



Finding our own way

Mental health and moving from
school to further and higher education

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Executive summary

This report explores the impact of transitions into and between further and higher education on students' mental health and ways in which these might be improved. It reviews existing literature on this topic and then draws on interviews and focus groups with students and professionals.

The research we have reviewed indicates that mental health difficulties are increasing among further education and higher education students. Research demonstrates that the period of 16-25 is associated with a number of risk factors with the potential to affect a young person's mental health.

Going to further education (FE) college or university involves several periods of transition, which can require significant adaptation, cause distress and affect a young person's mental health and wellbeing. Risk factors for both further and higher education students include study and academic demands, anxiety relating to future careers, social experience, living at university and financial pressures. For higher education students, research has found there are particularly risky periods for student mental health, including the transition to university and during second year.

Research indicates that some groups of students face a greater number of risks for poorer mental health and experience unique challenges that negatively affect their wellbeing. These include students with existing mental health difficulties, those from disadvantaged backgrounds, overseas students and LGBT+ students.

Evidence suggests that an increasing number of students are seeking support from university counselling services. However there remain numerous barriers to help-seeking, including stigma (leading students to believe they will be treated differently or seen as 'weak'), poor communication about the help available and a lack of knowledge or understanding among academic staff.

Our focus groups found that schools and FE colleges were perceived as offering a more personal approach to wellbeing and both students and staff feared that this would be lost at university. There were particular concerns about the transitions for students with existing mental health difficulties and those with special educational needs and disability (SEND) status.

Young people described facing a range of pressures, not just to achieve academically but to move to a new area, to fend for themselves, to make friends, to have a good social life, to cope with increased access to alcohol and drugs and to 'make the most of university life'. Many expressed fears about being seen to be struggling or being unsuccessful. This makes it difficult for them to ask for help or disclose distress, particularly among peers.

Other young people described feeling pressures from parents, particularly in the light of the growing cost of university education, and the impact of their leaving on their family.

We heard a number of examples of schools, FE colleges and universities working proactively to support students with mental health difficulties or those at risk of difficult transitions.

We recommend:

1. Universities should strengthen the pastoral/personal tutor role to offer more frequent support.
2. University wellbeing services should offer a wide variety of ways of engaging and working with students.
3. FE colleges and universities should proactively ask students about their wellbeing and positively encourage help-seeking to support services.
4. FE colleges and universities should reach out to young people with special educational needs and disabilities.
5. FE colleges and universities should offer students with mental health issues or special needs extended transitions with additional support.
6. A stand-alone website should curate helpful resources on the topic of transitions to help alleviate young people's anxiety about the transition from school to FE college/university.
7. UCAS should review its application form (in partnership with young people) to ensure it actively encourages safe disclosure.
8. Office for Students, Ofsted and Government need to work with FE and HE sector bodies to agree a wellbeing measure that should be made available to people when making their choices.
9. NHS England and clinical commissioning groups should ensure continuity of care for young people in CAMHS throughout their education, including the transition to university/FE college.

Introduction

Recent research into student mental health has indicated that students are increasingly experiencing mental health difficulties which impact their studies, wellbeing and lives (Association of Colleges, 2017; IPPR, 2017; Marsh, 2017). This review collates and outlines existing research on mental health in further and higher education. It discusses the prevalence of mental health problems in further education and higher education students, the risk factors, vulnerable groups, and difficulties faced by students who want to access support. It outlines promising examples of better support for student mental health. There is a lack of robust research in this area and a need for well-designed studies and evaluations to improve our understanding of students' mental health. This review has included studies of varying quality and therefore, all themes and conclusions should be read in that context (the appendix includes the methodology and a list of the included studies).

A small number of studies have investigated levels of mental health conditions amongst further education students, finding increased prevalence of mental health problems (AOC, 2017). The Association of Colleges (AOC, 2017) conducted a review with 105 further education colleges in England (32% of colleges in the country) and found that 85% of colleges reported increased mental health problems in the past three years. All 105 further education colleges reported that they had students with depression; 99% reported students with severe anxiety; 97% reported students experiencing bipolar disorder; and 90% reported students with psychosis. Colleges also reported issues with self-harm, eating disorders, attempted suicide and suicidal ideation.

National Union of Students (NUS, 2017) surveyed 1,093 higher education and further education students and found that 40% of further education students were experiencing

mental health difficulties during their first year. They found that 33% of further education students were experiencing mental health difficulties in their second year (NUS, 2017). An international study by the World Health Organisation found that one third of first-year students screened positive for at least one common anxiety, mood, or substance disorder (Auerbach *et al.*, 2018). This was based on students' answers to a self-report survey, in 19 universities across 8 countries. To set this against the context in the UK, the 2014 Adult Psychiatric Morbidity Survey found that 17% of adults aged 16-74 surveyed in England met the criteria for a common mental disorder (McManus *et al.*, 2016).

A larger, albeit still small, number of studies have investigated the prevalence of mental health problems amongst higher education students. According to the Adult Psychiatric Morbidity Survey (McManus *et al.*, 2016), the prevalence of mental health issues is increasing for women aged 18-24 but falling for males in the same age group. Despite the lack of figures on the increased prevalence at university specifically, higher rates of disclosure, help-seeking and suicide indicate a greater need for mental health support, and a challenge for health and education institutions.

In 2015, there were 134 suicides amongst full-time students aged 18 years and above in England and Wales (ONS, 2016). The suicide rate for this group of young people has increased by 79% between 2007 and 2015 (ONS, 2016). The suicide rate in July 2016-2017 for higher education students in England and Wales (4.7 deaths per 100,000 students) was higher than most of the previous years the ONS studied (ONS, 2018). However, it should be noted that between July 2012 and July 2016, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages (ONS, 2018).

Several studies have investigated levels of mental distress amongst higher education students, with student self-reported distress ranging between 12% and 78%. YouthSight (2013) surveyed 1,000 full time undergraduate students and found that 75% reported experiencing psychological distress whilst at university. Specifically, this related to stress (65% students), anxiety, loneliness and feeling unable to cope (43% students), depression and homesickness (33% students) and suicidal thoughts (8% students).

Several studies have found that the transition from home to university can be related to poorer mental health. Cooke *et al.* (2006) conducted a study to ascertain whether certain points in time during the first year were associated with poorer mental health amongst students enrolled at a 'red brick' university in the UK. A total of 4,699 students completed a self-report measure of mental health (GP-CORE) on at least one occasion and 250 students completed measures across all four time-points. Cooke *et al.* (2006) found that students' levels of anxiety increased after commencing studies, indicating that moving from home to university is associated with increased self-reported symptoms. Reported psychological wellbeing fluctuated throughout the year, but did not return to pre-university levels (Cooke *et al.*, 2006). In an earlier study, Andrews and Wilding (2004) assessed the mental health of 351 UK undergraduates a month prior to starting university and in the middle of the second year. At the second assessment, 9% of students with no previous mental health symptoms had clinical levels of depression and 20% had clinical levels of anxiety. After adjusting for pre-entry symptoms, financial difficulties made a significant independent contribution to depression and relationship difficulties independently predicted anxiety.

Research has also suggested that certain periods of university are associated with poorer mental health. Macaskill (2012) measured the

mental health of 1,197 students across four periods of university: admission; first year; mid-second year; and mid-third year. The overall incidence of mental health conditions was 17.3% and was broken down as follows:

- On admission, 12.9% of students had a mental health condition;
- At the end of first year, 11.9% of students had a mental health condition;
- Mid-second year, 23.1% of students had a mental health condition;
- Mid-third year, 18.6% of students had a mental health condition.

Macaskill's (2012) study found that students' self-reported symptoms of depression, anxiety, social dysfunction and somatic symptoms (for example, 'feeling run down'), were highest during the second year of university. Possible reasons given for this refer to the significant changes young people go through in second year. Leaving university accommodation and living with new housemates can lead to tensions and uncertainty, and fixed tenancy agreements make it hard for students to move elsewhere if they are unhappy living with their housemates. Also, the university induction and support systems for second year students are less structured than in first year, their lecturers and support tutors may have changed, the novelty of university life may have worn off, they are accumulating student debt, and there is more pressure to perform academically, given that often the second and third years determine the degree grade.

