



scottishdevelopmentcentre  
for mental health

**Charlie Waller Memorial Trust  
Mental Health Training in Further and Higher  
Education in Lothian**

**Scoping exercise**

**JULY 2008**

## **The Scottish Development Centre for Mental Health**

The Scottish Development Centre (SDC) is an independent, not-for-profit organisation that aims to achieve better mental health and well-being for people in Scotland. We believe that everyone's mental health is important and that good mental health is everyone's business.

We work all over Scotland for and with all kinds of organisations. We also have good networks outside Scotland. Our clients and partners include voluntary organisations, businesses, health boards, local authorities, national bodies and networks. This breadth and scope means that SDC is ideally placed to bring a vision of the 'bigger picture' of mental health to inform everything we do.

We have an excellent record in seeking people's views about mental health and what affects mental health. We have experience in working with the general public, including children and young people as well as with those who have experience of mental health problems, to help people's voices be heard clearly and promote their participation in decision-making.

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## **Executive Summary**

### **Introduction**

- NHS Lothian has entered into partnership with the Charlie Waller Memorial Trust and Scottish Development Centre for Mental Health to pilot work on mental health and wellbeing in Further and Higher Education settings in Lothian. This pilot aims to raise awareness of mental health and wellbeing across Lothian's student population in Higher and Further Education; improve integrated working and partnership between NHS Lothian primary care and secondary care mental health services and student services; provide strategies for sharing learning across educational and health settings; and evaluate services and resources to support student mental health.
- At this initial stage, the Scottish Development Centre for Mental Health has undertaken a scoping exercise to identify relevant policy, literature and services to lay the foundation for the development of the pilot .
- Following this scoping exercise, Charlie Waller Memorial Trust will fund the Waller Mental Health Trainer in Lothian.

### **Context**

- Higher Education is associated with significant stressors, and Further Education colleges arguably have higher numbers of students with mental health needs.
- Increasing numbers of Higher Education students are presenting with symptoms of mental ill health and more severe mental health problems.
- Legislation requires that reasonable adjustments<sup>1</sup> be made for those with mental health problems.
- The Royal College of Psychiatrist's Report in 2003 suggested that agencies and mental health care providers within Higher Education institutions should work in a more coordinated way to address the issue of student mental health.

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<sup>1</sup> Reasonable adjustment is an active approach that requires employers, service providers etc. to take steps to remove barriers from disabled people's participation.

## **Initial findings**

- There is some evidence that the changes in the student population coupled with changes in the demands and pressures associated with being a student are creating challenges to education institutions in achieving a mental health promoting environment for the student population as a whole.
- A range of services, support systems and materials are available within the educational institutions, although they are not necessarily obvious or easily accessible to students and staff.
- Although educational institutions may have policies on student mental health in place, these are not yet being fully implemented. Other institutions are still in the process of formulating theirs.
- Students may not disclose their mental health difficulties either on admission or during their time in Higher or Further education.
- If a student does disclose their mental health difficulties, academic staff may be their first port of call when looking for support with their mental health.
- Staff are concerned about how to deal with distressed students.
- Unfortunately, some students drop out before reaching the specific mental health services that could help them.
- The needs of students vary, and a different approach may be required for Further and Higher Education.
- Student services are already beginning to look into new and innovative ways of intervening and providing support.

## **Key areas for development**

- In considering student mental health it is important to consider:
  - The steps that might be taken to improve the mental health and wellbeing of the student population as a whole by creating conditions and environments for student learning and student living that are conducive to mental health
  - The steps required to support students who may experience mental health difficulties, by providing information on and access to a wide range of resources and supports
  - The steps necessary to ensure access to and provision of appropriate assessment, treatment and care for students experiencing mental

health problems. This includes agreeing pathways and referral routes to access help in crisis

- Mental health information and resources should be collated, maintained, and easily accessible to students and staff.
- Strategic coordination between agencies would provide a better 'package of care' for students.
- Gathering best practice would inform actions to promote mental health and wellbeing and the development of more streamlined and inclusive responses to student mental health needs.
- A common framework and a clarity of responsibility and response is required:
  - Who takes responsibility for the mental health and wellbeing of students? Is it student services, the counselling service, or student disability support services? Should it be academic staff or student support workers?
  - As a secondary point, who takes responsibility for the mental health and wellbeing of staff in educational institutions, for example occupational health or human resources?
- Action should be taken to reduce the culture of secrecy around mental health in educational settings and ideally avert crisis situations.
- Training sessions and related materials would aid staff in supporting students who come to them for help.
- However, a fast-track to psychiatric services from Higher and Further educational institutions would greatly benefit those in crisis.

## **1. Introduction to the Pilot**

Charlie Waller Memorial Trust aims to increase awareness of the signs and dangers of depression, particularly in relation to education and training for primary care staff. Over recent years, the CWMT has funded Waller Fellows to deliver the Trailblazer Programme developed by the Institute of Psychiatry, and has run masterclasses on key issues related to primary mental health care.

NHS Lothian has entered into partnership with the Charlie Waller Memorial Trust (CWMT) and Scottish Development Centre for Mental Health (SDC).

This partnership is a result of CWMT seeking to fund a Waller Mental Health Trainer in Scotland. A pilot project will be established to focus primarily on the provision of training and developing support for Further and Higher Education establishments in the Lothian region. This support will aim to build capacity with Further and Higher Education establishments to support student mental health.

