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The North West Further Education Project:
The Mental Health & Well-being of Learners aged 14-19

In 2007, a North West Child and Adolescent Mental Health Service (CAMHS) Lead approached the North West Learning and Skills Council (NW LSC). She was concerned about the rising numbers of young people in the North West who were experiencing both diagnosed and undiagnosed mental health difficulties.

The NW LSC 14-19 Director and Learning and Quality Director were also concerned about high college drop out rates at age 17. These Directors were able to provide funding for research into the area of mental health. As a result the project described in this article was developed through the NIACE[1], LSC[2] and Inclusion Institute Partnership Project. This partnership exists to improve learning services for people with mental health difficulties in post-compulsory learning and skills.

Policy context

A number of policies and laws have come into being over the past few years, several of which underpin the need for greater support for young people's mental health and well-being as well as the importance of learning and skills to a person's emotional, psychological and physical well-being.

These include the high profile government strategy *Every Child Matters* (Chief Secretary to the Treasury, 2003), and Public Service Agreements to raise the educational achievement, and to improve the health and well-being, of children and young people (HM Treasury 2007).

The Social Exclusion Unit Report *Mental Health and Social Exclusion* (Office of the Deputy Prime Minister, 2004) highlighted the challenges for the learning and skills sector and subsequent activity has been seen in the LSC to address mental health needs: the LSC published a strategy for *Improving Services for People with Mental Health Difficulties* (LSC, 2006b) which was subsequently refreshed and revised in 2009 with *LSC Mental Health Strategy - The Way Forward* (LSC 2009).

Mental well-being

The mental well-being of the nation's children and young people has come increasingly into the spotlight in recent years. Various studies, such as Warwick et al, 2006, Aylward, 2003 and Mind, 2009, have highlighted the extent of psychological and emotional problems experienced by young people. Examples include the findings that 10% of 5 to 16 year olds have a diagnosed mental health disorder (National Statistics, 2004) and 10% of 16 to 25 year olds have had thoughts that life is not worth living (The Prince's Trust, 2009).

Subsequently the mental health and well-being of young people has an increasingly high profile resulting in the need for more support and greater awareness among front line staff, especially those in the Further Education (FE) system. This need is reinforced by recent policy developments meaning more learners with mental health difficulties are likely to be entering the FE

1 National Institute of Adult Continuing Education
2 Learning and Skills Council

system. The aim for increased collaboration between learning and skills providers, and health providers is also highlighted along with a move towards a 'Healthy FE' concept.

The study

The aims of the study were to explore real levels of emotional and psychological distress, and to look at the mental health and well-being needs, of young people aged 14-19 engaged in FE in the North West; and also the extent to which learning providers are able to support these needs. The study aimed to explore and paint a picture of both the emotional and psychological well-being of young people and the role of learning providers in responding to this.

Methodology

The study comprised three stages:
Part 1 - an online survey for young people (learners).
Part 2 - an email survey for Further Education providers across General Further Education, Work-based Learning and Sixth Form Colleges.
Part 3 - three interviews and field visits to develop case studies of innovative or interesting practice, or learners' stories.

The project's surveys were developed by the Partnership Programme in the North West and SHEU[1].

Findings:
Young People's Survey

Sample

1329 young people, engaged in learning, responded. The majority were 16 or 17 years old. 52% were male and 48% female. These percentages match the estimates for the population for 2008 from the Office of National Statistics (National Statistics, 2009[9]). 72% were white. The majority were also enrolled with learning providers in the Greater Manchester and Greater Merseyside

areas.

Keeping healthy

When asked about what keeps them healthy, respondents appeared to think about physical health (57%) but also seemed to see a link between meaningful relationships and health (30%). Respondents reported that the main factors that they think keep them healthy were fitness and exercise (57%), diet (35%), friends and relationships (30%), hygiene (23%) and not smoking (23%). The vast majority reported that they did not worry about diet. Forty percent of respondents to this survey said they never worried about how much they ate, and a further 40% said that they watched what they ate but never really dieted. More females reported dieting behaviour than males.

