Further Education and Mental Health

The experiences of Further Education students in 2017
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Foreword
Foreword

The issue of mental health has become more and more prominent among student unions’ work in the past few years, at the same time research has shown the growth in the number of students who are suffering from mental health difficulties, reporting conditions, and presenting to counselling services.

But that growth in mental health as an issue hasn’t always meant that further education is given the focus it deserves or needs.

For too long, our research and campaigning has been directed at universities - to the neglect of FE students and their voices.

This report sets to redress that imbalance, and for the first time seek to represent the voices of FE students, telling us how they feel about their services, what works, what doesn’t - and what they want to change.

Our findings are reflected in our new charter for mental health in further education, which calls on colleges to not just invest in services but also to look at the whole of college life, and create policies and procedures to both provide better mental health support but also tackle its causes.

I would like to acknowledge the work of our staff in producing this report, from holding a roundtable to gather the views of students, to compiling a report which seeks to make their voices heard.

In solidarity,

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Introduction

In January 2017, the Government published their response to the ‘Five Year Forward View for Mental Health’, which laid out their vision for the future of mental health provision in the UK.

The response stated that it was the Government’s aim to tackle the “burning injustices that persist in our society, including the inequalities caused by poor mental health and the continued inability of many people to get the mental health treatment they need.”

Despite mentioning colleges and the need to support all children and young people the pledge to roll out mental health first aid training to education staff did not extend to those working within the further education sector. In fact, the majority of the recommendations and resources were focused largely on those still in school.

This is sadly not uncommon.

Although a majority of young people are studying in further education, too often discussions surrounding mental health and young people are focused on schools or university. In research papers, in the media and in the public consciousness, mental health only seems to be a concern for those under the age of 15 or over the age of 18. Those years in between are often forgotten about.

There is an understandable policy focus on early intervention, but we know that a young person’s mental health conditions do not stop as soon as they leave the school gates.

This report is a response to this huge gulf in both dialogue and policy. It combines secondary research and the insights gathered at a roundtable with 22 FE students. It details the issues students have identified as being the key drivers of poor mental health, as well as the areas they believe that support is missing.

The intention of this report is not to provide a definitive, statistically grounded response to the issue of mental health in further education.

Instead, its primary purpose is to centre the voice and experiences of FE students. It aims to ensure students are able to contribute to discussions about mental health in an effective way.

As such, this report sets out what students believe good mental health provision should include. It also provides a Charter for Mental Health in Further Education Colleges that has been built with and for further education students.

About the roundtable

In February 2017, NUS held a roundtable with 22 further education students from 16 different colleges. The purpose of the roundtable was to bring FE students together to discuss their experiences of mental health and wellbeing.

The format of the day largely followed the structure of this report. First, we asked students to discuss in small groups what they felt were the main drivers or triggers of poor mental health.

They then discussed what mental health support looked like within their college and within their local community.

Finally, the students discussed what good mental health provision should include.

On the day students also heard from the Association of Colleges (AoC), who are making mental health in further education a priority for 2017. At the beginning of the year, the AoC released their survey on students with mental health conditions in further education. This survey is referenced throughout the report.

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1 Five Year Forward View for Mental Health: Government Response, 2017

2 AoC, Survey on students with mental health conditions in further education, 2017
Why is mental health important?
Why should colleges care?

The mental health issues of young people are well documented and paint a picture of a generation with incredibly complex and far-reaching mental health difficulties.

In the past 25 years, rates of depression and anxiety amongst teenagers have increased by 70% and research undertaken by NUS shows that this is replicated within the further education sector. ³

In 2015 we surveyed both higher and further education students, exploring how students feel about their mental health and about the support they receive while they study.

We found that 40% of those respondents studying in FE in their 1st year of college or Sixth Form said they had a mental health difficulty (whether diagnosed or undiagnosed) and 33% of respondents said they had a mental health difficulty in their 2nd year college or Sixth Form.

We also found that 87 per cent of total respondents have felt stress; 77% have suffered anxiety; and, 69% have felt depressed in the last year.⁴

33% of total respondents have had suicidal thoughts – around double the figure (17%) for the general population. Of respondents who did not identify as heterosexual, 55% reported suicidal thoughts. ⁵

Students in further education are telling us that they are experiencing poor mental health and we know that they can be particularly vulnerable to mental health problems. Whilst not a homogenous group, students often share characteristics which can mean that as a group they are at a greater risk of mental health problems.

