

**January 2021**

# **Mental Health And Colleges**

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## **Association of Colleges**



ASSOCIATION  
OF COLLEGES

## Forward

The mental health agenda has taken a centre stage in much of the public discourse in recent years. This is arguably felt most acutely within discussions around young people. The Mental Health Foundation reported data from the Children's Society (2008) that 10% of children and young people have a clinically diagnosable mental health problem, yet 70% have not had an appropriate intervention at a sufficiently early age. The World Health Organisation suggests that 20% of adolescents experience a mental health problem in any given year, whilst research points to 50% of mental health problems are established by age 14 and 75% by age 24. Suicide is still the largest cause of mortality under the age of 35 (Papyrus 2018). Young people from low-income families are four times more likely to experience mental health problems.

The implications for further education are clear. For a number of years mental health and wellbeing have formed a key policy pillar in the Association of Colleges strategy and remains a key focus for every college in the country. Huge progress has been made through proactive research, interventions, training and support. This was encompassed within a ground-breaking College Mental Health Charter, which has provided a framework for college strategy and encouraged evolutionary development in colleges to address this vital issue.

It is vital that intervention and policy follows evidence and research. This survey forms a compelling and irrefutable current set of data that provides insight into the lives of young people in the care of colleges. The overall trend remains concerning. Despite huge range of interventions, the demand continues to rise and outstrip services. Staff are well trained and supported and students increasingly literate around mental health. These can only be to the good, however, more work is needed. The position in young people's mental health undoubtedly has been negatively amplified by the COVID-19 crisis, with some services being exposed and overwhelmed when needed most. Based on this research it is imperative that the work continues with renewed vigour, a "coalition of the willing" between colleges, the NHS and education policy makers within Department for Education continuing to direct precious resource where it is most needed.

This work is challenging, emotionally charged and sadly does not always result in successful interventions. Thank you to everyone in colleges who is involved in promoting and support mental health and wellbeing- your passion, energy and work make a huge difference each day.

### **Stuart Rimmer**

CEO East Coast College and Chair of AoC Mental Health and Wellbeing Policy Group

## Mental health in colleges

It now is now a recurring theme from our research: colleges reporting increasing numbers of students with diagnosed mental health conditions. The data for 16–18-year-olds is stark: with 60% stating a significant increase over the last three years and a further 30% stating there had been an increase. This very much reflects the feedback we get back from colleges that there are growing challenges with the mental health and wellbeing of our learners. Furthermore, 85% of colleges say they are seeing a significant number of students with mental health difficulties who do not have a diagnosed mental health condition.

We are also concerned to see the figures relating to referrals since September, the increase does not come as a surprise – 83% of colleges stating it was an increase on last year – but it comes with the added complexity of having to deliver services in a Covid-secure way when staffing resources are stretched to meet the needs of all learners and keep campuses safe. Our survey responses showed that all colleges flexed their services to meet the needs of their students with support services run online, focused wellbeing workshops and resources being shared and regular contact by phone, video call or even visits for those that the colleges felt most vulnerable.

This growth over time, and the increase in presentations driven by Covid is worrying and has driven the work of AoC on the mental health agenda in recent years. It is why, amongst other things, we introduced the Mental Health and Wellbeing Charter in 2019, have run two webinar series on mental health during lockdown, and have developed a partnership with the Charlie Waller Trust that has provided free training and support for many colleges across England.

The full impact of Covid has yet to be felt and since this survey was undertaken we have entered into a further national lockdown, had more uncertainty about exams and assessment for all of our student cohorts and returned to most interaction being online. On top of this colleges are now preparing to receive new students in September who will have had two years of severely disrupted learning and limited time in school or college alongside second year students who have had a disrupted first year in college, many of whom will be preparing for their first set of formal exams in 2022.

In Greater Manchester the Health and Social Care Partnership, which has devolved monies, has recognised the importance of investing specifically in the FE setting in order to reach the majority of learners aged 16-18 with an investment just short of £1m over three years. The partnership has shown particular concern over the transition of students into colleges post Covid and is building on successful initiatives they have funded during the last two academic years. National agencies should consider a similar approach.