Despite a patchy evidence base, this research indicates that mental health difficulties are increasing amongst further education and higher education students. For higher education students, research has found there are particularly risky periods for student mental health, including the transition to university and during second year.

Existing evidence on students' mental health and transitions

What is the impact of poor mental health and wellbeing?

The IPPR review (2017) highlighted the link between poor mental health and wellbeing, and academic failure and dropping out of university. Marsh (2017) reports that in 2014/15, 1,180 students experiencing mental health problems dropped out of university, which had increased by 210% since 2009/10. It should be noted that this increase may be partly explained by students who drop out having better awareness of mental health problems, and it gradually

becoming a less taboo subject. Therefore, they may have been more likely to identify that they dropped out on account of mental health problems, than students of previous years. Poor mental health amongst students is also associated with poorer career prospects, particularly when students have lower grades, have had to repeat years or have dropped out. The link between mental health and retention is indicated in the evidence.

What contributes to poor mental health amongst students?

Research has demonstrated that the period of 16-25 is associated with a number of risk factors, with the potential to affect a young person's mental health. IPPR (2017) discussed increased prevalence of poor mental health amongst young people in general, citing the lack of availability of mental health services, cuts to community-based early intervention services and new digital technologies exacerbating distress (Brown, 2016). Other risk factors for poor mental health include having suffered from physical abuse, sexual abuse, poverty and neglect (PHE, 2017). In addition, a study of the WHO World Mental Health Surveys found that one-fifth (20.3%) of university students had a mental health issue and the vast majority of these cases (83.1%) had occurred before they started at university (Auerbach *et al.*, 2016). This data was gathered from 21 countries, excluding the UK.

Nonetheless, there appear to be risk factors distinct to the student experience which contribute to poorer mental health. Research highlights that going to FE college or university involves several periods of transition, which can require significant adapting, cause distress and affect a young person's mental health and wellbeing. The commonly described risk factors for both further and higher education students included study and academic demands, anxiety relating to future careers, social experience, living at university and financial pressures.

Study demands

National Union of Students (2017) conducted a roundtable with 22 further education students, highlighting the challenges of transitioning from school to FE college where lessons become more informal and studies demand greater autonomy and organisation. Students in further education often study part-time and sometimes in remote college locations, which can result in isolation and boredom (NUS, 2017). In addition, students are required to achieve a GCSE grade 4 or 5 (formerly known as grade C) in Maths and English, regardless of the course they are studying, which means that some students have to retake exams several times. Students described how this pressure increased levels of stress and anxiety and decreased motivation (NUS, 2017).

Student Minds (2014) invited individuals to submit their thoughts on the challenges affecting university students' mental health via social media and online networks. There were 230 participants (57% recent/current students, 31% university staff including counsellors and academic tutors, and 4% health care professionals) who submitted a total of 459 challenges (Student Minds, 2014). Participants highlighted how academic pressures caused significant stress amongst students. Self-directed learning was perceived as a marked change from earlier education and having less

contact time resulted in some students feeling isolated and lonely (Student Minds, 2014). There was less academic support on offer than at school and participants discussed stress caused by ambiguous marking and feedback, e.g. it was not clear what would distinguish a piece of work as a 2:1 or first-class. Participants also reported concerns relating to the study structure, specifically in how there would often be multiple deadlines or exams on the same or consecutive days (Student Minds, 2014). Macaskill's (2012) study highlighted how changes to university teaching, specifically that students are being taught in bigger groups, has resulted in less support and greater difficulty for students in getting to know academic tutors or peers well.

Student Minds (2014) found that for students with recognised mental health problems, there were concerns regarding reasonable adjustments (e.g. exam conditions, essay/coursework deadlines) and how difficult the process of applying for extensions was. Students taking a break from their studies due to their mental health found there was little support during or after the break to help them transition back into studying (Student Minds, 2014).

Future careers

NUS (2017) highlighted how limited career information, advice and guidance led to students feeling under pressure to go to a good university to get a secure job. There was little advice about the different options and advantages and disadvantages of various pathways.

Both Students Minds (2014) and IPPR (2017) highlighted students' concerns about future employability. Fear of not being able to find a job after university was perceived to increase stress, and participants highlighted mounting pressure to attain a first-class degree and have multiple work experiences to compete in the labour market (IPPR, 2017). Student Minds (2014) highlighted how students perceived that university was not "opening the doors" that they expected it to, causing anxiety about their future opportunities.

Social experience

The NUS (2017) roundtable highlighted how risks relating to social media exacerbated mental distress. Students described the unrelenting and addictive nature of social media, which they accessed on multiple devices. Students were increasingly exposed to "around the clock" harassment, bullying and trolling, including racism and Islamophobia (NUS, 2017). Additionally, social media was seen to exacerbate the need to feel validated by others (NUS, 2017). Other threats to wellbeing included hate crime, harassment, sexual violence and abusive relationships.

An IPPR review (2017) highlighted how the pressure to establish and fit in with a new group of friends caused significant stress for students. Students struggled when university failed to live up to the expectation of "being the best time of your life" (IPPR, 2017). Peer pressure to participate in drinking, recreational drugs and sex were highlighted as contributing to distress amongst some students, who felt isolated if they did not participate in this "university lifestyle" (Student Minds, 2014). Going out drinking, taking drugs and sleep deprivation were described by some participants as negatively impacting wellbeing (Student Minds, 2014). Thus the university experience can test and put pressure on the young person's ability to uphold their own boundaries against social pressure (Unite Students, 2018). Participants in the Student Minds (2014) study also discussed how it takes time to build meaningful relationships with friends to share feelings with, resulting in students feeling lonely. Student Minds (2014) cited difficulties for students who lived with someone experiencing mental distress, in knowing how best to help them and the impact it had on their own wellbeing.

Participation in sports was found to be associated with better mental health and students who exercised reported feeling happier (RCP, 2011). However, participants in the Student Minds (2014) study reported that sports at university tended to be competitive, therefore making participation less attractive or feasible for some students.

Leaving home and living at university

Student Minds (2014) highlighted the challenges of transitioning from living at home to living in university accommodation or in private, shared accommodation with other students. Students commented on challenges of living with strangers, not getting along or managing conflicts poorly due to personality or lifestyle differences, e.g. money budgeting, eating, sleep. Commonly reported were the impact on mental health of feeling lonely, isolated and homesick, as well as the challenges of independent living, such as cooking, budgeting and shopping. Some students reported how their diet and sleep had worsened at university, impacting their wellbeing (Student Minds, 2014). IPPR (2017) highlighted challenges for students transitioning to living outside of traditional support structures within their families. For students transitioning from first to second year, moving in with other students could cause stress relating to finding a house, managing relationships with flatmates (e.g. bills, cleaning) and the landlord (Student Minds, 2014).

Financial pressures

A longitudinal study found that greater financial stress predicted poorer mental health in the UK student population (Richardson *et al.*, 2017). In addition, the study provides supporting evidence for financial stress predicting higher anxiety at 3-4 months later and alcohol dependence at 6-8 months later, after baseline demographics and symptoms were controlled.

In their roundtable, NUS (2017) found that financial worries led to further education students working alongside studying, which was perceived to exacerbate stress. Financial pressures were described as increasing since the Education Maintenance Allowance had been stopped. Students discussed getting into a cycle of worrying about money, having poor attendance and having their bursary stopped.

The IPPR (2017) highlighted how financial challenges caused stress amongst university students and how many students worked part-time to help support their studies and living. A YouGov survey (2016) of 1,061 further and higher education students found that one in four students identified their job as their main cause of stress whilst studying. Moreover, increases to tuition fees and graduating with significant debt was perceived to cause further distress (Student Minds, 2014).