We know students in this sector are more likely to study part-time, which could lead to feelings of isolation and detachment from peers.⁶

We also know students in FE are likely to have experienced forms of disadvantage. FE is often undertaken by young people who have found school difficult or who may require opportunities to develop basic and employment-related skills. They are also more likely to have employment related pressures and financial worries.

There are also conditions unique to the further education environment that can exacerbate mental health difficulties.

For some students, the transition from school to college is an incredibly complex one. They can struggle with the informal teaching delivery and timetabling of the college.

For many students there is the added pressure of having to achieve a C grade in GCSE Maths and English. Having to re-take this exam several times, often failing, means that students are more likely to experience stress and anxiety.

There are clearly a range of factors within the further education environment that can contribute to feelings of mental distress and this is something that has been demonstrated in research undertaken by the Association of Colleges.

Their research found that 100% of colleges reported having students diagnosed with depression. 99% reported having students diagnosed with severe anxiety, 97% with bipolar disorder and 90% with psychosis.⁷

Colleges have legal duties under the Equalities Act to provide ‘reasonable adjustments’ for students with disabilities, which includes people with mental illnesses such as schizophrenia, bipolar disorder and depression. But the sheer prevalence of both self-reported and diagnosed mental health issues is a significant challenge for FE providers.

³ Young Minds, Mental Health Statistics
⁴ NUS, Mental Health Survey, 2015
⁵ NUS, Mental Health Survey, 2015
⁶ HEA, Challenges for Part-Time learners,
⁷ AoC, Survey on students with mental health conditions, 2017
mental health issues amongst young people in further education mean that colleges should be going beyond reasonable adjustments.

There is a clear link between a student’s wellbeing and their engagement at college. Research suggests that all forms of mental disorder are associated with an increased risk of disruption to education and the longer term consequences of mental health problems in childhood adolescence has been associated with poorer educational attainment and poorer employment prospects.\(^8\)

And as an IOE report shows, working to promote the mental health of students will directly or indirectly encourage educational engagement and raise attainment. It may facilitate a readiness to learn, improve behaviour and attendance, and promote staff recruitment and retention.\(^9\)

Ensuring that there are appropriate preventative and supportive measures in place are clearly very important and we know that colleges are beginning to recognise this. AoC’s report shows 56% of respondents said their college’s internal resources to support mental health issues had increased in the last three years.\(^10\) We welcome this move in the right direction, but there is still much more to be done.

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\(^8\) Department of Health, Future in Mind, 2015
\(^9\) TCRU and IoE, Mental health and emotional well-being of students in further education – a scoping study, 2006
\(^10\) AoC, Survey on students with mental health conditions, 2017
What do students think?
The student perspective on the causes of mental health problems

At the roundtable, students were asked to discuss what they believed the key triggers of mental health problems were.

Some of the issues, such as social media and sexuality are issues that affect all young people. Others are more specific to further education learners.

The list discussed below is by no means exhaustive, but it does provide an important insight into the student perspective.

Social Media

By far the most commonly referenced triggers of poor mental health amongst further education students was social media.

Of all the reasons for this, the most common response was that social media is unrelenting and can be accessed 24 hours a day, 7 days a week.

Students discussed how they believe that because social media is often addictive and can be accessed on so many different devices, you are more open to harassment, bullying and trolling at any time of the day.

Initial work conducted by NUS supports this. For many students online shaming, threats and abuse are now considered a norm within the daily routine of social media posts and messages. Of students who have been trolled, 28% agree that it has affected their mental health.¹¹

Another key concern raised by students about social media harassment was how it is often centred on racism and islamophobia.

Students also described how social media often made them feel ‘isolated’ and ‘neglected’. They also spoke of how the prevalence of social media meant they were continually seeking ‘validation’ from other people. Body image and social pressures around appearance and a drive for perfectionism were also highlighted as key concerns.

The importance of protecting young people on the internet has also been considered recently in parliament. The Government are currently working on a new Internet Safety Strategy, which aims to make “Britain the safest country in the world for children and you people to be online.” ¹²

Friends and Family

Students also spoke of how problems with friends and family impacted negatively on their mental health.