The partnership aims to:

- Bring about significant changes in raising awareness of mental health and wellbeing across Lothian's student population in Higher and Further Education;
- Improve integrated working and partnership between NHS Lothian primary care and secondary care mental health services;
- Provide strategies for sharing learning across educational and health settings;
- Develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training;
- Extend the network of individuals and organisations able to innovate, motivate and develop ways of working at a local level;
- Identify relevant learning points and good practice that can be usefully disseminated throughout Scotland's education and health communities to maximise impact;
- Build networks within and across organisational and agency boundaries.

## **2. The scoping exercise**

The scoping project comprised the following elements:

- The preparation of a brief summary of relevant EU, UK and Scottish policy and legislation including that on health improvement and mental health improvement, Further and Higher Education, and disability discrimination.
- Phone interviews with one named contact in each of eight Further and Higher education institutions.
- A rapid search of relevant websites to identify what information is available to support students and Further and Higher Education staff.

It was initially planned that NHS Lothian would make initial contact with potential phone interviewees, but in practice the researcher did so. Named contacts from Higher Education institutions were identified by NHS Lothian and possible named contacts from Further Education institutions were identified Sandy McLean at SFEU<sup>2</sup>. Attempts were made to contact these individuals by phone or email during June and July 2008. From the five Higher Education institutions and seven Further Education institutions, phone interviews were carried out with four individuals from Higher Education institutions and four individuals from Further Education institutions. The researcher took handwritten notes during these interviews.

## **3. Summary of policy and legislation**

The following section outlines relevant EU, UK and Scottish policy and legislation including that on health improvement and mental health improvement, Further and Higher Education, and disability discrimination. It also makes reference to other pertinent information and literature.

### **Rights**

The United Nations 'Principles for the Protection of Persons with Mental Illness' states that "All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person. There shall be no discrimination on the grounds of mental illness."

Scotland's 'Mental Health (Care and Treatment) Scotland Act (2003)' leads the UK agenda in bringing mental health law in line with fundamental human rights. The Millan Committee on mental health law review was explicit in its desire to include the principle of non-discrimination and the right of service users to participate in their care planning whenever possible.

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<sup>2</sup> Scottish Further Education Unit

Since 1996, the 'Disability Discrimination Act' made it illegal, in certain circumstances, to discriminate on the grounds of mental health related disability. The Act defines disability as a physical or mental impairment that has (or has had) a substantial, long-term and adverse effect on a person's ability to carry out day-to-day activities. 'Mental impairment' includes mental health problems if they constitute a 'clinically well recognised illness', even if the condition is controlled by treatment, or if the mental health problem occurred in the past, and met the criteria in the Act. Since 2000, education has also been fully covered under the Disability Discrimination Act.

'Reasonable adjustment' is an active approach that requires employers, service providers, etc to take steps to remove barriers from disabled people's participation.

The duties on service providers have been introduced in three stages:

- Since 2nd December 1996 it has been unlawful for service providers to treat disabled people less favourably for a reason related to their disability;
- Since 1st October 1999 service providers have been required to make reasonable adjustments for disabled people, such as providing extra help or making changes to the way they provide their services;
- Since 1st October 2004 service providers have to make other 'reasonable adjustments' in relation to the physical features of their premises to overcome physical barriers to access.

The Disability Rights Commission's most recent piece of comprehensive guidance for the Further and Higher Education sectors, [Understanding the Disability Discrimination Act - a guide for colleges, universities and adult community learning providers in Great Britain](#), was produced in collaboration with the Learning and Skills Network, and Skill: The National Bureau for Students with Disabilities.

The guidance is unique and comprehensive in that it covers all aspects of the Disability Discrimination Act relevant to colleges, universities and adult education providers in England, Scotland and Wales. It covers an institution's legal duties as an employer of disabled people; as a provider of services to the public, as a provider of education services to students, the responsibility to promote disability equality across the whole range of its functions, and to produce a Disability Equality Scheme.

In the education sector, around four thousand copies have been sent directly to Principals, Vice-Chancellors, Heads of Human Resources, Heads of Disability Services and to Academic Libraries across Britain.

## **Mental health and wellbeing**

There is increasing recognition that mental health is a key resource for learning and for the development of skills and competencies required by citizens (e.g. in a recent EU consensus paper on mental health in youth and education).

In Scotland, national policy recognises the importance of good mental health and wellbeing to enable individuals, communities and Scottish society to flourish. To work towards improvements in population mental health and wellbeing, entails the promotion of good mental health, the prevention of mental health problems and the delivery of effective care, support and treatment for those who experience mental health problems.

One of the Scottish Government's current strategic objectives – 'National Indicator 15' – is to improve Scotland's mental wellbeing by 2011.

The vision set out in the recent Government consultation 'Towards a mentally flourishing Scotland' marks a shift in emphasis and focus from national activity to local action on mental health improvement, in the expectation that this will necessitate cross sectoral working and partnerships between the NHS and other key players.

The recent 'Universities Scotland' 2007 report 'Wellbeing Scotland' found that higher education contributes greatly to Scottish society as well as the benefit it gives to its own graduates.

A 'Student Mental Health' Conference, held at the University of Edinburgh in 2008, highlighted many of the issues currently facing Further and Higher Education institutions. Speakers dispelled some of the popular myths about the 'worried well'; that students do not present with clinical symptoms and the often accepted description of universities as therapeutic environments with students rarely needing to access specialist NHS resources.