Drug use

When asked about drinking habits, 27% reported drinking regularly (at least once a week). Although the age profile of this study was slightly different, this compares favourably to the finding that approximately 50% of 16-17 year olds in the UK drink at least once a week (Institute of Alcohol Studies, 2007).

19% of the sample use illicit or non-prescription drugs weekly or more often, while 50% had used them once or twice. Cannabis was the most frequently used drug with 39% of respondents having used it at some point. Males reported greater levels of cannabis use than females. There are known links between the use of cannabis and mental health problems.

Psychological or emotional problems

Respondents were asked whether they had ever experienced psychological or emotional problems (not necessarily diagnosed mental health difficulties). 18% had in the term current to the survey and 39% had in the past. More females than

males reported such problems. In addition, 31% had thought life is not worth living, 18% had thought about taking their own life, 14% had received counselling or other such help and 7% had attempted suicide.

Relationships

Respondents reported they had experienced difficulties with changing friends and settling into college suggesting the transition from school to college can be particularly difficult. Respondents also reported difficulties with changes at home and 21% said family problems had affected their work this academic year. The majority of respondents have a close confiding relationship with someone but 11% reported they did not. However, for comparison, The YouGov Youth Index (Prince's Trust, 2009) found that 40% of the UK's 16-25 year olds did not have anyone to talk to about their problems. More males than females reported not having a close confiding relationship (16% of males as opposed to 6% of females).

Support services

When asked about their use and knowledge of various services, Connexions/careers service and Student Services seem be amongst those with the highest profiles and be the most frequently used. The general and more specialised services offered by providers e.g. counselling and study support are also quite well known, but less frequently used. This implies that although the young people know they are there, they may be reluctant to use them, possibly due to stigma.

However, when asked what learning providers could do to support the mental health and well-being of young people, most common responses suggested learning providers should offer counselling, listen to, communicate with and try to understand learners, offer one-to-one support with a named person, and/or have staff attend

lessons on a regular basis to inform students of support available. Being able to talk to someone who has experienced mental health difficulties themselves was also a fairly frequently occurring response.

Findings:
Learning Providers' Survey

Fourteen respondents completed and returned a questionnaire. There was a good response from Work-based Learning providers (seven); four respondents were from General Further Education Colleges, while two were from Sixth Form Colleges and one described their organisation as 'other: Higher Education Institution with Further Education provision'. This differs from the range of establishments who administered the young people's survey; the majority were General FE Colleges.

Mental health difficulties

Respondents reported how many learners within their organisations had mental health difficulties that the staff were already aware of. The average percentage across the 13 providers who responded to this was 0.9% which contrasts with the findings from the young people's survey that showed 18% had experienced emotional or psychological problems in the current term.

The percentage was smaller for providers that were small and Work-based Learning providers. All 14 respondents believed the figures recorded by Individual Learner Records (ILR's) were not representative of the real levels of mental health difficulties experienced by this age group, but that in reality more learners actually experience mental health difficulties.

Support services

Across all respondents various mental health specific Information, Advice and Guidance and support services (including

counselling services) are in place to support young people and well as staff in designated job roles to provide such support. They also offered more generic services and activities to promote well-being including enrichment programmes, induction programmes, etc. Providers that were small and Work-based Learning providers appeared to, generally, have far fewer services in place than other providers (only one reported having a counselling service). However they expressed a desire in further developing the services they did have in place.

Respondents had contact with and signposted learners towards a range of external services including Early Intervention in Psychosis (EIP) services and Child and Adolescent Mental Health Services (CAMHS). Again there were fewer examples of such contacts in small and Work-based Learning providers.