Lack of awareness around mental health problems within families meant that some students felt like they were unable to talk to their parents about how they were feeling, which often made them feel isolated and alone.

Sexuality

Students stressed how stigma and a lack of awareness of different sexualities and gender identities contributes to mental health difficulties.

They highlighted how students in FE colleges experience bullying and even physical violence because of their sexuality.

This is something that is reflected in research undertaken by many LGBT charities. One report found that more than half of lesbian, gay and bisexual pupils have experienced direct bullying

¹¹ NUS, Anti-Social Media Survey, 2016

¹² House of Lords Select Committee on Communications, Growing up on the Internet, 2017
and that those who are bullied are at a higher risk of suicide, self-harm and depression. Another report found that 44% of young (16-24 year old) LGBT people have considered suicide.

**College Workload**

The day to day of college life was also seen as a contributing factor towards poor mental health. The lack of perceived time to undertake assessments, combined with multiple study units means that many students feel pressured, stressed and anxious during college.

The link between workload, deadlines and stress was also found in a report by NUS, which found that 65% of HE students said that workload and deadlines caused them mental distress. Whilst the report focused on the experiences of HE students, it is possible to draw parallels with FE students. Although at different qualification levels, FE students have similar workloads to HE students in terms of variety and quantity.

Students also highlighted the GCSE Maths and English resit policy as a contributing factor to poor mental health in college.

**Poor Careers Information, Advice and Guidance**

Worrying about future career prospects was also mentioned as a major cause of mental distress for further education students. Many spoke of the “pressure to get a good job” and the “pressure to go to a good university.”

There was also a belief that a lack of appropriate information, advice and guidance at school meant that some students were on courses that they were not well suited for, which again contributed to poor mental wellbeing.

**Financial Worries**

Having to worry about money is a key concern for many FE students who are often working a part time job to support themselves through college. It’s a problem that has been made worse since the removal of Education Maintenance Allowance.

The link between financial worry and mental health was demonstrated in a recent survey, which found that 36% of HE students were worrying about their finances so much it is affecting their mental health and 64% of students worry about their finances all the time or very often.

In another study of undergraduate first-years from across the UK findings suggested that greater financial difficulties predicted poorer mental health, including greater likelihood of depression, stress, anxiety and alcohol dependence over time.

Again, whilst these studies are focused on HE students it is possible to make comparisons with FE students, whose financial situation is often as precarious as it is for those studying at university.

This is particularly true when considering how young student’s financial support within the college environment is often dependent on attendance.

At the roundtable, it was highlighted how the attendance of those suffering with mental health difficulties can sometimes be lower than then percentage needed to receive the bursary. This in turn leads to a damaging cycle of worrying about money = low attendance = bursary stopped = worrying about money.

**College Policies**

Some students spoke of how certain college policies, particularly in a sixth form college, can exacerbate mental health problems. For instance, college isolation policies.

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13 Young Minds, Mental Health Statistics
14 Youth Chances, the experiences of LGBTQ young people in England, 2014
15 NUS, Mental Distress Survey, 2013
16 Future Finance, Money on my mind survey, 2016
What are the problems with accessing support?

Students were asked to discuss the areas they felt like there were problems accessing mental health support, both within the college environment and externally in their community.

Stigma and Shame

Students felt that despite all the awareness raising campaigns, there is still a clear lack of understanding around mental health and that stigma still persists, particularly in colleges.

90% of young people experience stigma and discrimination about their mental health and this often stops them from accessing services, even if they want to. At the roundtable students spoke of a fear of being perceived as 'weak' for asking for help.

Students also felt that the stigma, taboos and discrimination that surround mental health also mean that many young people often don’t recognise that they have a problem, or they don’t want to accept that they do. There was also be belief that many young people don’t access services that are available as they perceive them as being for only very "serious" cases.

They also spoke of how the language used to discuss mental health problems in a further education environment contributes to the stigma. Phrases like “I’m so depressed” or "I want to kill myself" are often used flippantly and are seen as trivialising and contributing towards the lack of understanding.

Training of staff

The AoC found that 46% of colleges said they have been able to carry out mental health awareness training for all staff and 77% of colleges said they have staff trained in mental health first aid. Yet, there is still a perceived lack of training in mental health awareness for staff amongst students.