Summary

The research highlights that there are key risk factors which appear to impact student mental health and wellbeing. The academic demands of the course alongside the less structured, self-directed style of further and higher education learning were perceived to contribute towards distress. Anxiety over future career opportunities and that having a degree was not enough were seen as causes of stress and worry amongst students. Feeling pressured or failing to fit in to the typical university lifestyle and make meaningful friendships was described by participants as contributing to feeling lonely, excluded and distressed. Transitioning from living at home to living at university was described as a risk as students had to learn to live independently and negotiate relationships with flatmates and landlords. Finally, the financial pressures experienced by some students, the need to work alongside studies and worries over mounting debt were all perceived to affect mental health and wellbeing. It appears that the combination of these factors all impact mental health and that the risk is greater for some groups of students.

Vulnerable groups of students

Research indicates that certain groups of students face a greater number of risks for poorer mental health and experience unique challenges that negatively affect their wellbeing. We found studies that discussed the following groups of students, as well as risky time periods regarding mental health. This review, however, was not exhaustive and there may be other key groups of young people who are particularly at risk.

Students with existing mental health difficulties

Some students enter university with an existing mental health problem for which they are receiving support from a mental health service. As well as transitioning from sixth form/college to university, they will also experience the transition from children and adolescent mental health services to adult mental health services (Brown, 2016). A report by the Joint Commissioning Panel for Mental Health (2013) found that nearly a third of teenagers lose their support during this transition and a further third experience an interruption in care. In addition, when students move away from home for university they have to register with a new GP, which takes time and can result in disruption or loss of care (Brown, 2016).

Students from disadvantaged backgrounds

The Royal College of Psychiatrists (RCPsych) (2011) discussed how universities had greater participation amongst students from more socio-economically disadvantaged circumstances. RCPsych (2011) highlighted how students have traditionally come from more elite and privileged families and discussed increased risk of poor mental health amongst disadvantaged young people in general. This group of students experienced heightened financial challenges, perceived to be getting worse as available support decreased. Roberts

et al. (1999) conducted a study with 360 students in the UK measuring mental health, health behaviour and financial circumstances. Their study found that poorer mental health was associated with having to work longer hours outside of university and having difficulty in paying bills.

International students

Bradley (2000) conducted a survey with 429 academic staff and two focus groups with UK and international students to explore the mental health and wellbeing needs of international students. Staff felt that some cultural norms of treating authority figures formally and with restraint made it difficult to open up conversations around struggling. Staff also discussed challenges for international students in describing how they were feeling in a second language. Staff mentioned how they often involved families when they were concerned about a student, but this was more difficult for international students. This was firstly because of the geographical distance between the student and their family, and secondly because it might not be culturally appropriate to involve the family and the student may have withheld how they were feeling from relatives.

In the focus groups, students reported concerns about the extent of confidentiality afforded to them when accessing support and their unfamiliarity with the nature of the relationship with university counsellors. International students reported feeling excluded from social groups and like they did not fit in with the common university lifestyle centred around alcohol and going out. Students noted feeling as if friendships with UK students were often superficial. International students also highlighted the impact of financial problems in their family or home country in affecting their studies and wellbeing (Bradley, 2007).

RCPsych (2011) highlighted how international students had to self-finance their studies and how some families were making big sacrifices for their child to study, resulting in significant pressure to achieve. They highlighted challenges for international students in having to find part-time work to make ends meet, particularly difficult where English was a second language. RCPsych (2011) also reported issues with social experiences and how international students can be criticised for forming in-groups when it is actually very hard to integrate with new and unfamiliar social environments.

LGBT+ students

A NUS (2017) roundtable discussion highlighted how exploring and understanding a student's sexuality could be a vulnerable time, exacerbated by the stigma and lack of awareness of LGBT+ experiences. Being bullied because of their sexuality was perceived to contribute to poor mental health and increasing risk of suicide and attempted suicide (NUS, 2017). A YouGov (2016) survey of 1,061 further and higher education students found that LGBT+ students were more likely to have a mental health problem than their heterosexual counterparts. In the survey, 45% of LGBT+ students reported a mental health problem compared with 22% of heterosexual students (YouGov, 2016).

Student Minds (2018) carried out a survey of university students from the LGBTQ+ community and university staff about the challenges and needs of LGBTQ+ young people. The majority (79%) of respondents felt there was a need for additional mental health support specifically for LGBTQ+ students. A major barrier to them accessing support at university is feeling misunderstood or judged by support services. Peer support was the preferred method of support for 89% of respondents (Student Minds, 2018), and 77% of respondents said that they would engage with this.

Transitioning into second year

Macaskill's study (2012) highlighted that the rate of mental health problems was highest amongst students mid-second year. Their study explored potential risk factors associated with transitioning into second year, discussing how moving into flat shares could cause distress because of tensions caused by living with others and having less structured and more intense studies. Other reasons included less structured support from the university and increasing student debt and academic pressure, with the second and third years of study typically counting more towards the overall degree grade.

Summary

The literature illustrates how particular groups of students face greater vulnerability to developing poor mental health whilst studying. For students with existing mental health difficulties, the transition to FE college or university can be a vulnerable time exacerbated by disrupted or loss of support. The research highlights how students from disadvantaged backgrounds are especially under pressure to juggle studies with working outside of university and the pressure they face in balancing everything. International students must navigate a different education system, and forge new relationships with academic staff and UK students, alongside financial challenges and the pressures from families making big sacrifices for them to study. Stigma, bullying and harassment towards LGBT+ students was described as negatively impacting their mental health and increasing risk of suicide. Finally, the transition between first and second year was highlighted in some studies as a particularly risky time, with less support and structure alongside living in a flat share. However, the evidence surrounding the mental health needs of these vulnerable groups is limited and it is crucial that there is more research and practice carried out with these groups to establish what would best meet their needs.

Accessing support

Evidence suggests that an increasing number of students are seeking support from university counselling services. A vast majority (94%) of higher education institutions reported an increase in demand for their student counselling services from 2012-2017 (Universities UK, 2017). For 61% of higher education institutions, this was an increase in demand by more than 25% (Universities UK, 2017). In addition, a Freedom of Information request by the Times (Sandeman, 2016) found a 68% rise in counselling service users at Russell Group universities since 2011. The Nightline Association reported a rise in demand for student-led support services, with a 96% increase in calls in Oxford and a 147% increase in calls in Leeds between 2011-2015 (Sandeman, 2016). However, several studies have highlighted continuing barriers to accessing support, including stigma, the availability and suitability of services and staff knowledge and understanding, which result in students not always getting the help they need.

Stigma

IPPR (2017) highlighted the role that stigma plays in preventing students disclosing a problem, for fear that students and staff would treat them differently. There were also fears that disclosing a mental health difficulty might jeopardise future careers. A roundtable with 22 further education students (NUS, 2017) found that stigma was the primary reason for not accessing support: 90% of participants said that stigma stopped them from seeking help. Students were concerned about being seen as weak and hid how they were feeling, even from themselves. It was commonly thought that support was only for people with severe mental illness. Additionally, mental health terminology was described as being trivialised in everyday language, making it shameful and embarrassing to be associated with. An Australian study (Martin, 2010) of 54 students completing an online survey found that stigma and shame were associated with not asking for help. Students discussed being worried about other students finding out and that future employers would discriminate against them. There was a

general concern that their disclosure would not be treated in confidence (Martin, 2010).

Availability, suitability and knowledge of services

For both further and higher education students, poor communication about available services was described as a challenge to accessing support (IPPR, 2017). NUS (2017) found that one in three students did not know where to find mental health support. There was a limited range of support available, with a focus on medication and little research into what interventions would be most supportive for this group (Student Minds, 2014). NUS (2017) discussed how reduced funding in colleges had resulted in losing counsellors.

In Martin's (2010) Australian study, students discussed how they often did not meet thresholds to access support and were told by staff that their problem was not serious enough. Similarly, in UK studies students reported that they did not meet the thresholds for mental health services, particularly when transitioning from CAMHS to adult services (Brown, 2016).

