; delivers some staff training, most recently on conflict management. All members of staff come from youth work backgrounds, which is felt to be crucial in enabling them to engage and support the college's most 'difficult' students.
- **Multi-skills programme** – is not officially part of the college's student support service, but is a one-year entry-level course for young people with behavioural and emotional difficulties. The programme aims to create the right environment for learning, and supports young people to modify their behaviour in a way that is appropriate to an educational setting. One tutor is responsible for one group of young people and runs the entire full-time course, usually with the support of a mentor/learning support worker. The mentor/learning support worker assists students both in and outside of the classroom. The programme is now core-funded by the college, after initially receiving European Social Fund support.

Lessons learned

The manager of the learning support service reports that the college's high recruitment, retention and achievement rates have 'convinced' the senior management team of the value of providing student support. The multi-skills programme also reports good outcomes for their entry-level students, who often complete the year with a level two qualification, and 93% of the young people stay on to access another (mainstream) course.

Staff who work with who they called the more 'challenging and difficult' young people describe feeling isolated within the college, as some other members of staff appear to be unsupportive of programmes such as theirs running on site. These specialist teams also emphasize the difficulty they experience of recruiting the 'right' kind of professionals to work with these young learners.

The college is currently investing in supporting staff to develop new teaching and learning strategies – which they believe will greatly improve the student experience and academic achievement rates. Such training is being prioritised over mental health awareness staff input for instance. The college also promotes the use of learning support workers who, although allocated to one particular student, operate more flexibly and offer broader classroom support to the course tutor and other learners who may require some input.

A central difficulty noted by the college in meeting the support needs of young learners with mental health issues is, in their experience, that fewer young people are comfortable disclosing a disability. Given the requirements of the Disability Discrimination Act, the college has to prioritise the allocation of additional learner support funding to those students who declare a disability. This means that some young people with mental health problems are unable to access the support they could benefit from.

The college continually promotes the services offered by the support teams to both college staff and students, and is finding that potential difficulties are often pre-empted now that personal tutors seek advice from the support service earlier. The support teams working specifically with young learners also see their engagement with, and support offered to, parents as important in building an effective and holistic support programme around individual students.

Unlike some other colleges, this college questions the value of having a named mental health lead. They believe issues of mental health and holistic support need to be embedded across the college, rather than associated with one specialist post.

CASE STUDY COLLEGE TWO

Background

This sixth form college is located within a metropolitan borough with a vibrant multicultural community. A third of the students attending the college are from minority ethnic communities (compared with 27% of 16-18 year-olds from these communities in the local population).

Across the area as whole, participation in further education is low and the college works with the Connexions service to increase the numbers of young people in post-16 education. The college is oversubscribed and has exceeded targets for growth. During the academic year 2004/5, it had around 1,650 students.

Average GCSE scores on entry to advanced level courses place students in the lowest 10-20% of all sixth form colleges. The college has been recognised for widening participation through its foundation programme. A wide range of courses are offered – 38 subjects at Advanced level, for example, as well as eight vocational subjects. In general, students achieve above what might be expected from their grades on entry to the college and leave in the top 25% of students attending sixth form colleges.

The 'Aim Higher' initiative encourages the most able students to reach their potential. The college is developing a regional centre of excellence for sport.

The college's mission states that it is '... committed to enabling individual students to achieve their potential in a supportive and inclusive environment'.

How it all began...

Building on the National Healthy School Standard, a task group from the college and the healthy schools team devised criteria for the Healthy College Standard. These were piloted in 14 colleges (both sixth form and general further education colleges). During 2004/5, funding from the local Teenage Pregnancy Strategy as well as internal college resources allowed a worker to devote at least two days per week to further develop the Healthy College approach. Local CAMHS funding has extended this work for 2005/6.

A task group was set up to guide the work. Membership of the group included the Principal of the college, senior management team members, other college staff and students. The healthy college worker and the task group reviewed existing provision, consulted with students and staff, identified health-related areas on which to work and set targets to be achieved. The nine health-related areas were: building whole college awareness of the healthy college approach; supporting the development of active citizens, working towards a smoke-free environment; improving the physical environment in and around the college; supporting community involvement; promoting student well-being; building active lifestyles, providing healthy eating choices, and improving staff well-being.

Support for students – what is on offer?

The college aims to provide a supportive environment for all students and staff. However, specific initiatives are in place to raise student achievement.