Whilst some students reported staff having a solid grasp of mental health problems, others reported those with a clear lack of understanding. At its worst students reported “feeling like a burden” and described a visit to a college counsellor leaving them feeling “worse than when they went in.”

There was also a perception that some staff often saw mental health as a poor excuse used by student to get out of work and receive extended deadlines.

Communication about services

There are clear issues in colleges around the communication of mental health services available, both within the college itself but also within the community.

Many students spoke of not knowing where or how to access different services, highlighting that some colleges do not keep easily accessible records of local mental health services.

In NUS’s 2015 survey, one in three students did not know where they could find the support they needed and more than half of students (54%) who believed they’d experienced mental health problems did not seek support.

Waiting lists, funding and availability of services

There are clear concerns for students about funding for mental health services and waiting

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18 Time to Change, Children and young people’s programme development

19 AoC, survey on students with mental health conditions, 2017

20 NUS, Mental Health Survey, 2015
list times were consistently mentioned as a key access issue.

Waiting list times, both within the college and also in local services, are incredibly varied and, in some cases, waiting list times can be up to 6 months.

This is clearly an issue of staffing. On the day we heard how some colleges only had mental health nurses for four hours a week, and they were expected to see dozens of students in that time. One college had lost two full-time counsellors, and were unsure about what support their students would get in future.

As a result of the substantial reductions in college funding in the previous five years, most colleges have had to make reductions in non-teaching services and less than half (40%) of the colleges surveyed are now able to support a full-time counsellor or mental health worker on campus. 21

Regional Issues

Students consistently referenced a “postcode lottery” in terms of accessing mental health support.

This is supported by research undertaken by the NSPCC, who found that average waiting times between referral and assessment by local Child and Adolescent Mental Health Services (CAMHS) differed substantially across the country. Ranging from just a week in some areas to more than 23 weeks in others. 22

Transitions

The transition for further education students from CAMHS to AMHS was highlighted a major problem in accessing provision. The transition from CAMHS to AMHS risks a drop of provision, as adult services have different – often higher – eligibility thresholds, which mean that students who had previously received support lose it.

Provision of both CAMHS and AMHS also varies across the country, which can affect students who move away from home to study who find that they no longer have the mental health support while they are studying that they had at home.

This is a concern that is consistently highlighted by professionals. As the Children and Young People’s Mental Health and Wellbeing Taskforce stated, for some young people, “the nature of adult mental health services and their emphasis on working with the individual rather than a more holistic approach means that young people prematurely disappear from services altogether.” 23

Lack of consistency

Student often noted how waiting for appointments in GP surgeries means that it can often be difficult to get seen by the same GP every time. This rotation of GPs of means that you are often seen by many different people who can struggle to understand your issues.

Lack of trust in services

We heard anecdotal evidence on the day from students who had had negative experiences of CAMHS that stopped them from wanting to access the support available.

More than seven out of 10 (72%) consultant psychiatrists who specialise in treating children and adolescents say that NHS care for under-18s experiencing a crisis in their mental health is either inadequate (58%) or very inadequate (14%), according to a survey undertaken for the Guardian. 24

Lack of diversity

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21 AoC, survey on students with mental health conditions, 2017
22 NSPCC, Mental health services - a postcode lottery, 2015
23 Children and Young People’s Mental Health and Wellbeing Taskforce, “Co-ordinated System” Task and Finish Group Report
24 The Guardian, Mental Health Survey, 2016
Mental health services don’t meet the needs of BME people in the general population and this is a concern mirrored by college students.  

Research undertaken by NUS found that women and BME people have higher rates of poor mental health and also face other discriminatory barriers that worsen their mental health issues and access to treatment.  

The survey found that BME people were less likely to engage with therapy, counselling, group or medical support, were more likely to ignore or underplay issues.  

Students believed that a part of this was the fact that at many colleges the counsellors do not reflect the diversity of the college population, making many BME people not want to access the support.

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25 Race Equality Foundation, Mental health crisis review – experiences of black and minority ethnic communities
26 NUS, Women, Race and Mental Health in the UK, 2017
27 NUS, Women, Race and Mental Health in the UK, 2017
What does good mental health provision look like?
What do students want mental health provision to look like?