- **Recommendation:** Create a national fund to support the transition and retention of 16-year-old students into colleges in September 2021 targeted at the most vulnerable learners
- **Recommendation:** develop additional support programmes for learners with mental health difficulties or deemed vulnerable to support smooth transition and aid retention

It is noticeable that government and commentators have regularly highlighted the impact on the mental health of young people as a reason to keep schools and colleges open. But this on its own is not sufficient. It has contrasted with last minute policy changes relating to exams, the change of heart over the algorithm and centre assessed grades as well as the lack of certainty over what will happen over assessments in 2021, none of which have had a positive contribution to the wellbeing of our learners. If mental health is to be so high profile in our discourse then it should be reflected in all policy making in this area.

- **Recommendation:** To ensure all policies have an assessment of their impact on the mental health of staff and students

During the pandemic the Government did invest £8m in the *Wellbeing Return for Education*, a training programme to be rolled out across schools and colleges. This was a national programme to be delivered locally but from our research only 34% of colleges appear to have been offered this support, though as it is a rolling programme more may have been offered this since. Unfortunately, national programmes are inclined to focus on schools and materials are not always fit for purpose with the college sector. It is a huge challenge to develop materials and roll out training programmes that meet the needs of all education settings from primary through to further education and there would be benefit in having sessions focussed on the different settings.

A further £3m has been invested in developing the *Student Space* portal for higher education students. Naturally the major focus has been on Universities. The Association of Colleges have been promoting Student Space, but only 28 colleges in our research were aware of this service.

- **Recommendation** To ensure that investments and training opportunities relating to mental health and for education settings take specific account of the needs of further education colleges and their whole learner population

When we last undertook research, more than a third of colleges had seen reduced resources for mental health during the preceding three years. This time an incredible

83% of respondents stated that they had increased their resources. This big movement to invest resources in mental health and wellbeing comes at a time when colleges have seen significant reduction in income and a funding challenge for most within the sector and reflects the priority it is now given. While being a positive move, this investment at a time of reduction in overall income shows just how urgent the issue of mental health is for colleges.

87% of colleges stated that they have a mental health lead in the college and the average college now provides 40 hours of counselling for their students, with over two-thirds of colleges employing their own counselling staff.

There has clearly been a significant investment in the training of staff to support student mental health. When the AoC MH Policy Group first formed, our first aim was to encourage all colleges to have at least one staff member trained in Mental Health First Aid (MHFA). It was promising when 77% of colleges stated they had staff trained in MHFA in 2017, this total has now reached 95%. This is backed up further by a large majority of colleges now training all staff in mental health awareness and 90% of pastoral staff receiving training on specific issues such as suicide awareness, holding difficult conversations and other mental health related issues.

Colleges clearly recognise the need for targeted support for individual students to be matched by college wide wellbeing programmes. Nearly all colleges are running wellbeing activities for students, with 99% of colleges having a mental wellbeing focus in tutorials. It is hugely positive to see the growth in the relationship between staff supporting student wellbeing and those responsible for physical activity since the last research and this is testament to the work of many, including AoC Sport, highlighting the links between physical and mental wellbeing.

The Department of Health & Social Care is currently making significant investment in Social Prescribing and Youth Social Prescribing. With further education colleges as anchor institutions across our country there is a great opportunity for FE to utilise the benefits of social prescribing to support the mental health and wellbeing of learners through access to physical activity and other enrichment activity.

- **Recommendation:** To explore the potential to roll out a social prescribing model with colleges using physical activity and other enrichment activities as a means to promoting overall student wellbeing

This large amount of activity is hugely positive and 65% of colleges now have a mental health policy in place for students (68% for staff). As this is one of the commitments within the AoC Mental Health and Wellbeing Charter, it would be good to see all of this work sat within clear strategies with accompanying action plans.