Waiting lists and lack of available support were reported as barriers, with students reporting waiting lists of up to six months (NUS, 2017). A Student Minds study (2014) found that the NHS mental health services were not set up to support students who lived in transience between home and university. Students had to register with a GP at university or home but would spend half of the year in the other place (Student Minds, 2014).

The Association for Young People's Health (2017b) highlighted other factors which can make it difficult for university students with long-term conditions to access support. These include a lack of advice before their transition between services and locations (Akinrojunde, 2016); being reluctant to disclose their condition (Higher Education Funding Council for England, 2015; Storrie *et al.*, 2010) and finding it difficult to manage their academic timetable and mental health condition (Royal College of Psychiatrists, 2011; Storrie *et al.*, 2010).

Academic staff understanding and knowledge

Academic staff are often the first point of call for students struggling with mental health difficulties. However, several studies highlighted the challenges students faced in disclosing a problem to a personal tutor. NUS (2017) reported that further education students perceived that poor training and understanding of mental health amongst staff was a key barrier to seeking help. Students felt as if mental health was seen by staff as a ‘poor excuse’ and described feeling worse after telling staff. There were concerns that teachers saw manifestations of poor mental health as behavioural problems,

such as truancy, violence, being withdrawn, rather than signs of a student struggling (NUS, 2017). In Bradley’s (2007) research, academic staff discussed their concerns about their lack of skill and expertise in mental health, which was perceived to make it difficult to provide the necessary support. Martin (2010) found that disclosure to teachers was not always followed by a helpful response and often only resulted in work extensions rather than signposting to help. Student Minds (2014) reported that there was a lack of pastoral support roles within the university and the need for specific members of staff to support student wellbeing.

Summary

The research indicates an increase in the number of students accessing counselling and mental health support. However, it is clear that the need outweighs the availability of support. Across the included studies, stigma was perceived to be a significant barrier in accessing help. Students were worried about what staff and other students would think and were fearful that future job opportunities would diminish as they were deemed “unfit to practice”. Poor communication about existing services and a lack of available support were also cited as major barriers to accessing help. Additionally, poor understanding of mental health amongst most academic staff made it difficult for students to disclose a problem to the staff they saw most frequently. A college or university-wide approach will be required to tackle the barriers to help-seeking to ensure that students can access the help they need in a timely manner.

Promising practice

There are a number of initiatives in place to raise awareness and support student mental health, to improve students' university experience and also help prepare young people to make a positive transition into work and adult life. Universities have developed their own approaches to addressing mental health needs, including peer support, awareness raising campaigns and training for academic staff. There are several organisations providing online guidance on where to access help as well as resources for self-help and recognising symptoms. This is not an exhaustive list but provides some examples of innovative and promising practice regarding student mental health. There needs to be robust evaluation of these initiatives to assess their impact.

Student Minds

Student Minds works with students, service users, professionals and academics to develop new and innovative ways to improve the mental health of students. Aiming to ensure students have access to timely, youth-friendly support and resources, they train students and staff in universities to deliver student-led peer support programmes as well as research-driven campaigns. 'Know Before You Go' is an e-resource to support transition from school/college to university. Student Minds work collaboratively to ensure that the student voice influences decisions about student mental health and they are currently developing a charter for student mental health which will include the issue of transitions.

Healthy Universities

Recognising how social, academic, economic and environmental factors interrelate and impact student mental health, Healthy Universities take a holistic whole-university approach to improving mental health and wellbeing (Healthy Universities, 2018). The Healthy Universities Network provides training, information and advice for institutions to adopt holistic approaches to mental health, seeking

to create learning environments that enhance wellbeing. They have a central website with guidance and toolkits for universities, as well as examples of activities developed by different universities, e.g. Mental Health Awareness Week, and a stigma campaign with Rethink and Time to Change (Healthy Universities, 2018).

Nightline Association

Nightline is a student-run listening, emotional support and information service, which is open at night and run by trained student volunteers (Nightline Association, 2018). Students can contact Nightline via phone, face to face, email or online chat. A YouthSight evaluation of Nightline found that 11% of 1,301 students had contacted Nightline for support. Of the 11% who contacted Nightline regarding a problem, 89% reported that their mental wellbeing had improved and 79% felt they were better able to deal with the problem. Of those who contacted Nightline, 68% felt that they were able to stay on at university and 58% were able to continue with their course (YouthSight, 2014). When asked what made Nightline helpful, students reported that the student-run, listening, non-judgmental and anonymous nature of the service was key, as well as it being available at night. Students found that it helped them to make sense of their experience as well as providing them with helpful information (YouthSight, 2014).

Peer support

Several universities have set up peer support programmes to support student mental health and wellbeing. The Oxford University Peer Support Programme trains undergraduate and graduate peer supporters using qualified peer support trainers. It focuses on being a good listener, helping others to feel more comfortable with social and academic relationships, helping others to manage and communicate about sensitive issues, learning one's own limits within a listening situation and knowing when to refer the person being supported (Crouch *et al.*, 2006).

Training staff

The University of Hertfordshire provides training to staff to support students and follow ‘good practice’ guidelines set out in their policies. Counsellors and mental health practitioners work with tutors and develop tailored programmes. They have developed a 10-week course for personal tutors and other staff to raise awareness of psychological factors that affect learning. It covers boundaries of the role of personal tutors, transitions, exam and learning difficulties, creating helpful relationships with students, recognising risk, and breaking bad news. The course then involves presentations from course members about issues in their work, integrating theory and practice (Crouch *et al.*, 2006).

Step Change

In September 2017, Universities UK published a new framework called Step Change, to help improve the mental health and wellbeing of students and staff in higher education. It urges universities to adopt mental health as a strategic priority with a whole-university approach which means embedding good mental health across all university activities. Some universities are investing in a range of actions and systems to improve student mental health, including greater investment in university mental health services, digital interventions and suicide prevention. It is important that over the coming years good quality evidence is collected to track which new initiatives are the most effective, and why, so that good practice can be shared with other institutions.

Step Change recommends that universities collaborate with parents, schools and employers to prepare students for transitions. It also recommends universities work closely with the NHS to explore how mental health services should be commissioned and delivered to students, and to help coordinate their care.

Charlie Waller Partnership Initiative

The Charlie Waller Memorial Trust (CWMT) was set up in 1997 in memory of Charlie Waller, a young man who took his own life whilst suffering from depression. Shortly after his death, his family founded the Trust in order to educate young people on the importance of staying mentally well and how to do so. The Trust delivers talks and training to young people, and those who work with them, about how to stay mentally well. It also provides self-help resources and training for universities and student-led organisations to promote resilience and mental wellbeing.

Part of the Trust’s work is the Charlie Waller Partnership Initiative (PI) – a formal partnership with 10 colleges of further education, as part of its pilot phase. The PI enables CWMT to focus its resources in a strategic institution-wide approach, delivering cascade training that can reach all staff. CWMT trainers, who are all mental health professionals with significant experience in the sector, work collaboratively with each institution to look at both staff and student mental health and wellbeing. CWMT estimate that in 2018, resources and training from the PI reached 17,000 staff and 26,000 students in further education.

Evidence-based and peer-reviewed resources currently being delivered include suicide prevention materials and "how to" guides to enable people to have positive conversations about mental health.

Association of Colleges Beacon Awards

The Association of Colleges (AoC) is a not-for-profit membership organisation for further education, sixth form, tertiary and specialist colleges in England. Every year they organise the AoC Beacon Awards to celebrate the most impactful, innovative and sustainable practice among FE colleges in the UK. The awards help share best practice across the sector. In

2018/19, 15 colleges across the UK met the AoC Beacon Standard for mental health and wellbeing award, and case studies of their achievements are available at www.aoc.co.uk/aoc-beacon-awards-stage-1-beacon-standard.