When given the option to feed in to discussions about mental health, students have clear ideas about what provision should include.

**Accessing the right support, when it is needed**

First and foremost, students want mental health services to be adequately funded. They want colleges and the Government to recognise the importance of, and need for, investment in mental health provision in further education.

They need to have access to a fully funded system with shorter waiting list times, more highly trained counsellors and staff who are trained in mental health first aid.

Students don’t want to have to wait six months for services, completely unsupported. They know they shouldn’t have to.

Instead, they would like there to be interim support available, which could be delivered by staff who are trained listeners, capable of bridging the gaps in support. Or, it could include trained peer support groups.

They would also like the staff to have the resources to work proactively and prevent mental health problems – not just react to crises.

**Trained staff**

All academic and support staff should be trained with mental health first aid. There are a variety of providers available for such training.

**Collaborative support**

Students would like personalised, tailored support that involves the people it affects. They want the ability to control their own recovery and to have an input into the type of support they receive.

Students don’t simply want to be told that they have to take the only option that is available to them. Mental health issues affect people differently and what works for one student won’t necessarily work for another. They need to be consulted, spoken to and listened to in any discussions around mental health provision.

**A diverse range of services**

Students stressed the importance of counsellors in a college setting, but they also recognise that a counsellor is not always the most appropriate form of support.

As well as adequate, quality counselling support, students would to see colleges provide things like mindfulness courses, wellbeing courses, yoga and resilience and self-care courses. That said, unions should remain vigilant in ensuring that any additional provision is not introduced as a replacement for a well-funded counselling service.

They also want the college to properly facilitate peer support networks. When support peer is unsupervised, or set up informally, it can be draining and dangerous for the students. With the appropriate training and support it can be helpful, helping to reduce stigma and feelings of isolation.

They would also like to trust that their college counsellors will know what is best for them and will refer them for other forms of therapy, such as CBT or psychotherapy, if appropriate.

**Diversity of support staff**

Students want counsellors who are well-qualified, but they would also like to be supported by people who have direct experience of mental illness.
They also feel that there needs to be a more diverse group of people delivering mental health services.

Services should be aware of gender-related or racial issues which contribute to mental health experiences of black and women students, and be trained appropriately.

The team’s diversity should reflect that of the student population at their institution.

**Clear Communications**

Students want information about the services that are available to them and how to access them, both within the college and also through the NHS, to be clearly communicated. This information should be easily available, both online but also offline in the college.

They would also like their FE providers to run campaigns on mental health that are specially tailored for the further education learner and they’d like the campaigns to focus on all different kinds of mental illness, not just anxiety and depression. The campaigns should also focus on the symptoms of mental illness – so that students can more easily recognise when they might need to get help.

**Mental Health support integrated into daily lives**

Students need mental health support to be integrated into their daily life at college.

They believe there should be systems within the college that can help support them. Low attendance should be a red flag of concern and call for a supportive approach, not just telling off.

They would also like the college to offer greater flexibility in study programmes if you are unwell.
Why is student voice important?
Why is student voice important for shaping colleges mental health strategies?

At NUS we have long advocated the importance of learner voice within college structures and have highlighted how crucial learner voice is in developing more learner-centred education. We know that involving people in decision making is important for wellbeing, belonging and engagement.

These principles are just as important when considering any mental health strategy. In the mental health sector we are beginning to see a shift in approach and attitudes, with services starting to move away from “doing to” to “doing with.”

This “doing with” approach moves beyond simply consulting with students and listening to their ideas. Instead, it includes a high level of student involvement that empowers people to co-design and co-produce services. It involves sharing decision making power and ensuring that students’ voices are “heard, valued, debated and then acted upon.”

We know that this is what students want. They want agency over their own recovery journey and they want it to be tailored to what they need. We believe that the principle of co-production has to be a central component of any mental health policy or strategy that is designed in colleges.

People with mental health difficulties have often been seen as too vulnerable or not capable of having a say in their own support and this is especially true of young adults.

In 2013 the New Economics Foundation (NEF) and Mind undertook a literature review that looked at how co-production is being used in mental health settings.

It found that there are a whole range of benefits to co-production and many of them go some way to addressing the issues raised by students in this report, particularly the drivers of mental health problems and issues with accessing mental health services.