- **Recommendation:** for all colleges to sign the AoC MH charter and annually evidence how they meet all 11 commitments\*

For the first time in an AoC survey we asked colleges about attempted suicides. The data was very concerning and requires action. Whilst 6% of colleges stated they were aware of no attempted suicides in the last 12 months, the range from the other colleges was from 1 to 44 with a median of 7. Over half the colleges stated this was an increase on the previous year and whilst the figures appeared high the data did not surprise the front-line professionals in colleges when we shared this with them. It is important that this area of work is addressed to ensure colleges are aware of the support that is available and the work they can undertake on suicide prevention.

- **Recommendation:** colleges should engage with the Local Suicide Prevention Plan
- **Recommendation:** colleges should ensure all staff have access to suicide awareness training
- **Recommendation:** AoC should work with experts to develop specific resources on suicide prevention for FE Colleges

Another area that warrants further examination is the number of referrals colleges made to A&E for mental health related issues. This data has stayed exactly the same – which may be a positive giving rising issues – but continues to cause some concern as A&E is often ‘the last resort’ in a crisis situation and not always ideal in a mental health crisis.

Unfortunately, there continues to be relatively little research on mental health in the college setting, especially when compared to schools and universities and a deeper dive into the data we are now collecting would be welcome.

- **Recommendation:** AoC should seek opportunities for further research linked to MH of learners in FE settings

There also needs to be more analysis of the effectiveness of activities being run by college. 85% of colleges are collating data to report to governors and the like but only 40% undertake an annual wellbeing survey of students. If we are to start to measure the impact of the interventions that colleges are using, we will need to build an evidence base and this will involve some form of regular surveying of the student population.

- **Recommendation:** That colleges should carry out regular surveys of their population in order to build an evidence base and understand the efficacy of different interventions

We increased the questions we asked relating to staff mental health in the survey as this has been a growing concern over recent years. Encouragingly 70% of colleges collate data on staff mental health and this helps shape activity and understand the impact of support available. All colleges now say they have structures in place to support staff wellbeing with the vast majority having an employee assistance programme and almost two-thirds of colleges having counselling available within the college.

65% of colleges have seen an increase in staff accessing services with the greatest factors in this increase linked to return to work post-Covid, recurrence of existing mental health conditions and workload.

90% of colleges run some form of wellbeing session for staff and it is positive to see colleges developing specialist support groups for staff on issues such as autism, menopause and terminal illness.

As with the work with students, it would be beneficial to have clear policies on staff mental health with associated action plans – informed by annual staff wellbeing surveys.

- **Recommendation:** colleges should undertake annual staff and student wellbeing surveys

Overall the relationship with the health system is showing strong signs of improvement. One of the key aims of the work of the AoC policy group has been to encourage colleges to engage strategically with the health system. This has proven benefits as evidenced by the fact that 38 colleges stated they were engaged with Mental Health Support Teams from only 48 that stated they were operating in their area. It is vital that colleges continue to engage with the local system leaders to ensure they are engaged in initiatives as they are rolled out and to ensure there is an understanding of the needs of further education students.

- **Recommendation:** colleges should continue to engage with their local health commissioners to ensure they are involved in local and national initiatives aimed at the MH of young people and adult
- **Recommendation:** AoC should work with national stakeholders, especially DfE, OfS, Department of Health & Social Care and NHSE & I to ensure there is a good understanding of the FE setting and the needs of those who learn and work in colleges

In addition to working with public health and the NHS, over 80% of colleges are working with local and national charities on the mental health agenda. Organisations like Charlie Waller Trust, MIND and Papyrus were regularly referenced as were organisations providing on-line resources like Kooth alongside a wide range of locally based and locally focused charities. These relationships offer the opportunity for colleges to work with their local communities and meet the needs of their whole student population by tapping into their expertise.

As we go forward, the greatest challenge identified by colleges was dealing with the volume of students requiring support. This was alongside concerns about lack of external support services and, despite the increase in resources, concerns about the resources available in college.

In terms of support colleges identified the staff training and resources as the most helpful thing AoC could provide as well as to lobby for policy change to ensure that services meet the needs of the learners and staff within our colleges.