For example, Middlesbrough College created a Student Wellbeing Centre which provides a wide range of support services delivered in partnership with external providers. These include a Counselling Service, a team of Safeguarding and Welfare Officers and the 'Live Well, Learn Well' team, which are open to all students. Through partnering with the local Public Health Department and Clinical Commissioning Group, Middlesbrough College has coordinated access to the IAPT Programme. This has provided additional on-site counselling

provision for students to support the increasing number with mental health difficulties, and has enabled them to remain at college and achieve.

A further example is Exeter College, which created 'WHAM! Wellbeing, Health, Activity, Motivation!' – a whole-college approach to supporting mental health and emotional wellbeing, which was designed in response to what learners wanted. WHAM works on a digital platform where students can choose how and when they access support and in what form: face-to-face, digital, group, and activity led. This initiative aims to improve students' ability to self-support, build resilience and access appropriate services, whether they are at home, college, or out and about.

Qualitative Research

Centre for Mental Health and the Charlie Waller Memorial Trust collaborated on qualitative research about the transition from school to university or further education college. The research focused on understanding the issues young people can face in making this transition, and what can help them to feel confident, positive and supported during this time. Focus groups, interviews and an online survey with staff and students informed our findings.

Methodology

Centre for Mental Health conducted focus groups at a comprehensive school and an independent school in England. In both cases, students and staff attended separate focus groups. This was to encourage each group to air their concerns more freely than would have been the case had they been with their teachers or students. The staff we spoke to taught the

sixth form, were heads of sixth form or were responsible for the pastoral care of students, such as a school counsellor.

Four in-depth qualitative interviews were also carried out with a special school teacher, a head of sixth form at a comprehensive school, a Wellbeing Manager at a college¹ and a university counsellor. These aimed to explore a range of views on the kind of support young people need when making the transition from school to university or further education college.

Staff and students in sixth form (at school, sixth form college or FE college) were also invited to complete an online survey to share their views on what makes a well-supported and successful transition.

The key themes that emerged from the qualitative research are reported below.

School is a place of reliable, informal and personalised support

Students valued receiving regular informal support from staff, which could prevent academic or personal difficulties from interfering with their studies. Many sixth form students had confided in a teacher regarding a personal problem. Students praised their form tutors as ‘one of the best things about school’, who are regularly in touch with you, can spot if you are struggling or feeling low, and ask how you are. Teachers shared anecdotes of students ‘dropping into the sixth form centre for tea and a chat’ when they had difficulties, before co-creating a support plan together. Teachers took pride in their ‘open door’ approach to discuss students’ wellbeing and how well they knew their students’ abilities and characteristics.

Students and staff were concerned that going to university or FE college would mean leaving behind the supportive school environment to become ‘just a face in the crowd’. Teachers were concerned about students slipping off the radar if they were struggling academically: they thought students might receive grades rather

than detailed feedback on how to improve their work, and that some would struggle with independent study. Teachers were also worried that students who were feeling low might only go to support services after a problem or crisis had arisen, rather than academic staff picking up on the early stages of a student struggling. This was more a concern about universities than FE colleges, as the latter tend to have regular tutor group sessions.

“I don't think the universities are the best at identifying someone who is struggling, because of the nature of what they do – professors are experts in a certain area, rather than the pastoral side.”

[Comprehensive school teacher]

“At uni there isn't someone as readily you can just walk in and talk to ... you have to book an appointment... which I wouldn't say is that healthy.”

[Comprehensive school teacher]

¹ This college offers further education and higher education courses.

Teachers thought it was very important for university academic staff to be approachable and have good awareness of support available, so they can signpost students to appropriate wellbeing services throughout the academic year. A university counsellor commented that a great deal of information is shared by student support services in the first few weeks of term, which students are likely to filter out unless they are encountering problems at that time. For many, freshers' week is an exciting

honeymoon period, living away from home for the first time and attending freshers' fairs and socials. Students need to be aware, after the initial excitement dies down, that a safety net is in place should they find themselves in difficulties. For example, the university counselling service can offer students support, informed by their understanding of the pressure points within the academic year and the psychology of learning.

Making the transition: waving goodbye to familiarity

Staff and students perceived school to be a safe place, with established peer groups and staff who understood each student's needs and strengths. From the data collected on the independent school and special school, there was a sense that school was the students' entire world – partly explained by many of these students attending the same school since they were five years old. For this reason, we explored why it might be particularly difficult to leave these settings.

Moving on from independent school

From focus groups with staff and students, the single-sex independent school came across as a very tight-knit community, particularly for the boys who board at the school. This could make the prospect of leaving school difficult:

“Many of them [the students] have been here a very long time and feel very safe and closeted, and suddenly find themselves in a wholly alien environment [at university]”.

[Independent school teacher]

Most of the students expressed feeling strong loyalty to their school and had developed close bonds with their classmates. The latter was exemplified by an anecdote from the school counsellor: a group of students rushed to her one day after school to alert her that their friend was at risk of harming himself in the park. Another teacher described the boys who had left the school as ‘pack animals who have lost their pack’, which could lead them to feel lonely and unsupported.

By contrast, some students were very keen to move on from school, to meet new people and live independently. Some found the pressure to perform very well academically at school strenuous:

“The constant updates and reports, there’s pressure from class and then you get home ... and there’s pressure from there. It’s a non-stop cycle of pressure I feel.”

[Independent school student]

The independent school students generally believed it would be easier to manage their academic work at university than at school. They thought they would have fewer deadlines at university, and be free from their teachers and parents constantly monitoring their progress. One boy claimed there would be ‘no more forceful controlling over you’ at university. By contrast, the independent school teachers had some concerns about how well students would be able to transition to the independent learning style required at university, because sometimes students are spoon-fed information to help them achieve high grades.

Moving on from special school

Special schools can provide a supportive environment for children and young people to develop skills to become more independent, through a range of therapies, teaching and support staff, and an inclusive culture in the school community.

Within this context, a special school teacher reported that “it is a huge challenge” to convince parents that their child is ready to go to further education college. Many parents have taken their son or daughter to the school since they were five years old, and find it difficult to accept that they will leave this supportive environment. Parents and teachers sometimes disagreed on the most suitable transition for students. For example, the teacher had advised a family that their son should apply for further education college and felt confident that it would be the right level for his skills and abilities. However, his parents preferred for him to attend an independent special school, which was a very well-supported environment, more akin to his original special school. Thus parents can have a pivotal role in the transition of young people with special needs, and may feel very nervous about their son or daughter attending a setting they are not used to.

The teacher also shared her concern about a lack of appropriate courses and places for individuals with special needs more generally. For example, one student who was “perfectly capable to go to college” ended up at a day centre, because there were no suitable FE college places for him which would support his

needs. In another case, a student with autism who had very practical skills and ‘was great working with engines’ ended up doing an art course, which was not his main interest. Such examples show young people with special needs having limited opportunities to pursue their area of interest and skill, which needs to be addressed.

From the teacher’s perspective, students at special schools who go on to FE college are most worried about social pressures. Many students will be mixing with students from mainstream schools for the first time, who are ‘very different to students from a special needs school, where everyone is accepted’. The teacher described a time when she took some students from the special school to visit their local FE college. There, she saw one of her former students, who pretended that he did not know her or his former classmates, avoiding any association with the special school. Students with special needs may be more likely to encounter stigma and prejudice outside of their special school, and as a result, may be more likely to hide their additional needs. They may be unwilling to access therapies and support, which can put more strain on their transition into FE college.

Ways to encourage a positive transition to FE college

Extended transitions

The Head of Wellbeing at a further education college described the ‘extended transitions’ they organise for students with additional needs. Extended transitions aim to give young people ‘a feel for the college’ and help them to decide if they feel comfortable there “before they’ve even applied...before they have to go through the interview process”. They are commonly organised for students with anxiety issues, OCD, autism or those who were home-schooled. Initially, the FE college staff meets with the young person and their parents/carers to gauge their support needs and describe what support would be in place for them at the college. The young person is shown around the FE college, its wellbeing centre, introduced to some key members of staff and can practice the

journey to and from college. This familiarisation process can relieve anxieties about the new setting and build the young person’s confidence by practising a new routine. This is particularly important as some students spend a significant amount of time commuting to their college every day.