**Improved social networks**

One of the main benefits of co-production is an improvement in social networks and inclusion, including stronger relationships with peers, family and friends, a reduced sense of stigma and a greater sense of belonging to local groups, communities and networks.29

**Reducing Stigma**

The principles of co-production lead to a reduction in stigma for those accessing mental health services and less stigma from the “community.” According to the research, the key principles of co-production that address stigma are developing peer and support networks, and eroding boundaries between people and professional.30

**Prevention**

A strong theme throughout the research was the decreased use of acute mental health services and a reduction in severe and acute mental health needs.31 The report found that "peer based programmes...create alternatives to acute services, meaning that people don’t have to reach crisis point before they get support."32

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28 NEF, Co-production in mental health: a literature review, 2013  
29 NEF, Co-production in mental health: a literature review, pg 10, 2013  
30 NEF, Co-production in mental health: a literature review, pg 11, 2013  
31 NEF, Co-production in mental health: a literature review, pg 11, 2013  
32 NEF, Co-production in mental health: a literature review, pg 11, 2013
Charter for Mental Health in Colleges
Charter for Mental Health in Colleges

1. Colleges should review the balance of coursework and assessment as well as ensure that there is ample communication between departments to prevent overlap in examinations and submission dates. They should also offer greater flexibility in study programmes for students who are dealing with mental health problems.

2. Provide greater levels of support to students to find work after finishing their studies and provide networking opportunities with prospective employers. Institutions must make moves to advise students on the job market early in their tertiary education, in addition to having access to a high quality careers service.

3. Ensure students have access to adequate financial support and that any conditions to their financial support are clearly communicated.

4. Review policies around financial support and ensure that students whose mental health issues may have affected their attendance are not unfairly penalised.

5. Students should be given sufficient advice on budgeting and finance from the start of their academic experience.

6. Every college should ensure that they have a Student Social Media Policy, as well as one for staff.

7. Every college should ensure that they have a dedicated mental health policy.

8. The mental health policy should reflect a whole institution approach, where students’ mental health is seen as the responsibility of all teaching and non-teaching staff. The policy should be developed with students who have direct experience of mental health problems.

9. Colleges should adopt a process of co-production and co-delivering of mental health services, where appropriate. This needs to be adequately supported and structured and as such colleges should ensure that all staff and students have access to appropriate training.

10. All college staff should receive mental health awareness training. Mental health first aid training should be provided to staff who have regular contact with students. Colleges should also consider providing active listening training for support staff to provide interim support for students with mild to moderate mental health problems.

11. Colleges should facilitate peer support groups. This should include providing training for students prior to becoming mentors, as well as throughout the programme. It should also include dedicated, trained staff co-ordinators. In both cases, this training should be provided by a qualified specialist.

12. Colleges should build stronger links with local mental health services, both CAMHS and AMHS and create a joined up approach to support. This relationship should also prioritise ensuring that no student is lost in the transition from CAMHS to AMHS.

13. Colleges should provide a range of services that are aimed at promoting mental wellbeing, as well as responding to mental health problems. This could include services such as mindfulness courses and self-care courses.

14. Colleges should run internal mental health campaigns that focus on the symptoms of a wide range of mental illnesses. These campaigns should be tailored towards the
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FE learner and be accessible in terms of style and language.

15. Colleges should drastically improve how they communicate the support services that are available to students. Students should be able to easily identify what is available both within the college, but also through the NHS, the local authority and charities and voluntary groups. Information should be presented clearly, in one place. It should be available at the college and online, in written and spoken form.

16. College support teams should also be trained to know where to signpost a variety of mental health provision, both locally and nationally. This should also include specialist support services, for instance LGBT+ provision.

17. Colleges should ensure that the student support team’s diversity reflects that of the student population.
What does good look like?
Case Studies

- **College name: New College Stamford**
- **Name of the project: Listening Service**
- **Duration of the project: On-Going**

New College Stamford are training Welfare staff to be listeners so that students can receive early intervention support for mental health problems and other welfare issues.

The college has recently restructured and reduced its counselling provision from full time, to being bought in as demand dictates. However, it recognised that there is now a gap between a student identifying that they need support and being able access to a counsellor, or other support mechanism.