This survey made no attempt to gather data related specifically to college leaders. We are acutely aware of increased pressure being placed on college CEOs, principals and leadership teams that has been exacerbated by the pandemic. We believe greater understanding of the support needs of leaders is needed and greater consideration of the impact on leader mental health given by those in policy makers and agencies who work with them.

## **Recommendation**

### **For policy makers:**

- Create a national fund to support the transition and retention of 16year old students into colleges in September 2021 targeted at the most vulnerable learners
- To ensure all policies have an assessment of their impact on the mental health of staff and students
- To ensure that investments and training opportunities relating to mental health and for education settings take specific account of the needs of further education colleges and their whole learner population
- To explore the potential to roll out a social prescribing model with colleges using physical activity and other enrichment activities as a means to promoting overall student wellbeing

### **For colleges:**

- develop additional support programmes for learners with mental health difficulties or deemed vulnerable to support smooth transition and aid retention

- To sign the AoC MH charter and annually evidence how they meet all 11 commitments
- to engage with the Local Suicide Prevention Plan
- to ensure all staff have access to suicide awareness training
- should carry out regular surveys of their population in order to build an evidence base and understand the efficacy of different interventions
- To undertake annual staff wellbeing surveys
- colleges continue to engage with their local health commissioners to ensure they are involved in local and national initiatives aimed at the MH of young people and adult

#### **For AoC:**

- AoC should work with experts to develop specific resources on suicide prevention for FE Colleges
- AoC should seek opportunities for further research linked to MH of learners in FE settings
- AoC should work with national stakeholders, especially DfE, OfS, Department of Health & Social Care and NHSE & I to ensure there is a good understanding of the FE setting and the needs of those who learn and work in colleges

## Appendix A

### The AoC mental Health & Wellbeing Charter

#### As a College we will:

- Ensure that wellbeing and mental health work is led by a senior manager supported by a member of staff with particular responsibility for mental health
- Have a wellbeing and mental health policy accompanied by a clear implementation action plan which is monitored regularly and reviewed annually
- Create an open and inclusive college ethos which includes respect for those with mental ill health
- Promote equality of opportunity and challenge mental health stigma through curriculum teaching and also promote wellbeing through tutorial programmes
- Provide appropriate mental health training for staff • Encourage and collect student views on mental health and wellbeing by working with the Students' Union and other student representative bodies
- Ensure a consistent and positive approach to staff wellbeing
- Provide targeted individual mental health support where appropriate or alternatively signpost to external support services
- Provide relevant information to parents and carers
- Establish effective links with local health and voluntary sector mental health groups
- Promote the benefit that physical activity and sport has on mental wellbeing.

## Appendix B

### AoC Mental Health Survey Results

It is four years since the Association of Colleges last surveyed members on the issue of mental health. Since then, mental health and wellbeing has continued to be high on the agenda in schools and colleges as well as within the health system. We have seen, amongst many other things, Mental Health Support Teams rolled out in many places following *the Transforming children and young people's mental health provision* green paper, the launch of the AoC Mental Health and Wellbeing Charter, signed by over 170 colleges, and of course a pandemic that has severely impacted on the lives of the learners our colleges serve.

This year's survey took place during November 2020 and was based on previous surveys for comparison with some new questions added as well as a section related to the Corona Virus pandemic.

#### Who responded?

In total we received 107 survey responses. 85 of these were from General Further Education Colleges (52% of all GFEs), 11 Sixth Form Colleges (22%) and 4 specialist colleges (17%). In addition to this we had 2 Academies (sixth form college conversions), 3 independent specialist colleges and 2 additional responses from colleges within the UK.

76% of respondents have signed the AoC Mental Health and Wellbeing Charter.

#### Results:

##### Change in number of students with diagnosed MH conditions

###### 14-15year olds

52 colleges responded had students in this age category. 22.5% of those who responded stated that there had been a significant increase whilst another 32% stated there had been a slight increase. Only one respondent stated there had been a decrease in numbers.