The Royal College of Psychiatrist's Report in 2003 reported that more Higher Education students are presenting with symptoms of mental ill health and more severe mental health problems. It also concluded that Higher Education is associated with significant stressors that mental health problems in students can significantly disrupt their own educational and emotional development and that of others, and that students with more moderate mental health problems are more likely to be referred to student counselling services after seeking help from academic support. This comes at a time when university resources and mental health services in general are under pressure. The report suggested that all agencies and mental health care providers with the Higher Education institutions should work in a more coordinated way to address the issue of student mental health.

The growth in student numbers in recent years as access has been widened to previously under-represented groups and a reduction in funding have led to an increase in pressures on student support services. The 'Heads of University Counselling Services' report (1999) observes that the reduced time academic staff have to spend with each student is associated with an increase in students experiencing mental health difficulties.

A recent 'Higher Education Funding Council for England' funded a study where students and staff from both Further and Higher education were interviewed in Oxford, described in 'Understanding and Promoting Student mental health in Scottish Higher education: a mapping exercise' found that students are often unlikely to disclose mental health difficulties, which means they do not seek the support that is available in a timely manner, meaning that problems can be more severe when they do eventually seek help.

#### **4. Summary of phone interviews with representatives from Higher Education**

Interviews were conducted with representatives of University of Edinburgh, Edinburgh College of Art, Napier University and Heriot-Watt University. The respondents were all Heads of Student Services. The material below summarises the main themes and issues emerging.

##### **General health**

In terms of general health, students at Higher Education institutions in Lothian are informed that they must sign up for primary care. On the whole, this is initially brought up during the students' induction week and then in some cases there are follow-up reminders.

Several Higher Education institutions have a 'liaison' with their local General Practice (GP) and close working relationships have been established between GPs and the university. It was mentioned that in some cases GPs from those practices will become further involved with the university, for example sitting on committees. However, student services do not have the capacity or time to maintain this level of involvement and information sharing with every GP surgery in the area that might be accessed by students. For universities such as Heriot-Watt University, Edinburgh or the Edinburgh College of Art this may prove less of an issue as students are directed towards the health centre that is linked with the university. For example, the University of Edinburgh Health Centre is an independent NHS partnership of six general practitioners and a number of assistant general practitioners who rent premises from the University and offer full GP services to patients who live within the practice area. Conversely, for universities such as Napier who direct students to register with the GP local to where they are residing, this may prove more of an issue.

## **Mental health**

The respondents felt that where young people present and disclose a mental health problem in their Higher Education application they are well supported by staff and supports are put into place for them. It is expected that these students would, in the main, have support in place prior to arrival. However, concerns were raised regarding some international mature students who arrive with what would seem to be pre-existing mental health conditions but who have not informed any members of staff until there is a crisis. Although all students are encouraged to disclose any issues they might have, this does not always happen. Fear of losing their place at the institution or other types of stigma were suggested as possible explanations for this.

The universities themselves often produce leaflets or brochures on dealing with pressure, stress, how to live well, avoid drink and drugs, and relaxation. Additionally, several of the universities enable students to access the same types of leaflets online. Information booklets or leaflets are also available to students from other sources outwith the university.

Materials used by student services staff included self-produced leaflets and in some cases self-help information on the university website (described in detail later in this report). Links to other external sources of support were also available on university websites. The University of Edinburgh are also involved in the 'NHS Bibliography' scheme which is scheduled to begin in September 2008 and is designed to allow people to 'read themselves well' and 'prescribe' effective self help books to students. Other materials that could be used include leaflets produced by Health Scotland, The Royal College of Psychiatrists, 'see me....' etc. It was pointed out that students who were being seen by a support worker would be given more specific 'targeted' materials.

It was suggested that the current materials could be improved if they were written with the student more in mind, perhaps highlighting issues that specifically affect students such as exam stress.

In one case it was pointed out that mental health and general wellbeing are two very different things - that people who are comparatively healthy and those who are, for example, suicidal have different needs and requirements.

## **Student services staff**

Universities across Lothian have full time student support staff and in some cases sessional staff. Sessional staff would either be employed at specific times of the year or employed to deal with specific issues, for example Edinburgh College of Art have sessional staff that provide dyslexia support for students.

In the majority of cases, staff in student services are not mental health specialists, but are more often what are described as 'special needs workers' or counsellors. However, the University of Edinburgh has forged links between the student services department and the disability office to provide 'mental health mentoring' for students who don't need a period of counselling but require a different type of support. Other student support department workers take on this work to ensure that students are referred on to the services they require. In one institution they have started to carry out what is referred to as 'case conferences' where the student counsellor, the GP and any other specialist worker can come together for a meeting when there is a crisis situation or in order to refer the student on to another agency or form of support.

In one of the universities it was mentioned that one of the counselling staff had been trained in Mental Health First Aid and would be able to train others across the university staff. However in another it was pointed out that despite having a positive interest in the Mental Health First Aid training there was no time for this to be carried out.

Whereas in one university the disability office was clearly signposted as a resource for students with a mental health issue, in another the disability department tended only to be used for students with a physical disability and would not work with students with a mental health issue.

Concerns were raised by several of the respondents that the counselling service does not fulfil the needs of all students.