The benefit of this is that has allowed the college to explore other avenues of support: we have built better links in the community with students GP’s, and non-statutory charitable organisations to create a culture of wrap around support where the support comes from the expert at multi-agency level.

This has also allowed us to create better links with our local CAMHS provision.

We have also seen that some students are effectively supported by dedicated welfare staff who will listen to their issues and give them a platform to talk confidentially.

- **College name: Forth Valley College**
- **Name of the project: Peer Support / Community Champion Training**
- **Duration of the project: On-Going**

Peer Support Training is part of an Adult Learning & Empowering Communities (ALEC) toolkit which was set up for students and carried out as a result of partnership working between the Health and Wellbeing officer at the Student Association and Scottish Families Affected by Alcohol and Drugs (SFAD).

The training was implemented as a result of a study carried out on students and report that was written to evidence this. The study investigated how students were affected by issues around alcohol and drugs and where they required support in relation to this. This study was carried out by FV SFAD/ADP.

As the (ALEC) toolkit tied in with the recommendations and actions from FV ADP/SFAD prevalence study report the training was piloted on the first group of students on the 24th of Jan 2017.

The training consists of participants exploring assets and co-designing interventions to empower the participants of the training to participate in actions that support their lives and that of their peers. This can include recognising what is strong within the college community, setting goals for improvement and supporting unmet needs through empowerment and active participation by working to an asset based community development approach (ABCD).

By delivering this training to students they were able to gain a qualification as a community champion and gain knowledge, understanding and tools to better support their peers with not only issues surrounding alcohol and drugs but mental health and wellbeing also.

The purpose of the training and the outcomes we hoped to achieve was to build strong supporting peer communities within the college, reduce harm and drug related deaths, promote active citizenship and social connectedness, and support the development of recovery friendly communities within the college that will address stigma and discrimination with any issues students may be facing.

This training is still in the process of being delivered to the first cohort of students and the second cohort will begin their training at the end of March.
• College name: Highbury College/Solent Recovery College

• Name of the project: Health and Wellbeing Session

• Duration of the project: On-Going

On 23rd September 2013 the Solent Recovery College (SRC) was launched. It is delivered through a partnership between Solent Mind, the NHS and Highbury College, who wish to support the recovery of people with mental health problems in Portsmouth.

We deliver Health and Wellbeing sessions at each of the College Centres. In 2015/2016 this became an integral part of the student experience as well as targeting those at risk.

The intent of the sessions is to support and empower student's progression and self-advocacy, by emphasizing positive physical, psychological and social mental attitudes of the students through a variety of activities and exercises.

Some of the previous outcomes have been that Students’ overall wellbeing improved by an average 21.22% between September 2012 - June 2013.

• College name: Forth Valley College

• Name of the project: Healthy Body Healthy Mind Committee

• Duration of the project: On-Going

This year the Health and Wellbeing Officer set up a Healthy Body Healthy Mind committee.

To do this a remit and operational plan was created to state the purpose of the committee and set out the responsibilities of its members. The committee was to be made up of staff and students across the various departments and campuses in the college. This was done to ensure equal representation across the three of our campuses and so that both staff and students had an equal say on health and wellbeing topics such as mental health. The purpose of the committee was to:

• Review and recommend to the student executive and senior management team on anything appropriate to health and wellbeing for implementation across our campuses

• to conduct assessments (including visits when required) of other FE and HE providers of health and wellbeing practices with a view of adopting these for college use

• to monitor progress on our current agreed implementation plans and to get staff and students on the committee to report to the student executive on areas of good practise and areas of concern

• members to collate and submit all activity across their areas towards an overall review of the health and wellbeing activity in the college

• to review and improve for the submission of all evidence gathered to the student association, senior management team and board of management and annual HBHM report.

This committee had its first meeting on the 26th of January 2017 where the committee approved the remit and operational plan created. Duties were then assigned to the members and discussions of current health and wellbeing events in the college discussed.

The next meeting will take place on the 28th of March.

The H,W&S officer hopes that by setting up this committee that it will be a sustainable way of making sure that both staff and students are up to date with all health and wellbeing initiatives across our college campuses and that it will encourage the collaboration of staff and students working together to set achievable goals that will improve the health and wellbeing of all students and staff at Forth Valley College, the visibility of service provision within the college, and the maintenance and improvement of current provisions.