###### 16-18-year-olds

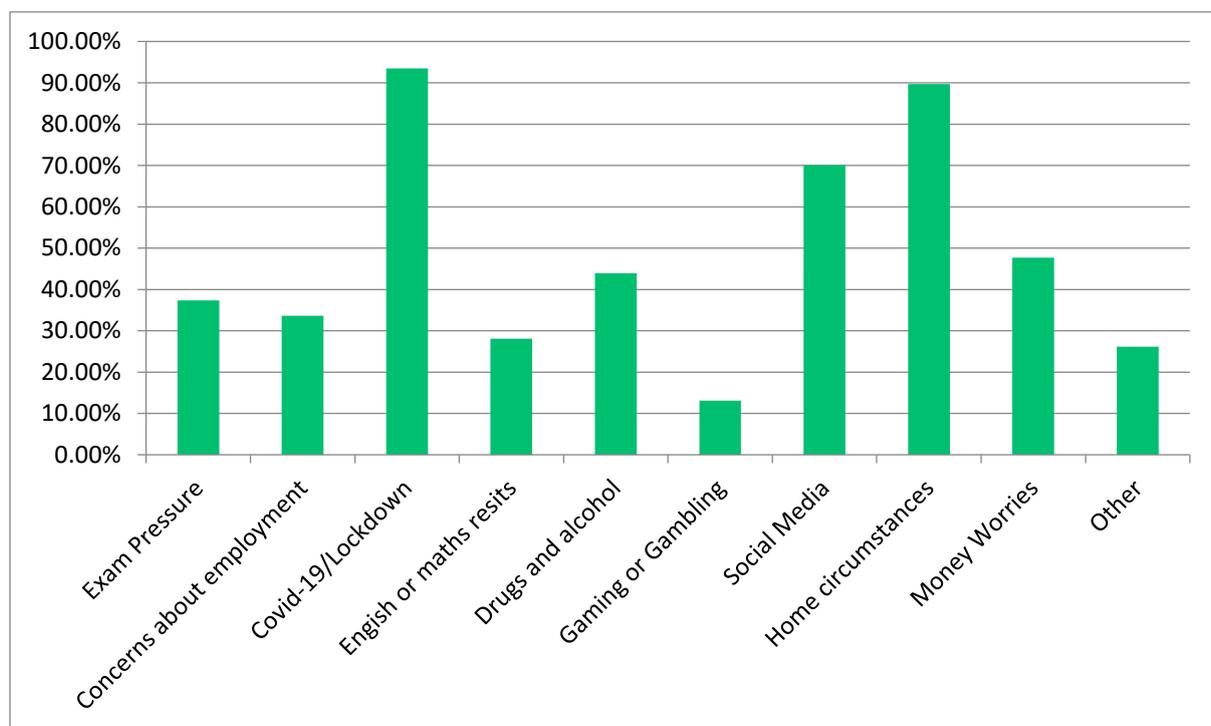
100 colleges gave a direct response to this question with 60% stating that they had seen a significant increase and a further 30% stating that there had been a slight increase. Three colleges said there had been a decrease – two of those stating it had been a significant decrease.

###### 19+

Of the 93 respondents to this question, 48% stated that there had been a significant increase and a further 33% said there had been a slight increase. Again three colleges said there had been a decrease, though only one said this was significant.

### What is causing the increase?

In terms of causation, the order of dominant factors was the same as our last survey with the obvious exception of Covid-19 and the lock-down with over 90% of respondents believing this had contributed to the increase. Other than Covid, Home Circumstances was still seen as the largest factor by a significant margin.



### Attempted Suicide

For the first time we asked colleges if they had information related to attempted suicides during the last 12 months. 94% of colleges stated that they had students who had attempted suicide in the last year, amongst these colleges there was a range of answers to the number of attempted suicides between 1 and 44. The mean number of attempted suicides per college was 12 and the median was 7. 56% of colleges said this was an increase on the previous 12 months, 41% said the figures had stayed the same, with 3% saying they had seen a decrease.