- **The study centre** is available for all students and is not seen to be a place to which only poorly performing students are referred. Extending the reach of the centre to include all students who want study support was said to be resource intensive. However, students did not now feel stigmatised in using the service.
- **Personal tutors and advisers** include those with particular religious and cultural backgrounds. A local Imam, for example, acts as an adviser to around 30 students and helps monitor their progress. Promoting equal opportunities is seen to be an integral feature of building an inclusive college ethos.
- **A health focused drop-in** is available to students. This service is coordinated by the Healthy College lead worker. Part-time staff at the centre include school nurses funded by the Primary Care Trust and a G.P. funded by the Teenage Pregnancy Strategy. Students coming to the drop-in have sought help on a range of issues including: self-harm, relationships, homelessness, benefits and finances, stress and anxiety, and bereavement and loss. Free condoms, pregnancy tests, contraception and sexual health advice are also available.

Some students have had contact with CAMHS, and the college is able to provide general rather than intensive support on mental health issues. The college does not have in-house counselling services (this being unsustainable given the size of the college and the resources available to it). The local CAMHS service was said to be 'two bus rides away'. Access to CAMHS (and adult mental health services) is through GP referral, although there can be waits of several months before young people receive support.

Progress has been made in working towards **Healthy College** status. Awareness of the healthy college approach is high among students and staff. A student well-being audit has been conducted and the action plan completed. Following the audit, the college is working towards becoming a smoke-free environment in July 2006 when there will be a total ban on smoking on college premises and grounds. A staff well-being survey has recently been carried out. An Active Citizenship Manager has also been appointed to promote community involvement and work experience.

The healthy college lead is part of a **Healthy College Network**. This was established to pilot approaches, monitor progress and identify and share good practice. The network currently has over 120 members, with meetings held each term.

Lessons learned

The support of the college principal and senior management team was said to be an essential feature of developing the healthy college approach – overall, a belief that addressing health affects student retention and achievement underpins the success of the approach. Having a dedicated worker and a task group has enabled priorities to be set and acted upon. The worker and group have undertaken and been guided by the findings of audits and consultations with students and staff. Work has been supported by good links with the local healthy school programme and other health services.

Yet challenges remain. There is little or no nationally visible recognition of the healthy college approach. Demands on the lead worker are not only from the college itself, but also from staff in other colleges who are increasingly interested in testing out the approach in their setting and who require advice and consultancy. This has become much more pressing since the introduction of *Every Child Matters* and the new Ofsted Inspection Framework for colleges. The lead worker is seeking further resources to help develop the network and embed the healthy college approach across further education.

CASE STUDY COLLEGE THREE

Background

The college is based in one of the most socially deprived areas of a large city. A third of the 16,000 total student population study full-time, approximately twenty percent are aged under 19-years, eight percent have a disability, and the college population reflects the ethnic diversity found in the locality. Delivering a wide range of courses to students on two main campuses, the college is in competition with a number of others based quite close by. It has been awarded Beacon College status and has two centres for vocational excellence. The most recent Ofsted report on the college notes some of the following strengths: equality of opportunity and respect for individuals; effective development of students' confidence and self-esteem; extensive range of courses, appropriate to the needs of the local community; very good support for students; good leadership and management.

How it all began...

The commitment and vision for developing holistic student support came from the college principal who took up post over ten years ago. The college's main approach to supporting students is to foster their learning and success 'readiness'. However, the impetus for crystallising the current student support service has grown out of a realisation that the student profile has changed in recent years (including increasing numbers of students experiencing mental health problems) and with the introduction of the Disability Discrimination Act (1995) Part IV.

Support for students – what is on offer?

The personal tutor is placed at the core of the support that is offered to all students and is seen as the conduit for accessing additional support from the specialist services. Tutors run a weekly group tutorial session, (which the support services contribute to), and offer each student two one-to-one contact sessions a term. The college is committed to offering students a range of support options from which to choose.

- **Learning support service** – offers open access support to students in designated learning centres as well as support workers for those with learning difficulties.
- **Careers guidance service** – offers continued support to students once they have left college, to ensure they are able to successfully sustain the transition from college to university or work.
- **Student Union** – through its elected executive organises social events, writes a newsletter, has regular feedback meetings with the college Principal, and campaigns on behalf of individual students or the wider student body to the senior management team and governors.