### **Student mental health issues**

Issues that can affect the mental health of students can be broadly grouped into external and internal factors.

External pressures could include money worries including debt, and alcohol and drug use, particularly mentioned in relation to young men. Continuous assessment can mean there is no release from the pressure of work, exams and deadlines.

Internal pressures might include the difficult transition from home to university and from childhood to adulthood, isolation, being away from family and peer groups. International students are at the most extreme end of this. Loss of identity, expectations of self, and perceived family expectations to do well were also mentioned.

With many symptoms of mental ill health becoming apparent or developing in early adulthood this is obviously a major issue for universities and colleges. According to the heads of student services, students most commonly report with anxiety, depression and self harm.

## **Improving the mental health of students**

In some universities classes have been provided for students on the subjects of procrastination, conflict and stress management. For example, the Edinburgh College of Art has linked together with the University of Edinburgh for these. The Student Associations in the universities are also involved with mental health events to an extent, however, there are concerns that there may still be a gap and that student services have a tendency to be reactive rather than proactive. This may be linked with a lack of resources and student support staff being stretched.

Individual student crises can be handled and managed, to an extent, and more general leaflets and information booklets can be provided, but for anything in between these two there is little time or resources. One respondent felt that classes should be provided for all students to teach life-skills such as stress management and that although these would have to remain elective classes they may be less likely to be seen as pathologising or patronising to students.

## **Current work in student mental health**

The Edinburgh Crisis Centre was described as a source of some good support.

Universities Scotland has a working group on mental health, and Breathing Space was highlighted as doing some good work especially with young men. Both Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid training were highlighted as effective but it was felt there was no time for staff to complete this training.

## **Issues specific to students**

The geographical organisation of the NHS is not compatible with the culture of student life.

It is unclear whether the university counselling service, the disability office or the GP should take responsibility for the mental health of students. In one case the head of student services spoke to a community psychiatric nurse who confirmed that they had asked students to access help through their own student services.

A variety of people may come into contact with a student in crisis, for example academic staff, tutors/advisors or friends/flatmates. These people do not necessarily know what to do in a crisis, how best to react, or how to access help and what they can divulge.

Napier University Student Services department are currently changing their name to Student Wellbeing which suggests a shift in emphasis. However,

Napier University also has a mental health policy for its students that cannot be 'signed off' because the full service cannot be provided. Key resources such as a fast track to Lothian NHS are not available and a nurse on-site has not been funded. Heriot-Watt University has an up-to-date mental health policy for its students, which is accessible online. The Edinburgh College of Art is currently reworking its mental health policy in the light of the Disability Discrimination Act. The University of Edinburgh has been updating its Student Mental Health policy since 2006.

### **What is working well**

A new service of mental health mentoring when students are not in crisis seems to be filling a gap in one institution.

Supporting staff to give them information and advice on what the appropriate response would be for a student who needs help is vital. However, more training is felt to be required because having better prepared staff is considered to be a positive thing.

Initiatives such as Mental Health First Aid training, ASSIST, and 'see me...', increase awareness and reduce the stigma of mental health problems. Activities such as yoga and other relaxation techniques are appealing to students, and students receiving talking therapy gave positive feedback.

One head of student services felt that they were able to access both community and emergency support relatively well and felt this might have been because they had met with psychiatric staff while accompanying students to the Royal Edinburgh Hospital and had developed a working relationship with them.

### **What are the gaps?**

There is a gap in services for students who require more support with their academic work as opposed to those students who develop an illness that requires treatment. This is something one university was tackling by working with the Disability Office to provide a mentoring system for students but without permanent staff this is not a permanent solution.

There is a need to be more proactive in terms of general health as well as mental wellbeing, and to provide access for students to 'drop-in' rather than simply offering traditional counselling.

There are limited resources both time-wise and in terms of funding to be more proactive regarding wellbeing across the whole campus.

A big issue for some respondents was the lack of fast-track access to psychiatric services with student services struggling to get treatment for students due to long waiting lists, in some cases of up to nine months.

Another issue raised was the current emphasis on the Cognitive Behavioural Therapy as the respondent suspected that in time this would lead to even greater gaps.

There is a concern among some that upper management are not aware of the needs and the issues faced by staff in student services, and there is a feeling that at the practice level there is a shared understanding. However, above that the issues are not recognised, and this concern is echoed by SFEU who state that when they run mental health training events, management never attend. Also when mental health first aid classes were run, Further Education tutors would attend but from Higher Education the staff would come from student services suggesting that there is a greater divide in Higher Education than in Further Education.

Raising awareness about mental health is seen as positive as is health promotion, but it was felt that perhaps staff needed something more tailored than the current Mental Health First Aid training.

There is felt to be a lack of understanding of who should do what in terms of mental health, between the universities, the community or the specialist services.

### **Current priorities for action and any problems**

Priorities from the heads of student services ranged from: bidding for more resources to get another support worker in place, reducing waiting lists, a fast track to psychiatric services, having a community psychiatric nurse to work on campus, to the more general: *'To develop and make the college environment less disabling for students with a mental health problem.'*

A common approach across institutions was also suggested to develop guidelines for responding. Better relationships and dialogue were also highlighted as a need to improve working partnerships between institutions and agencies, both voluntary and statutory. *'There is a wide menu of options but it's not [...] clear.'*

There are concerns about inconsistency of response and that in some situations university counselling and GPs work together with a shared care plan and in other situations this is not the case. It was also suggested that some counsellors would not work with GPs and vice versa. As one respondent described, perhaps it would take clearly setting out each institution's response to a particular student crisis to see where the gaps lie.