### College Mental Health Lead

We asked if colleges had a mental health lead within their institution and 88% said they did. A designated lead for Mental Health is a key part of the strategy outlined in the Green Paper. AoC have been working with colleagues in the NHS and DfE to ensure that training for these leads is relevant to the college setting.

On analysis of the job roles identified, a small number of colleges stated that their Principal was the lead whilst most had responsibility at the Vice Principal level. 15% of respondents had 'Mental Health' or 'Welfare' in their job title and a further 12% had 'Support' in their title. This question had not previously been asked, but anecdotally we believe that the number of staff with a designated MH remit is increasing.

### **Collating Data**

85% of colleges collate data on mental health and wellbeing whilst only 40% undertake an annual wellbeing survey of students.

### **Resources**

We asked how resources to support MH have changed in the last three years. 83% of respondents said resources had increased, 13% said they had stayed the same and only 4% said they had decreased. This is incredibly positive during a time when resources in further education have been stretched by year-on-year funding cuts. This is also incredibly positive compared to the 2017 results when only 38% said resources had increased and 36% said they had decreased resources over the previous three years.

This shows how serious the situation has been seen within colleges. At a time of scarce resources for many, colleges are seeking to increase the resources focussed on mental health and wellbeing due to the growth of the challenge they are facing.

98% of colleges run wellbeing sessions for students, over 95% run sessions linked to physical activity, healthy eating, developing resilience, coping strategies, dealing with stress and how to cope with social media. 99% say there is a focus on mental wellbeing in tutorial work.

61% of colleges say there are good relationships between staff responsible for physical activity and staff supporting student wellbeing, with only 4% saying there are no links. This compares to only 31% saying there were good links in the last survey and 23% who said there were none.

### **Counselling**

68% of college employ counsellors and 36% buy in external counsellors (several colleges do both!). This compares to the last survey when 40% of the colleges surveyed said they have full-time counsellors or mental health support workers and 77% said they have part-time counsellors or mental health support workers.

The average number of counselling hours available at the colleges was 40hrs with a range from 6hrs to 158hrs being made available in colleges with a median of 36hrs a week across all respondents.

### **Relationship with the health system**

Over 87% of colleges stated that they had good or very good relationships with public health and only 4% saying this relationship was non-existent, compared to 61% three years ago. One may assume that the Covid-19 pandemic has increased and improved relationships with public health teams on all levels.

Across the rest of the system there was a significant increase in good or better relationships with CCGs, Children & Adolescent Mental Health Services and Adult Mental Health Services. Also 23% of the sector said they had good or better relationship with their Integrated Care Partnership which is encouraging given how early we are in the development of ICPs.

87% of colleges said they were working with other MH providers such as local charities. Many local charities were mentioned and the most common partners were Mind, Kooth, Charlie Waller Trust and Papyrus. It is worth noting that some of these services may be commissioned by the local health service but colleges not make that link in their view of shared services with the health system.

48 colleges said that their area had Mental Health Support Teams. Of these 38 colleges said that they were linked into the support teams which is just short of 80%. This is incredibly positive in terms of engagement with the teams and would appear a hugely positive outcome from the work put in by the NHS, DfE, AoC and colleges to ensure local involvement.

### **A&E Referrals**

73% of respondents said they had made referrals to A&E in the last year, similar to our findings three years ago. The average of those who gave us data on this was 6.6 with a range of 1 to 35 and a Median of 5. This is incredibly similar to our last research where the average was 6.5 with a range of 1-30.

### **Other key information**

65% of colleges have a mental health policy for students and 68% of colleges have a MH policy for staff: these are up from 35% in our previous research.

Over 95% of colleges have staff trained in MH first aid, this is up from 77% in 2017. In addition to this, 71% of colleges have rolled out Mental Health Awareness Training

for all staff, 90% have implemented specific training for pastoral staff and 75% have carried out MH training for teaching staff.

## **STAFF MENTAL HEALTH**

70% of colleges regularly collect data on staff mental health, 67% say they undertake an annual wellbeing survey.