In addition, this FE college campus has a dedicated building for students from special schools who are studying an entry-level foundation course. This provides an educational setting which is similar to the young person’s experience at a special school, with a high ratio of specialist support staff to students.

“It’s a lovely building with its own café, [and] specialist support staff...it’s a really nurturing environment and we work closely with them

[the students] in terms of wellbeing and mental health support ... it's a nice family environment."

[Wellbeing Manager, FE college]

The Wellbeing Manager described this as 'a buffer to being thrust into the mainstream', before going on to the wider FE college to study their Level 2 qualification.

Sharing knowledge on students' needs and skills

The special school teacher recommended having regular communication with the FE college staff before a transition takes place, to share the school's experience of working with the student. If such knowledge is not shared, there is a risk that FE college staff can take the young people 'at face value and not see their true potential'. The special school teacher described cases where FE college teaching staff

had underestimated the capabilities of students with special needs, which is 'a scary thing to see'. The teacher would also share the students' behaviour management plan and visual timetable – which can be the young person's 'lifeline' – to make their transition to FE college as smooth as possible.

A Wellbeing Manager at a FE college also highlighted the need for greater communication between school and college staff, and felt that staff being too busy with their workload may be the reason it does not happen more often. She wished her FE college received more information from schools on their students' needs and any difficulties they may have faced, including the young person's safeguarding file (if they have one). This would help the school to support and safeguard the young person, and would prevent a young person from having to repeat details on any upsetting past experiences.

New university or FE college means new pressures

Moving to university or residential FE college presents young people with many new challenges and pressures: living independently for the first time, keeping safe and managing finances and workload, while also having a good social life. Sixth form students felt that all these areas would need to be balanced to ensure nothing is neglected, so they can 'make the most of university life'. Young people would also have easier access to drugs and alcohol than before, and many would be exploring their sexual identity and negotiating romantic relationships.

"[When you get to university] ...it can be too much freedom in a way, you have to make all these choices, and that can be overwhelming."

[Comprehensive school student]

Young people's most urgent concern was making friends:

"It will engrain a sense of self-doubt the whole way through (university) if you don't integrate well... it could stain the whole experience."

[Independent school student]

"You want to be able to be yourself in the course and not worry about social anxieties."

[Independent school student]

Getting the right accommodation was also an important concern and was related to social pressure. Students felt that they would need to decide quite early on who they got on with, so they could plan who to live with in their second year of university.

Young people also feel the pressure to fit in socially at FE college, given the increased size of the campus, although tutor groups are a helpful way to meet friends. A Head of Wellbeing at a FE college said that students who had been home-schooled or at a Pupil Referral Unit can find the transition particularly stressful, as they are not used to being with a large amount of new people.

The pressure to be an adult

Sixth form students felt nervous and hesitant about leaving school – "it's what I've known my whole life" – but also saw going to university

as an important ‘rite of passage’ towards adulthood. The idea of living independently brought about mixed feelings: anxiety that adults would not be around to ask for guidance, and self-imposed pressure to make it on their own. Young people had an expectation that they should not be asking for help at all.

“At our age we’re more catered for, [but] at uni we’re going to have to ... find our own way, you can’t run to mum and dad anymore, you have to figure it out on your own. There will be support but less than now.”

[Independent school student]

“You can’t really rely on other people, you have to rely on yourself.”

[Comprehensive school student]

Sixth form students were also worried about getting used to a university campus that would be much larger than their school. This was particularly worrying for young people who lived in a rural area.

“It’s going to be very difficult going from everything being very familiar, tight-knit, small scale – to real life.”

[Comprehensive school student]

This pressure to ‘become an adult’ is also mirrored by changes in eligibility to support services. Although there is some flexibility, by 18 years old most young people under Child and Adolescent Mental Health Services (CAMHS) and/or children’s social care need to transition to adult services. Teachers were worried about young people not receiving continuity of care at a time of significant change in their life, when they are trying to adjust to a new place and new challenges, and are distanced from the established support networks of parents, teachers and school friends. The Head of Wellbeing at a FE college commented that students cannot access services promptly, due to long waiting lists and it taking a while for their medical records to be sent to adult services. The teaching staff we spoke to thought it would be beneficial for young people to remain under the care of CAMHS/children’s social care until their early-mid twenties, to encourage stability in their treatment. The NHS Long Term Plan’s 2019 commitment ‘to extend

current service models to create a comprehensive offer for 0-25 year olds’ should help to address this and is welcomed by this report.

Keeping a ‘brave face’

Sixth form students were keenly aware of a need to make a good impression on their peers at university and to not be seen as ‘struggling’. If they experienced difficulties when starting at university, they would prefer to get support from staff instead of peers or new friends. They felt confident that staff would keep their issues confidential, whereas a peer might ‘ruin your social reputation’ by spreading the information to other students as gossip. Students felt that once they had made good friends, they would begin to find peer support useful.

The concerns about sharing difficulties and vulnerabilities could also extend to staff members:

“It’s good that [support is] anonymous; if I had a problem I wouldn’t want to go to a teacher, because they know who I am, they would treat me as if I’m special and need help forever.”

[Comprehensive school student]

This was a reluctance to share information with an academic member of staff, rather than one working in a wellbeing service, and reiterates the importance of academic staff being as approachable as possible.

Some school teachers commented that young men may be particularly reticent to ask for support when making the transition to university or FE college, and that text or phone counselling may be best suited to them, or as the first step towards engaging in face-to-face support.

“I get nervous talking on the phone even when ordering something ... texting for our generation is second nature, it’s easier to do that.”

[Comprehensive school student]

Financial pressures

Students had an acute awareness of the financial cost of going to university, particularly due to the increase in tuition fees:

“That burden on you of 60k... it's in the back of your mind and it's quite scary”.

[Comprehensive school student]

They also perceived university to be of limited value in terms of securing a good career path:

“It's harder for this [our] generation, [there's a] limited amount of jobs, you're not guaranteed to get a job out of uni.”

[Comprehensive school student]

Young people also felt under pressure to not let their parents down, who are often paying a lot to support them through university and ‘expect them to be loving it’.

The university counsellor reported that many London-based students feel obliged to stay in the parental home due to high living costs. As they continue to live under their parents’ rules, it reduces their independence, which can limit their ability to build a social life and heighten their ‘fear of missing out’ (FOMO). A report by the Higher Education Policy Institute (2018) also suggests that students commuting to university are less engaged and satisfied with their academic experience.

Parental pressures

The university counsellor reported that a young person’s ability to thrive at university is strongly influenced by their parents’ views of university. Some parents question their children’s decision to go to university, given the high cost of tuition fees, particularly if they are the first in the family to do so. This can lead the young person to feel guilty and limit their ability to fully engage in university life and their

course, as well as putting extra pressure on them to perform exceptionally well academically ‘to get their money’s worth’. They may also be expected to contribute to the family’s finances, which can add further strain through needing to balance their own living costs, paid work and studies.

In other situations, when young people move out it significantly impacts the family unit. Some students had cared for their parents with mental health issues or disabilities and worry whether their parents will be able to cope without them. Some parents get divorced after their child leaves for university and may have stayed together for the sake of the young person. This inadvertently leads their child to feel guilty and wonder if they could have prevented the divorce by staying at home. All these complicated family dynamics can impact the young person’s ability to learn and enjoy university life. In other words:

“You need to feel everything is okay enough at home, so you can immerse yourself in university life and enjoy yourself.”

[University counsellor]

Over-protective parents can also limit a young person’s positive experience of university. The counsellor reported that some parents require their son or daughter to report their whereabouts numerous times every day, to reassure the parent of their safety. This can prevent the student’s ability to have the space and permission to engage fully in university life, including socials and extra-curriculars, to learn more about their own identity and to gain independence.