Within some student services rethinking and reorganising is occurring, with some moving towards more workshop type interventions for groups of students.

It was felt by some that students need different types of interventions. *'Sometimes it's a holding job rather than actually counselling'*. This way counselling could be used for those students who might get the most out of it. However, another respondent raised the issue that there is a lot of anxiety and concern about making changes and what this would mean to people's jobs, and perhaps this defensiveness was getting in the way of making changes to services. *'We need to move with the times, our primary job is to help the students progress through their course'*

### **The mental health of staff**

It seemed to be generally considered that academic staff would be able to take care of their own mental health needs, described as *'outside our remit'* or *'staff are a different category'*, and that they would already be linked in with primary care and have an established GP. Unlike student services, only one of the universities had a dedicated internal staff counselling service available. In others reference was made to external helplines that staff could access, although in one case this was described as *'badly promoted'*. It was also raised by one respondent that the HR department did not have a mental health policy for academic staff, so it was felt that there was a lack of commitment to staff mental health. This should be borne in mind as the context in which staff are expected to operate.

The Human Resources or Occupational Health departments within institutions were two areas of support that staff would be expected to use if and when required, specifically when it comes to improving the wellbeing of staff. Many of the respondents felt there were initiatives occurring in Human Resources such as healthy eating, healthy living, walking to work and smoking cessation. Other initiatives mentioned included the Healthy Working Lives programme (that has replaced the Scotland's Health at Work Programme). University of Edinburgh, Napier University, Heriot-Watt University, Telford College, Stevenson College, Jewel and Esk Valley College and West Lothian College have all been given awards from this agency showing they have fulfilled certain criteria.

Also described by one respondent, was a week or fortnight of sessions run by the university where staff had the chance to book time with a therapist or aromatherapist during working hours. This was considered to have been successful and something that would be offered again.

It was recognised that staff do need support in dealing with the mental health needs of their students, with one head of student services pointing out that a student with a mental health problem can cause *'huge ripples'* and that some staff are not keen or don't see it as their job but *'the more support [provided] for staff the better'*. Others described that staff can be affected by not being better prepared to deal with an emotional student or one in need of support. In several universities steps were already being taken to prepare staff, and to give them the tools to deal with situations, and guidance on where

boundaries and responsibilities lie. This is important because a member of the academic staff or a personal tutor might be the student's first port of call in both Further and Higher Education, or the student might have already dropped out before reaching specific student services.

### **What are the expectations of the new post?**

There are differences in opinion regarding what the Waller Mental Health Trainer post should offer Further or Higher Education in Lothian, with some arguing for a trained clinician to increase fast tracking of students into specialist care, and acting as a liaison between Higher Education institutions and NHS Lothian. Alternatively, others argue for someone to work towards highlighting good practice and forging coordination and links between agencies.

Some respondents mentioned the importance of staff training in how to deal with distressed students saying '*...it's about demystifying and normalising and coming from a health practitioner is better than me*'. Others spoke of doing some preventative work with the whole student body, for example education about the link between alcohol and depression.

Another suggestion was a consultancy type position that could help look at appropriate responses and protocols in linking Higher Education institutions with specialist support.

## **5. Summary of phone interviews with representatives from Further Education**

Interviews were conducted with representatives of Telford College, West Lothian College, Jewel and Esk Valley College and Stevenson College.

The respondents were a Student Services Manager, a student support officer, an academic learning support manager and a student services and guidance team leader.

### **General health**

Because no students 'live-in' at the Further Education institutions, the range of medical facilities that are provided by Higher Education institutions are not always provided by Further Education institutions. In two of the Further Education institutions there was mention of 'first-aiders' being available, and in two others it was stated that students are reminded that they should be registered with a GP during induction at the start of the academic year. This was felt to be particularly important for international students or students who have travelled to attend the Further Education institution. In another, no mention was made of this and in the final Further Education institution it was

stated that there is no reminder to students, and that it is assumed that students would have access to GPs.

## **Mental health**

In terms of mental health, again this is split between those students who disclose a mental health difficulty on application and those who develop an issue while at college, and a more college-wide wellbeing initiative.

Where a difficulty is identified, the student would generally be referred back to their GP or NHS24 to seek further support. Talking and listening are the most common methods utilised in a Further Education institution and in some there is access to a counselling service. Respondents highlighted that students are seen as individuals and the focus is on what they want; counselling, further referrals or advice. As one respondent described, there are service level agreements with social work (health and social care) but also many informal partnerships and links between the Further Education institution and SAMH, Depression Alliance and other counselling organisations across Lothian. Each Further Education institution has the opportunity for students to 'drop-in' seeking advice or information. In one, students who need it can have four counselling sessions funded by the college. If more is felt to be required by the counsellor this is decided on a case by case basis, and students can see the counsellor either within the college or at home.

In one Further Education institution the term 'mental health' is purposefully omitted from leaflets as it is felt to be stigmatising. Instead general terms are used like 'improve your study skills'. One respondent described their mentoring service. Information on this is sent to students who disclose a mental health need on their application form but it is also advertised elsewhere on campus.