100% of colleges state that they have structures in place to support the mental health and wellbeing of all staff, this is up from 92% in the previous survey. 81% of colleges state that they have an employee assistance programme in place whilst 62% have counselling and support services available in college. 96% of colleges are confident that staff know how to access the support available to them.

65% of colleges who responded have seen an increase in the number of staff accessing these services in the last 6 months, 23% of those say that has been a significant increase. 65% collect data linked to those referrals.

The main reasons for these increases were Return to work concerns, recurrence of existing mental health conditions and workload (66%).

85% of colleges run wellbeing sessions for staff, 90% run sessions with a focus on physical activity and dealing with stress. 87% run sessions on coping strategies and 83% on developing resilience.

In addition to this, some colleges have established specialist groups formed to support the mental health of specific populations including autism, menopause and terminal illness support.

## **COVID related**

83% of colleges stated that the increase in referrals for support since September was higher than previous years with 41% stating that they were significantly higher.

We asked colleges how many had been offered training by their Local Authority and only 34% responded positively. This is disappointing given that government initiated the Wellbeing for Education Return with a view to all schools and colleges having training made available to them. On a more positive note, of the 37 colleges offered training, 35 had taken up the offer.

Only 28 colleges were aware of the Student Space resources for Higher Education which were funded by OfS and 22 colleges have been promoting these to their students.

### **How did colleges change support during Lockdown (in March 2020)?**

Colleges reported a myriad of alternative support opportunities for students and this was clearly a high priority given the volume and different types of responses given.

All colleges reported that student support operations were moved online and staff continued to work effectively with students in this way. Nearly all colleges reported a system of welfare checks on students that usually had a risk assessed process to ensure the most contact for the most vulnerable students. Most colleges reported increased agency partner working for their most vulnerable students and some made home visits to students.

Colleges reported creating online resources and communication spaces for students including for example weekly health and wellbeing student bulletins, weekly principal zoom call for students and parents, virtual counselling and other talking sessions, online triage tool, online listening service, mental health awareness week, online yoga and stress-busting sessions among many other examples of this type of support.

Some colleges created new emergency contact numbers or online platforms for students to be able to contact staff including access outside of normal college hours and term times.

Some colleges took on additional staff or seconded staff to support roles in their counselling services and others reported making hardship payments for food and study supplies.

### **What additional support, if any, have you put in place for students returning in September 2020?**

Colleges have continued to offer many of the same services online that were mentioned above with some putting in extra measures for face-to-face support. Many colleges report increasing the staffing resource in student support areas both by recruiting additional people and through additional training with existing staff.

Some colleges have collated student concerns about their return to study and have acted on their findings. Others have added to their induction or welcome back programmes or have been promoting the safe return to study through their social media channels and learning experience guides.

Many colleges have kept in place the extensions to their contact hours and methods for students.

### **What, mental health resources and guidance have been made available for students and staff to access remotely?**

Staff and students at most colleges have access to a resource hub containing a wide range of resources, signposts and contact information to support good mental health. Examples of topics covered include suicide, depression, self-harm, anxiety, exam stress, financial support, housing support, BAME specific support such as FGM and forced marriage, e-safety, COVID mental health, domestic abuse, mental wealth toolkit, mental health reading lists. Some colleges refer to guides created by Togetherall and The Charlie Waller Trust, however it would appear that many colleges are creating bespoke resources for staff and students.

Some colleges have created online forums for staff and students, and many are continuing to deliver tutorial sessions online. Colleges have given other examples of online mental health events including weekly online meditation and wellbeing Wednesdays online.

### **What do you consider to be your colleges biggest challenge in the area of mental health?**

44% of colleges stated that the volume of students presenting with MH difficulties is their biggest challenge, the second highest response was 25% who stated that lack of external support was the greatest challenge and then 15% who said lack of resources – both staffing and financial.

### **What would be helpful to you from AoC on the issue of mental health and wellbeing?**

Provision of staff training and resources was the highest response with 42% requesting this, 29% requested AoC lobby for more policy change on mental health and 14% suggested the sharing of best practice.

Other responses included: providing grants, running MH networks, providing template policies and collating benchmarking data.

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