The 'personal support service' includes:

- **Enrichment Team** – co-ordinates peer mentoring, 'study buddies' and Millennium Volunteer schemes; runs monthly event programmes (such as Black History Week, Green Week, Health Week); provides advice and support to the Student Union; and organises that the local Drugs Education Team and Young Fathers' Project run sessions in the college
- **Guidance service** – provides advice on college courses, housing and money matters. It also has four qualified counsellors, and a member of staff who specialises in supporting students with anger management difficulties.
- **Access Team** – includes an Access Co-ordinator for students with physical disabilities (funded through Additional Learner Support) and a Mental Health Co-ordinator (a permanent, full-time post funded through the core college budget). Alongside a small caseload of students to whom the Co-ordinator provides bi-weekly practical support, the focus of the post is on raising awareness of mental health issues with both the staff and students within the college, developing the capacity and responsiveness of individual departments to meet the needs of students at risk of, or experiencing mental health problems (often through advocacy work), and fostering partnerships with external agencies to improve the referral of learners. This 'ambassadorial role' is achieved by designating twenty percent of the Co-ordinator's time on external liaison work and by running a weekly 'return to learning' course and 'advice clinic' in community mental health venues.
- **External agencies provision** – includes two intensive support Connexions personal advisers based in the college and a youth service-led physical activity session run every lunchtime.

Lessons learned

The college has found that students with complex and multiple needs have almost the same retention rate as the overall college average, that student attainment is improving year on year and that exclusions are at an all-time low, all of which the senior management team believes supports the investment it makes into student support.

The mental health co-ordinator post has been well received by college staff, who feel that the co-ordinator is accessible and supports them to manage students who experience difficulties more effectively. College staff report feeling 'less panicky' and that they have a clearer insight into how seemingly 'difficult behaviour' might be dealt with outside the disciplinary process. The Co-ordinator has had variable success in developing relationships with all college departments, due to the very diverse attitudes held about the value and need for support to students. Staff and students need constant reminders

however about the specialist support services within college that are available to them.

Relationships between the college and external partners are considered to be crucial in order to increase the numbers of learners wanting to attend the college, improving information sharing about current and potential students, and developing stronger referral routes for students needing more specialist mental health support. Since the mental health co-ordinator has been in post and began to liaise with community services, the college has noted dramatically improved relations with external agencies.

CASE STUDY COLLEGE FOUR

Background

The college has one main campus, two satellite units in other towns in the county and a small number of mobile units, all of which help to extend its reach into this very rural area of England. The college is the main sixth form centre in the locality. There are around 15,000 learners, sixty percent of whom are aged under 19 years of age and most of whom study full-time. The college population comes from a relatively deprived, ethnically homogenous catchment area. Learners can access a wide range of courses, from basic skills to higher education level. The college has been awarded Beacon College status and has two centres of vocational excellence. The most recent Ofsted report commends the college for some of the following strengths: much good teaching; good and improving retention and pass rates on many courses; effectively meeting the needs of many of the local communities; much effective partnership working.

How it all began...

The arrival of a new student services manager almost ten years ago led to a change in the way the college perceived and approached student support work. With the (financial) support from the college principal, the new student services manager shifted the responsibility of student support from academic staff to non-academic professionals with an expertise in young people. Starting with a team of one and a half youth work posts, evidence of the extent of student need has resulted in the college agreeing to fund a team of four student support workers.

At the same time as the student support team was being developed, the Information, Advice and Guidance Network (a group of local education and employment professionals who work with adults) identified a need for support to facilitate access to education for those experiencing mental health problems. Initially funded through the European Social Fund, this nine-member team specialising in support for young and adult learners with mental health problems is now sustained through Additional Learner Support funds, while the team manager has been made a permanent member of the college staff.

The college's commitment to student support is clear from its strategic objective, which aims 'to promote and embed a College culture of equality and diversity'.

Support for students – what is on offer?

- **Student support team** – runs a daily drop-in service at their centrally-located office, as well as one-to-one support for young learners. The team support the Student Association, run a residential programme, deliver the tutorial curriculum for 14-16 year-old Increased Flexibility Programme and College Access students, facilitate the APAUSE peer education programme (where college students go into local schools and deliver sex

and relationships education), and more recently have begun to run small group work sessions (for instance with young women who have experienced domestic violence). All members of the team have developed specialist areas of expertise (such as housing, benefits, drugs and alcohol) and have modelled themselves as a detached youth work service operating in a college setting. The vast majority of students self-refer to this service for support.