## **Student services staff**

Each Further Education institution is very different and therefore organised slightly differently in terms of how they provide student support. One college had twenty two individuals working in the team; a mixture of full and part time, with eleven student services officers and three partnership workers seconded from social work (health and social care), Careers Scotland and Enable. Another college had two student support officers and their line manager, the other two made use of academic tutors/teachers who are also involved in student support for around 4-6 hours per week as well as dedicated student support officers. These academic staff are trained in student support and in some cases have completed the Mental Health First Aid training course. In the main, although some student support officers were described as having specialities, the impression given was that they could turn their hand to most things. *'.. all of us in the student support can deal with anything that comes in through the door'.*

## **Student mental health issues**

The stressors described by the respondents within Further Education institutions often related to personal and social problems, finances, marital break-ups, issues with their children or families. *'Often it has nothing to do with the college and more about their outside life'*. Also the stress of studying is a problem for some, as is dealing with other people within the college. The stress of the transition to college was mentioned by one respondent. Drug misuse was also described, meaning that some student support workers see the early signs of psychosis in students. In these cases students would be sent on to their GP and the student support worker would write a letter to the GP for them.

At one college, if a student presents with a diagnosed mental health problem then Learning Support would provide any extra support required. Telford College are currently running a new drop-in service called 'Wellbeing and spiritual care' and they are also working with SAMH to design new leaflets for students. Stevenson College have links with the outreach service 'Ballenden House' and they also provide a wide array of ways of supporting students including hands-on support with practical issues, listening and mediating. They also run a mental health mentoring service where students or potential students can access extra support.

## **Improving the mental health of students**

Generally this is done by increasing awareness; by alerting students to what is available within the college, letting them know about student support, if there is a drop-in service available, posters highlighting issues for students, leaflets highlighting issues and how to access information. One Further Education institution ran a wellbeing week and has plans to hold another one. In another college the Student Guild runs a healthy living stall in the foyer. Stevenson College student services team spend the first two weeks of the academic year speaking to each group in the college to inform them about the support available. A meditation group is also run once a year for both staff and students.

When asked about improving the mental health of students, two respondents described the importance of awareness raising among staff and having lecturers and other staff trained in Assist and Mental Health First Aid. Another described staff development and how often this highlights the need for staff to feel more confident in working with student mental health. Supporting academic staff is something felt to be of particular importance. Staff at West Lothian College had attended a course organised by SFEU regarding promoting confidence in young people where Carol Craig from the Centre of Confidence and Wellbeing spoke. The Disability, Equality and Inclusion Manager of Jewel and Esk Valley College recently ran a 'respect' theme in

staff awareness raising where it was encouraged for staff to see the person and not the illness.

### **Current work on student mental health**

The work that SAMH are doing, the Mental Health First Aid training and Scotland's 'see me....' campaign were all areas of current work that were thought to be relevant to improving the mental health of students.

Talking, knowing that people care, being involved, and feeling part of something as well as being on an appropriate course were all issues seen as crucial to improving students' mental health. Of additional importance was access to appropriate help to enable students to stay in the college and maintain their education. Also described as important was 'staff buy-in' - it was felt that sometimes staff attend mandatory training but don't really feel that it is necessary or appropriate but gradually the culture changes in the same way as attitudes changed towards disability training.

### **Mental health of staff**

The mental health of staff comes across as less of a priority in Further Education institutions although there seems to be more ingrained understanding that members of staff need to be prepared to deal with student mental health. This means that although members of staff are involved in being trained in Assist and Mental Health First Aid, in order to aid the support of students and their mental health, any other support of the mental health of staff would be carried out by Human Resources. In one Further Education institution in-house counselling is provided for staff and in two others there is an external counselling service. In one college it was described that the wait was not long whereas in the other it was suggested that access was more problematic with staff collecting the external counselling leaflet or contact details from the student services section rather than going to Human Resources and asking for it.

### **What are the gaps?**

The perceived gaps in the Further Education institutions are with more widely publicising the services that are available and attempting to demystify the subject for students so they feel able to say that they need extra help. It was suggested that some students might just 'not connect' with the services offered but another respondent felt that this issue, of students not asking for help, could be overcome by using new ways of promoting services, letting students know that it is their right to access support. Another respondent felt that something more specific than Mental Health First Aid training may be helpful, perhaps something linked with self-harm and depression.

One Further Education institution was working without their usual in-house counsellor and the position has not yet been filled.

Another Further Education institution admitted that they do not do much preventative work with students and that the perception is that students do not want to know about mental health until it happens to them. Similarly another respondent discussed how often she talks about keeping well and how interlinked general health and mental health is, and how she often tried to remind students of this.

### **Current priorities and problems**

Two respondents were able to give an idea of their priorities for action with a third describing that the plan was to keep training and remain motivated. The other two respondents highlighted staff development and training.

The issues that can be barriers to these priorities are mainly time, according to respondents, and to some extent funding. One respondent felt that with such a small department they could be stretched if a student requires immediate attention and support, and this can mean that following up lecturers' concerns can be delayed although they will always be followed up. Allowing teaching staff non-contact time to access training can prove difficult in some Further Education institutions.

### **Expectations of the new post**

Two of the respondents felt that staff development would be improved with the addition of a development and training worker, with one describing a need for general advice and symptoms to look out for in their students.

Another felt that self-harm was a neglected area.