Elements of a successful transition

Findings from the survey: social support and a good mindset are key

As part of this research, around 40 young people shared their views on how to make a successful transition through an online survey. 60% of the young people were at a further education sixth form or college and 40% attended a school sixth form. A minority of staff members (eight) from FE, HE or school settings

also filled in this survey. As the sample size was small, the purpose of the survey was not to gather any definitive answers but to illuminate key themes.

Overall, young people felt they had received a good level of support to make their transition to further education college or sixth form. The most important sources of support were help and advice from people they trusted

(friends and teachers), and being able to familiarise themselves in their new setting. Familiarisation happened through talking to older students and staff at sixth form open days and taster sessions. The main challenges young people faced were settling into a much larger environment than their school, and having more work and tighter deadlines.

Young people thought the single most important thing needed for a successful transition is ‘positivity’, ‘an open mind’ or a ‘good mindset’. Therefore, good mental health and wellbeing were seen as crucial to enable a person to be happy, learn and thrive in a new place. Respondents also thought having at least one trusted person to support you – ‘a single point of call’ – is needed to make a successful transition.

In terms of how to make a young person feel settled into a new place, making friends was ranked as most important. Secondary to this, young people thought having self-esteem, confidence, emotional support and good mental health were all very important. The respondents showed high emotional awareness, ranking these measures of wellbeing above more practical concerns, such as finances and accommodation.

Being allowed to make your own mistakes

Teachers emphasised the importance of young people choosing the right university or FE college course which suits their interests and skills. Yet sometimes young people choose their course for someone else, such as to please their parents or follow in their footsteps. This can lead to the young person dropping out of the course and changing tack. Although difficult, such experiences can help the young person to consider what they really want to do and set them on a path better suited to their interests and skills.

When making transitions, it is important that young people have the space to make their own decisions, change their minds and make mistakes. Teachers believed that young people should be ‘allowed to fail’ and this idea should be developed throughout their school journey to build their resilience to setbacks:

‘Sometimes our students experience failure... and we let them realise that failure is normal’. If students do not have an appreciation that it is okay to change their mind, it can lead to great emotional turmoil and stress:

“If a student failed and has 27k [of debt] ... how are they meant to tell their parents that for the first time in their lives they failed?”

[Comprehensive school teacher]

Building resilience to setbacks

Young people who had previously left their primary school to go to a new secondary school may have a greater degree of confidence ahead of a transition, knowing that have adjusted to a substantial transition before. Students who have been at the same special school or independent school throughout their entire education may have less confidence in this regard.

Nonetheless, making a transition to university or FE college is a good opportunity for personal growth, which it is natural to feel anxious about:

“They (young people) should be a little bit fearful, outside their comfort zone...a bit intimidated, because that feeling is a good feeling to have, you have that feeling in a job interview, when you go to a new workplace, in university...that's a real opportunity to build resilience – it's tough – but suck it up and it will be okay in the end.”

[Comprehensive school teacher]

Staff at the comprehensive school came across as confident and trusting of their students’ capacity to manage their own wellbeing and to ask for support when they need it. For example, when a student is struggling, the teachers will work directly with the young person to build a plan to fix it. Calling or involving the students’ parents would not be the first port of call unless something very serious had happened. Staff felt working in this way was crucial for building up the young person’s resilience:

“The school works with the student directly ... that's the resilience building and independence”.

[Comprehensive school teacher]

By contrast, sixth form staff at the independent school viewed their contact with parents as crucial to help them look after students' wellbeing. Staff were concerned that their connection with the parents would inevitably break once the boys went to university or FE college, and seemed to interpret this with regret, almost as a lost lifeline to support young people. It seemed that the comprehensive school staff's approach to the students as more responsible and engaged with their own wellbeing is more sustainable long-term.

Is this a place for me?

Another important consideration in transitions is whether the university or FE college feels like a place that can be home and where students feel a sense of belonging. There is evidence that a feeling of belonging mediates student success and retention (Thomas, 2012). This is important, for example, as part of the whole-university approach: how institutions teach,

accommodate, mentor/coach students and personalise learning. Fostering an inclusive and welcoming community is particularly important for students who make up a minority of the student body, such as black and minority ethnic (BME) students, international students and students with disabilities or additional needs. As the university counsellor put it, the accommodation and university environment needs to feel like 'a place for me' that reflects and caters for individuals' diversity. This includes university staff having good awareness of factors affecting different cultural and ethnic groups. For example, international students may have different interpretations of what mental illness is, the options of support available, and the acceptability of receiving support. A Wellbeing Manager at FE college recalled a time when an international student asked her what 'anxiety' means, after she had accepted support for this. It should not be assumed that all students have a high level of mental health literacy.

Wellbeing/pastoral support to be a more prominent factor when choosing universities

Teachers had some awareness of specific universities that had delivered good pastoral and wellbeing support to their former students. Teachers gained this knowledge from personal experience and word of mouth, normally based on how a university had responded to a student not meeting their expected grades on results day, due to extenuating circumstances. Some universities had displayed 'arrogance' and a lack of flexibility, while others were understanding and compassionate.

Teachers also recalled instances of universities which had gone 'above and beyond' to cater to their former students' needs and make them feel comfortable. One teacher described a bright student who had been in a secure mental health unit for a year before joining their school. She could have chosen to attend a Russell Group university, but decided to accept an unconditional offer from a less prestigious university, which had reassured her of the accommodation and pastoral

support she would receive. Another teacher praised a university which gave a student two extra years to complete their degree, as they were struggling with their mental health. This flexibility gave the student time to feel better and alleviated academic pressure.

It emerged from the data that teachers and students need a better way of comparing different universities' approaches to wellbeing, beyond personal anecdotes and word of mouth. This could help young people with mental health issues and/or disabilities to make more informed decisions about where to study and live. The University Mental Health Charter, launched by Student Minds in June 2018, could support this objective. The Charter, created with a range of charities and Higher Education bodies, recognises and rewards institutions that demonstrate good practice, make student and staff mental health a university-wide priority and deliver improved student mental health and wellbeing outcomes.

Teachers and students also highlighted that a school's usual approach to applying to university focuses on league tables, personal statements, UCAS talks and careers advice. In other words, it is geared towards academic concerns rather than encouraging students to consider which university might have the best support package for them. Some teachers thought students should be encouraged to think in these terms from the beginning of their search, for example by asking about the pastoral/special needs support offered by universities on open days. Teachers hoped this could give students the assurances they need to apply to places further afield; some students with mental health issues automatically opt for a university near to their family home. This is because they do not feel confident that they will receive good enough support from the university to live away from their family unit.

Encourage openness and reduce stigma during the UCAS application process

A Head of Wellbeing at a college offering both further education and higher education courses commented that there had recently been an increase in their higher education students who needed support, but that they lacked the background information on their mental health to support them:

“with our FE students we have an idea of who’s coming through the door ... we have an idea of their support needs and can get everything in place before they arrive ... but with HE because of the way UCAS works, we don’t have an awful amount of information about their mental health needs ... it’s difficult to get that information unless the student is disclosing it ... that’s a national issue, because where can they disclose it confidentially? There isn’t really anywhere.”

Currently, young people can disclose a mental health condition under the ‘disability/special needs’ section of the UCAS application form. However, young people with a mental health issue may not self-identify as having a disability and be cautious to disclose it in this way. UCAS could ask about ‘mental health issues’ or ‘additional needs’ in a separate box, which may encourage disclosures. In 2020 (for 2021 entry), UCAS will launch its new Application Management Service (AMS) which will replace the current Apply service. As part of this, UCAS is reviewing the ‘disability’ question and supporting text, and how the question may be improved and broadened in order to allow students with mental health issues – diagnosed or otherwise – to alert their chosen university or college to any concerns or support needs they may have. This will be reviewed in partnership with young people.