Difficulties

Respondents to the provider survey reported various barriers and frustrations associated with supporting the mental well-being of young people including difficulties linking with external services, a reluctance on the part of learners to disclose mental health difficulties (especially within small and Work-based Learning providers), a gap in external mental health services for 16-17 year olds, stigma and a lack of resources.

Over half of respondents had used Additional Learning Support Funds to support learners with mental health difficulties in general ways (such as to ensure smaller group sizes and greater mental health awareness) or in more specific ways (to fund counselling services).

Three respondents engaged in specific activity to support the mental health needs of Black and Minority Ethnic learners, largely centred on having Black and Minority Ethnic support staff in place.

Most providers had mechanisms for learner involvement in place such as learner forums and councils but only one had

something specifically for learners experiencing mental health difficulties.

When asked to suggest advice for other learning providers to enable them to effectively support the mental health needs of young people, many respondents referred to the need for contacts within external services, designated mental health and well-being support services, individualised well-being support for learners, a whole organisation approach, and the provision of a counselling service.

Conclusion

The study highlighted some concerning findings. Over half the sample of young people reported having experienced emotional or psychological difficulties, a prevalence that is much higher than figures from ILRs suggest. Worryingly 31% had thought life was not worth living. Only 14% had received counselling or other such help and only 39% of these had found this intervention to be helpful. This reinforces the suggestion that young people are not seeking support, or could be offered more appropriate support when they do.

The main issues that appeared to be causing worry for the sample were related to transitional aspects: changing friends and settling into their courses; however the majority of respondents reported that their college work had not suffered as a result.

Although issues relating to physical health (such as exercise and diet) were common, findings also highlighted the perceived importance of family and friends to emotional and overall well-being and happiness. Friends and family was the group respondents turned to most when they wanted to discuss their problems. Only 11% thought they did not have anyone to talk to about their problems. While this is of course concerning, other studies have suggested higher percentages experience this isolation (The Prince's Trust, 2009).

Regular alcohol use appeared to be only half that of the national average (Institute of

Alcohol Studies, 2007), and regular use of the most commonly used drug, cannabis, was only 8 %, while nationally 17.9% of 16-24 year olds were found to use this drug on a regular basis (Hoare and Flatley, 2008).

Respondents seemed familiar with the types of service and support available in their place of learning, but the specialised services were used less frequently than the more generic. This could be down to level of need for these specialised services, or due to stigmas attached to using them, for example in the case of the counselling services. Stigma could also account for the low levels of declaration reported by the respondents to the learning provider survey.

Findings from the provider survey showed learning providers did have a range of services and activities in place to provide support, encourage disclosure and promote mental well-being among learners. In particular, the importance and benefit of having a counselling service was mentioned repeatedly by many respondents.

Having mentoring systems in place also appeared to feature fairly prominently in respondents' answers. Additional Learning Support funds are used to establish provision specifically for learners with mental health needs.

Many small and Work-based Learning providers appeared to have far less in place than other providers and appeared to be less far along the journey towards holistic support for mental health, although they are taking steps towards this.

Contact and partnership work with external services was a key theme running through many providers' responses. It was seen as both a positive enabler for better support for young people, and also a source of frustration and a barrier. Often partnership arrangements were ad hoc rather than through some form of partnership agreement. Partnership working was less well developed for small Work-based Learning providers.

Another common theme running through the advice from providers was to develop a whole organisation approach to mental health support and promotion, recognising that maintenance of mental well-being was everybody's responsibility.

Overall, there appeared to be something of a mismatch between the reported mental health difficulties of the young respondents and the knowledge providers had of the extent of such difficulties. Providers were, however, aware of this mismatch. That mental health support needs are only captured at enrolment for official statistics via the Individual Learning Record raises questions as to whether this is the most appropriate way of collecting and holding such data.

While providers appeared to take their supportive role and the need for mental health support seriously, often this was impeded by a lack of resources or problematic partnership working with health services. The findings from this study reinforce those from other studies that recommend that investment is needed to facilitate more and better partnership working between learning and health providers.

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