Another respondent highlighted the differences between Further and Higher Education, describing the ways that the student population differs. She argued that there are far more students with mental health support needs in Further Education than Higher Education because if they could work at the higher stress level that Higher Education requires they would have already needed to have good support mechanisms in place.

## **6. Conclusions**

### **Characteristics of students**

Further Education students often span a wider age range than Higher Education students - from the age of 16 to middle age and beyond - whereas the majority of Higher Education students are aged from late teens to early twenties. Further Education students also have a wider spread of academic ability than Higher Education students.

Further Education students are more likely to travel shorter distances to attend classes and they are less likely to live on campus. These two factors could mean, in many cases, that Further Education students will already be registered with a GP and not need to re-register during their period of study. Further Education students might also retain close contact with existing family and peer groups throughout their period of study, enabling any issues to be noticed by family, friends and their local GP. Higher Education students, by contrast, are less likely to be local to the university, and so more emphasis is given in Higher Education to ensuring that students are registered with a local GP.

Respondents from both Further and Higher Education institutions felt that encouraging students to ask for support was one of their main concerns and they were aware that not all students who need help are willing to ask for it. These reports are similar to the findings of several recent studies that suggest that students are often unwilling to disclose any difficulties they may be experiencing. One recent study involved medical students who expressed an anxiety that a mental health problem would be viewed as a form of weakness and might affect their career progression. (Chew-Graham, Rogers, Yassin, 2003)

### **Variations between types of education institutions**

Further Education institutions tend to be smaller in size and to have fewer students than Higher Education institutions.

Further Education institutions often run more vocational courses or short courses for students, with some Further Education institutions running bridging courses between schools and colleges to widen access to education. Higher Education could be described as more curriculum-led and Further Education as more flexible. Further Education courses more often employ the use of continuous assessment rather than end-of-year or end-of-course examinations. However this form of continuous assessment is becoming more common in some Higher Education courses and it comes with its own stressors for students.

Higher Education students often only attend classes for short periods of time, perhaps as few as nine scheduled hours of class time per week according to the Higher Education Policy Institute looking at the academic experience of students in English universities (2007). There is an expectation that students motivate themselves to work individually beyond this. The concern is that students can easily become isolated or 'disappear' in this culture. Further Education institutions in contrast tend to have more scheduled contact time and also students are expected to attend each day without fail. Registration of names is taken and if students fail to attend then they will be contacted by the college and steps will be taken at that early stage to offer further help or support to the student.

The differences between Further and Higher Education institutions would seem to suggest that if students begin to experience difficulties these are likely to be more quickly recognised in the Further Education institution as a result of the structures put in place to monitor student attendance. This may create a situation that enables the student to more easily disclose any difficulties they are experiencing and receive the supports that are available.

### **Support staff**

In Higher Education institutions, student services are staff members employed specifically to work in certain areas of student support, and there are also often counsellors employed within the university itself. In Further Education institutions student support departments tend to be smaller and they will often have other duties, for example they may be seconded for short periods of time each week from academic teaching. As a result a higher number of staff that students see frequently are more likely to be trained or informed about what to do to provide help to students in Further Education institutions than in Higher Education institutions.

### **Access to specialist services**

Long waiting lists to access specialist care was an issue discussed by respondents from Higher Education institutions but was not mentioned by Further Education institutions respondents.

### **Role of staff**

Child protection issues have not been considered an issue for Higher Education institutions who far less frequently have students below the legal age of adulthood and this was not raised during the interviews, however, there are some 16 and 17 year old students matriculating at universities and there should be some debate regarding the duty of care of the university, also in regards to the new protection of vulnerable groups legislation.

In contrast, all college tutors are required to have the first level of child protection training and each one has a child protection coordinator. The new Protecting Vulnerable Groups (Scotland) Act will also require that all tutors will need a Disclosure Scotland measure.

Staff in both Further and Higher Education institutions need guidelines relating to roles and responsibilities and what is expected of them if a student is distressed or asking for help. There have been instances, for example, when Further Education tutors have given distressed students their personal mobile number because they didn't know what else to do.

## **REFERENCES**

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## Appendix 1

### Review of Further and Higher Education websites

The brief review of student services websites was carried out to see what is available in each institution for students and how it can be accessed.

In most of the Further and Higher Education institutions finding out how to access student support or services was relatively straightforward from the websites. Several have specific pages about mental health issues and where to access support, however, in some institutions it was not at all clear from the website where a student should go to access particular support.

In several institutions mental health support was included in the disability section of the website.

Where mental health was clearly signposted on websites there also tended to be reassuring information included, for example 'frequently asked questions' and reminders that many people experience these feelings. However, in a few cases some of the language used was negative for example '*you may have a condition, impairment or disability that means unless adjustments are made for you, you will not be able to participate fully in your studies*' which, although technically the correct language as written in the Disability Discrimination Act, did not seem very welcoming or positive.

Edinburgh University: In this website mental health information is contained within the disability office with links and contact details and up-to-date information for students. However, there was no direct link about mental health within the student services web pages. Students have the option of accessing the 'Advice Place', counselling or the disability office. Within the counselling pages there was a page called 'self-help' which contained an exhaustive list of websites that students can access.

Napier University: Student support services website has a section called 'counselling' which refers to the drop-in counselling service, exercise, self hypnosis, self-help and a section on mitigating circumstances if your emotions are affecting your studies. Also, links to a website dealing with depression in students, self-esteem games, health in mind website, nightline and crisis centre contact details. The chaplaincy was also a link option in this section.