- **Mental health support team** – offer a ten-week Support into Education course and provide one-to-one support for students (about ten percent of whom are aged under 19 years) to embark on, maintain and later move on from college. The team also run mental health awareness training for staff (which is now mandatory for all members of staff who do interviewing) and for students through the tutorial programme.
- **Counselling service** – is run by two part-time counsellors (offering 34 hours in total a week) and two trainee counsellors. Two-thirds of the learners using the counselling service are aged under 19 years. The led counsellor has noted an increasing severity of the problems with which students are presenting, including self-harm, family breakdown, eating disorders among others. The team visit all tutor groups to introduce the service and attempt to challenge the stereotypes held by many about counselling. The team also offers one or two emergency counselling sessions, so that people can be immediately seen if a problem becomes urgent. Work with tutors to improve the appropriateness of referrals is also done through staff development training.
- **College nurse** – works two-thirds of the week and runs a weekly sexual health clinic (where between 60 and 90 people are seen a month).
- **Equality, Diversity and Inclusion Co-ordinator** – is a relatively new, two-year post, funded through core college resources. Given that promoting equality, diversity and inclusion is a strategic priority for the college, and the large action plan that has been developed to meet this objective, a specialist co-ordinator was felt to be necessary in order to help deliver the work plan. Part of the co-ordinator's responsibilities includes the development of the termly 'themed weeks' (which explore various issues such as bullying, diversity, disability), and developing materials for tutors to use when delivering students' college-agreed tutorial entitlement.
- **Student Association and Student Ambassadors** – are two of a number of initiatives that promote and involve students in contributing to college life.

Lessons learned

The college reports high levels of success in supporting those young learners with the greatest need to remain in and complete their college course. Of those young people with four or more contact sessions with the student support team, 98% were said to be able to remain on their courses.

Homelessness is a significant barrier to sustaining a college place, but in the last year, of the 28 young people who were made homeless, all of them remained in college. The senior management team and governors believe 'success' figures such as these corroborate the need for a relatively large, resource-intensive support service.

The student services manager argues that new developments around student support should start small in order to establish evidence of need and to allow experimentation in relation to the best approach to tackle the identified issue(s). Policies, procedures and core funding should only emerge after a period of development. In this college, the expertise offered by non-academic staff suggests the value in a multi-professional-led service.

Despite positive assessments by teaching staff about the value of the student support service, relationships between these two groups of college staff must be continually developed and facilitated. Considerable tensions around different definitions and boundaries in relation to confidentiality between teaching and support staff have, for instance, necessitated the intervention of the college principal in the past.

Although the college values and fosters partnerships with external agencies, the lack of accessible, sufficiently resourced community support services for young people in particular makes real partnership working a challenge. Successful partnerships include: strong links with local schools, some partner agencies coming into the college to help deliver parts of the tutorial programme, and the various college teams providing community- as well as college-based support to young learners (such as the local lesbian, gay, bisexual, transgender and inter-sex support group for young people).

CASE STUDY COLLEGE FIVE

Background

The college is based in a medium sized city and has a total student population of approximately 13,000, forty percent of whom are full-time students. Over ten percent of learners attending the college have a disability, and the proportion of learners from minority ethnic communities is twice that found in the city itself. As 85% of post-16 education provision is provided in the tertiary sector in this city, the college works with a large proportion of the 16 to 19 year-olds living both in the city and in the rural areas surrounding it. The college offers a wide range of courses and has two recognised centres of vocational excellence. The most recent Ofsted inspection report praises the college for amongst other things: a pass rate at level three for the 16 to 19 cohort, which is significantly above national average with an established pattern of year-on-year improvement; high progression rates to higher education and employment; the support provided to students; a broad range of enrichment opportunities; and strong community partnerships.

How it all began...

About three years ago, the student services manager noted that college support structures needed to grow and adapt in order to meet the needs of the changing student population, especially among the 14-19 year old cohort (this he suggested was due in part to schools 'off-loading' more difficult young people and later on, the introduction of Education Maintenance Allowances). Drawing on the college's close working relationship with other agencies in the city, the student services manager bid for, and was successful in securing a Connexions intensive support contract. From this point on, a college student support structure began to grow, as other streams of funding were accessed through local strategies such as Drugs and Alcohol, Sexual Health, and were added to the provision already funded by the college such as the counselling service. This growing, in part opportunistically developed, network of provision led to the identification of yet further student need, which the college used to make a case for further funding from local agencies. The student services manager now strongly believes that holistic support helps students to remain in college, and that a culture of respect and openness will encourage learners to ask for help when they need it.

Support for students – what is on offer?