Conclusion

The transition from school to university or FE college presents new opportunities and challenges, including academic, financial and social pressures. The nature of a young person's transition is also impacted by their relationship with their parents, and their family's view of the transition. For many, leaving school means leaving a familiar and supportive environment, where young people are well known to their peers and teachers. There was a sense of having to 'start all over again' at university or FE college, which could be worrying but also exciting. Having support from someone you trust and a positive mentality were identified as key to having a successful transition. Building resilience and independence through having the space to make decisions and mistakes were also important, and will help young people ultimately to make a healthy transition into work and adult life.

For students from special schools, good communication between school and FE college teachers can help make their transitions as smooth as possible. This approach could be used to benefit young people with mental health issues, who are worried about the level of support and understanding they will gain. There is also a need for a better way to compare universities on their approach to wellbeing and mental health, beyond specific anecdotes shared between teachers. Making a university's track record on wellbeing and mental health more prominent in the university search, and supported by data collected on this issue, could empower young people to make well-informed decisions about where to study.

Recommendations

1. Universities should strengthen the pastoral/personal tutor role to offer more frequent support

Students should be able to meet their pastoral/personal tutor more regularly. At school and FE college, young people highly value having a single contact who knows

them well, who they can raise concerns with, and 'drop in' at certain times in the week to ask for advice. This would need to work within the context of wider changes in particular appropriate support and training for those staff, who are supported to balance this with their academic duties.

2. University wellbeing services should offer a wide variety of ways of engaging and working with students

Young people may not be accustomed to seeking help face-to-face and prefer to use digital media to access support or receive counselling by text or phone. Wellbeing services should also ensure that they are able to meet diverse needs, including those of students from BAME communities and students with disabilities and special needs.

3. FE colleges and universities should proactively ask students about their wellbeing and positively encourage help-seeking to support services

There should be more proactivity on the part of the system, rather than the young person, to seek and access help. Universities and college staff should be confident to spot students who may be struggling, to ask them if they would like support, and to be able to actively link a young person to wellbeing and counselling services. It is important that this continues beyond the first few weeks of term and helps promote open dialogue, where students are not worried to share if they are having difficulties.

Academic staff should also receive training on how to handle disclosures of mental health issues sensitively and appropriately, as some students describe feeling worse after telling a staff member about their mental health, which they feel is often regarded as "a poor excuse" for finding studies difficult.

4. FE colleges and universities should reach out to young people with special educational needs and disabilities

Young people with special educational needs and disabilities may be discouraged or lack confidence in applying to FE college or university and miss opportunities to build on their skills and interests. Proactive support to identify a young person's strengths, interests and skills could reduce the risk that they miss out.

5. FE colleges and universities should offer students with mental health issues or special needs extended transitions with additional support

Parents can have a pivotal role in the transition of young people with special needs, and may feel very nervous about their son or daughter attending a setting they are not used to. Extended transitions can give both the young person and parent the confidence they need to decide if a transition is right for them, and would need resourcing by Government. Good communication between school and FE college teachers/ university staff can also help make a young people's transition as smooth as possible.

6. A stand-alone website should curate helpful resources on the topic of transitions to help alleviate young people's anxiety about the transition from school to FE college/ university

This website would provide an opportunity for young people to receive contextual information (resilience, self-compassion and acceptance), as well as specific ideas (time planning, making friends, self-support strategies) to aid their transition

experience. It would draw on and curate existing resources and include videos to give young people an opportunity to tell their own stories.

7. UCAS should review its application form (in partnership with young people) to ensure it actively encourages safe disclosure

Currently, young people can disclose a mental health condition under the 'disability/special needs' section of the UCAS application form. Yet young people with a mental health issue may not self-identify in this way. UCAS could ask directly about 'mental health issues' in a separate box to encourage disclosures. It could also elaborate on who will have access to the disclosure. This process of changing the form in collaboration with young people is planned in 2020 (for 2021 entry) by UCAS, when it will launch the new Application Management Service (AMS) that will replace the current Apply service.

8. Office for Students, Ofsted and Government need to work with FE and HE sector bodies to agree a wellbeing measure that should be made available to people when making their choices

This could include data on the mental health of students and the availability and quality of support for their wellbeing. This would help young people, their parents and teachers to compare different institutions' track records in the area of mental health, and empower young people to feel confident that they will gain appropriate support. It would also support a shift in schools' approach towards researching where to study, reducing the predominance of academic league tables in students' decision-making processes.

9. NHS England and clinical commissioning groups should ensure continuity of care for young people in CAMHS throughout their education, including the transition to university/FE college

It may be beneficial for young people to progress from CAMHS/children's social care into a young adult service until their early-mid 20s, to encourage stability and provide continuity of care. Some CAMHS services are eligible for children up to 16, which can disrupt young people's care whilst at school, sixth form or FE college. It is also important to ensure young people can access continuity in their care when moving to university, and when they stay in their parents' home outside of term time. There needs to be flexibility for students to access mental health services

in the two different areas they might stay in during term-time and vacation-time, and should be based on student's preferences. This would need to include provision for young people to move between services in different localities without the need for a new assessment.

The NHS Long Term Plan acknowledges that 'the structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services.' Our report welcomes the NHS Long Term Plan's commitment 'to extend current service models to create a comprehensive offer for 0-25 year olds'.

Appendix

Literature Review methodology

An electronic search of databases, grey and government literature was conducted to complete this review. In addition, the reference lists of included papers were searched. Table one lists the primary studies that were included in the review.

All but one study was conducted in the UK; the other was conducted in Australia. The studies we looked at were of varying quality, which is important to note because it will affect how confident we can be in their findings. The main issues were small sample sizes (e.g. NUS, 2017 spoke with 22 students), which limits how representative they are of the wider population of students. In the larger surveys, the main issue was both staff and students who responded to the surveys would be likely to do so because this is an area that interests them and therefore they may not be representative of the wider population.

Table 1

Author	Study design	Sample	Location	Limitations
Association of Colleges (2017)	Survey about mental health needs of students	105 further education colleges	UK	Self-selected sample so likely to attract FE colleges with an interest in this area.
National Union of Students (2017)	Survey with self-reported mental health questions. Roundtable with further education students.	1,093 further and higher education students. 22 students participated in the roundtable.	UK	Self-selected sample so likely to attract participants with an interest in this area.
Thorley (IPPR) (2017)	In-depth literature review, survey of higher education institutions in England, Scotland and Wales, in-depth case study of universities conducting interviews and focus groups with students, university staff and health care professionals.	58 higher education institutes were surveyed. Six universities were included as a case study.	UK	
YouthSight (2013)	Student Omnibus interviewed a representative UK sample of students matched on gender, university type and year of study.	1,000 students	UK	Self-selected sample so likely to attract participants with an interest in this area.

Author	Study design	Sample	Location	Limitations
Cooke <i>et al.</i> (2006)	GP-CORE administered to students at four time periods before and during first year of university.	4,699 students participated at one timepoint. 250 students participated at all 4 timepoints.	UK	Self-selected sample so likely to attract participants with an interest in this area.
Andrew and Wilding (2004)	Survey administered to undergraduates at two timepoints.	351 undergraduates	UK	Self-selected sample so likely to attract participant with an interest in this area.
Macaskill (2012)	Survey administered to undergraduates at four timepoints.	1,197 undergraduate students	UK	Self-selected sample so likely to attract participants with an interest in this area.
Student Minds (2014)	Online invitation to submit open text about the challenges regarding student mental health. Challenges were then thematically analysed.			
Student Minds (2018)	Survey administered to university students from the LGBTQ+ community and staff members.	467 higher education LGBTQ+ students and university staff	UK	Self-selected sample so likely to attract participants with an interest in this area. Most students who completed the survey self-reported having mental health difficulties (360/397).
YouGov (2016)	YouGov survey of students with questions on stress, anxiety, loneliness and mental health.	1,061 students	UK	Self-selected sample so likely to attract students with an interest in this area.
Bradley (2000)	Survey with academic staff and two focus groups, one with international students and the other with home students.	429 academic staff and 2 focus groups	UK	Self-selected sample so likely to attract participants with an interest in this area.
Martin (2010)	Online survey with students	54 students	Australia	Small sample and self-selected.

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