Heriot-Watt University: This site has a mental health policy for students available for view. Students are directed to the chaplaincy or student welfare services, and address and phone numbers are included. A prominent advert below the counselling information poses a question, asking students if they have been partying too hard lately. The website also contains a section for staff on support and wellbeing.

Queen Margaret University: The student services web page has links to both disability and counseling (among others). On the student counseling page there are reasons given for why people might go to counseling. There was no mention of mental health problems or illnesses anywhere on the student services web pages, the site refers either to disability, with a link to the university policy on students with a disability, or to students who feel in need of counselling. However, there is a link to the university mentoring project where new students can apply to be paired with a mentor to help them deal with student life and the transition.

Edinburgh College of Art: The Student services web pages contained links for disability access, disability issues and student counselling but no further information on external or internal services. The disability section refers to 'disclosing' conditions or impairments that should be made on application or when registering as a student so an appointment can be made with the disability advisor.

Telford College: There is a link to a 'student support' page on the front page of the website so it was easy to find. Student support also encompasses childcare, child protection and counselling. There was a pdf leaflet that could be downloaded within the 'learner support' section of the site that was clear and user friendly, suggesting that students can contact learner support with regards to a known or new mental health issue.

Stevenson College: This is one of the largest Further Education institutions in Scotland and their website has been designated 'college website of the year'. There is no information about student services or support for disabled students or those with a mental health problem. The disability equality scheme annual report was dated December 2007.

Jewel and Esk Valley College: This site has a section for students and a link to student services. There is a section on childcare, access to funds and bursaries and tuition. The website says that counselling is available but no link to it is given. Mental health and disability information can be found under 'learning support'.

Scottish Agricultural College: The student services section is easy to navigate, and mentions issues to do with health, welfare, disabilities and special needs, which is where mental health is mentioned. Students are encouraged to disclose: *'For some of the categories listed above, where there is an unseen special need, there may be a reluctance to disclose it. However, by taking a positive attitude to disclosure, you will find the College's attitude and response similarly positive. The disadvantages of non-disclosure could include staff being unaware of your needs and therefore unable to provide the appropriate help, and the possibility of being treated on unequal terms compared with other students.'* No mention of a counselling service is given on this website.

West Lothian College: Student support is within a one-stop shop called 'spectrum'. The learning support section concentrated on practical help with things like essay writing and the section called 'personal support' mentioned counseling as well as drug and alcohol support, and organisations such as Penumbra, LGBT Youth Scotland etc. No specific mention is made of mental health or wellbeing.

## Appendix 1

### Current resources and initiatives

Many of the Further and Higher Education web pages for student support include links to external organisations that their students can access for help, support, or information about mental health. Many of these are listed below (with hyperlinks within the text) but this is not an exhaustive list.

[ArtFull](#) is a National Arts and Mental Health Initiative.

[Breathing Space](#) is a free and confidential phonenumber service for any individual who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to.

[Choose Life](#) is a national strategy and action plan to help prevent suicide in Scotland.

[Depression Alliance Scotland](#), linked with '[Look OK... feel crap](#)' is a dedicated campaign site about low mood and depression in young adults.

[HeadsUp Scotland](#) is the National Project for children and young people's mental health.

[National Resource Centre for Ethnic Minority Health](#) is a resource containing information specific to the health needs of people from ethnic minorities including mental health.

The [NUS](#) 'Wee red book' on welfare is designed specifically for students. It can be found by accessing the NUS website directly.

[Saheliya](#) is a group designed to maintain and support the mental wellbeing of Black and Minority Ethnic women. The services include counselling, group support, befriending, complementary therapies, one to one support and advocacy.

[Scotland's Mental Health First Aid](#) is based on work pioneered in Australia which is now being rolled out across Scotland. This training course is for everyone in Scotland, whoever they are and wherever they live and work. It is a 12 hour course that teaches the skills to help someone who is developing a mental health problem or is experiencing a mental health crisis.

The [Scottish Centre for Healthy Working Lives](#) was set up to improve the health of working age people in Scotland by ensuring healthier and safer workplaces, promoting healthier lifestyles and developing the field of employability throughout Scotland.

The [Scottish Recovery Network](#) aims to engage communities across Scotland in debate on how best to promote and support recovery from long-term mental health difficulties.

The [‘see me...’ campaign](#) was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland. The ongoing ‘see me...’ campaign does not mention educational establishments as a main issue and nor have they used any examples of students in their section on stigma, however, only this month, Central College, Glasgow signed the ‘see me...’ pledge committing to a wide-range of activities over the coming year, including promoting the anti-stigma message to both staff and students, this will involve the inclusion of the ‘see me’ message on staff payslips and displaying information throughout the college, perhaps marking the start of more further and higher education establishments becoming involved with this campaign.

[Skill](#), National Bureau of Students with Disabilities, has information for students with any disability including mental health issues.

The [Students Against Depression](#) website contains information for students about depression and how to tackle it.

The [Supporting Student Mental Health and Wellbeing](#) website is available for staff at colleges and universities.

[Telford College](#) have produced a mental health leaflet.

[WellScotland](#) aims to raise awareness and understanding of mental health issues and promote sharing of information, knowledge, research and training in mental health improvement. It also has a section on improving your mental health with top tips, personal stories, news, events and self help.