The college's core support provision to students centres around the role of the tutor. Each full-time learner has a tutorial entitlement of two hours per week, which includes a group tutorial programme and one-to-one contact with the tutor. Tutors are supported by Tutor Managers, who can provide tutors with guidance on managing their students' learning and support needs, help tutors to refer students on for further support, develop useful tutorial programme materials, sometimes provide one-to-one support to those students experiencing the most difficulties, and are responsible for developing information sharing protocols with local schools.

The college currently has a separate Learning Support Service, which focuses on removing barriers to learning that students may experience. Within this service, they have a Support Co-ordinator for those with learning and other disabilities, as well as tutors who specialise in supporting students with mental health problems or those with emotional and/or behavioural difficulties (EBD). Every year about 1,000 students are referred to this service, 80% of whom are offered support. In 2004/05, eight percent of learners supported by this service had mental health problems, and a further 13% were EBD. The Learning Support Service sends a representative to each departmental tutor meeting to support effective partnership working within the college around learner support.

The Student Service is responsible for all other support provision, including:

- **Guidance and advice** – on college courses, careers, finances, transport and so forth.
- **Counselling** – three counsellors offering just over 37 hours a week, which includes a daily lunchtime drop-in service, one tutorial session per year across each of the 200 tutor groups to introduce the service, and occasional staff training on basic counselling skills. Recently, the service has also started to run one-off six-week small group work sessions on issues such as anger management for identified young learners.
- **Student liaison officer** – who oversees and develops the student union ‘chill-out’ room, offers informal one-to-one and small group support, helps to develop student union events (such as ‘be decent for a day’ to tackle the divisions between different groups of students at the college), and advises the student union executive.
- **Health promotion adviser** – a 13-hour a week post, funded by the College. One session on sexual health and one on drugs awareness is offered to each tutor group per year. Also supports the Student Service to run events such as World Mental Health Day (10th October) and World AIDS Day (1st December).
- **College nurse** – funded by the local primary care trust, the nurse offers a drop-in service three lunchtimes a week.
- **Intensive support personal adviser** – funded by Connexions until 2008, the adviser has a caseload of between 12-15 young learners, with one crisis support slot available each week. Students with a wide range of needs are supported by the adviser; these needs include mental health, teenage pregnancy, homelessness, substance misuse and family relationship difficulties. The adviser believes that the freedom to provide support to students even before they start at college, as well as the ability to work with them on-site and off-site is crucial to the success of the role. The intensive support adviser has four other workers to whom she can refer young people who may either need more specialist support or if she has no further capacity to take a new client on.

- ***Mental health personal adviser*** – due to the large number of young people with mental health problems approaching the intensive support personal adviser, a short-term jointly Connexions and CAMHS-funded mental health adviser post has recently been established. This adviser has a small caseload of between three to five young people, has a training role to develop capacity among college staff to recognise and respond appropriately to student mental health problems, and aims to reduce the number of young learners requiring tier two or tier three external mental health support. An externally-funded and -based CAMHS young adults mental health adviser has developed a close relationship with the college, and provides clinical supervision to both the intensive support and mental health personal advisers, as well as acting as a direct referral point for college students with severe mental health problems, requiring more specialist support.
- ***Housing and homelessness initiative*** – another recent development, funded short-term by Connexions, this initiative combines the provision of a counsellor-led mediation service between young people and their carers where there is a risk of homelessness, with practical support from a personal adviser if the young person must move into independent living.
- ***Substance misuse adviser*** – is a permanent drugs and alcohol strategy-funded 37 hours a week post, who works with a small caseload of learners dealing with substance misuse issues, runs tutorial sessions on drug awareness, and provides staff training.

Lessons learned

The support service has grown opportunistically relying on what external funding is available. The more support the college provides, the greater the extent of student need that is identified. The growing evidence of need, and year-on-year achievement improvements have helped to ensure that the senior management team and college governors acknowledge what a crucial role student support can play, and this, the student services manager hopes will ensure that future core college funding will be released to sustain the current support offer made to learners.

The opportunistic way in which student support has grown has led to the need for a specialist student support management role to further develop the service, especially in relation to the policies and procedures it works to (all current work falls under the wide equality and diversity statement), and to ensure that the service uses all members of staff in the most effective way.

Specialist support workers should have a caseload of students to whom they provide one-to-one support, but should also have enough time to do development and staff capacity building work.

The college now provides a more comprehensive and responsive support service to its young learners than young people in the city generally have access to. External agencies are slowly starting to realise the benefits of

working in partnership with the college. Benefits to agencies include access to a large proportion of the city's 16-19 years-olds in one venue, which can support services and strategies to meet their targets and to identify further needs that should be fed into future planning.

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