



Thrivng Learners

Realising student potential and wellbeing in Scotland

Thrivng Learners:
Initial findings from
Scottish colleges (2022)



Executive summary

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Registered Charity No. 801130
(England), SCO39714 (Scotland).
Company Registration No. 2350846.

Forewords

This Thriving Learners study once again provides a unique insight into the mental health and wellbeing of students in Scotland, with the focus on college students. With over 2000 survey responses this is the largest study into the mental health and wellbeing of college students in Scotland ever undertaken.

Similar to phase one, this report isn't an easy read. The findings are stark with poor wellbeing commonplace, high levels of depressive symptoms, and students ongoing concern to disclose a mental health problem for fear of stigmatisation. One third of students also reveal having experienced food insecurity in the past 12 months. We also see once again that those most impacted by poor mental health and wellbeing are students who already face disadvantage and/or have experienced discrimination. This includes those who are care experienced, estranged, have unpaid care giving responsibilities, live with a long-term health condition, or identify as other gender. These students had poorer mental health and wellbeing outcomes across the board.

So, what can be done? We recognise we are living in incredibly challenging times with the pandemic continuing to have a lasting impact and the cost-of-living crisis causing extreme hardship. However, to attribute these findings solely to these factors would be a further injustice. Instead, we must use this evidence as an opportunity

to stop, reflect and do things differently. Our recommendations provide a clear way forward and require commitment, innovation and working together. This means stronger partnerships across the sector, with national and local government, funding bodies, third sector organisations and the NHS. But most importantly with students themselves. Only by working together can we change the course of student mental health, harness the full potential of further education establishments, and contribute more broadly to a fairer Scottish society.



Lee Knifton

Director for Scotland & Northern Ireland,
Mental Health Foundation

Scotland's colleges are passionate about safeguarding the wellbeing of every one of our 213,135 students. So, we are deeply indebted to those who took part in this survey and who shared their life experiences and explained how it has impacted on their mental health and wellbeing.

Although it makes stark and disturbing reading, the contribution to this report by our students makes it the largest ever independent survey of student mental health in the college sector in Scotland.

The data collected are a cause for concern but provide us with a much clearer picture of the scale of the challenges students and their families face and allow us to advocate more effectively on their behalf.

We will use this information to press for more effective and targeted support from the Scottish Funding Council and the Scottish Government, while also looking at what additional steps we can take to protect our students, including building stronger partnerships with NHS mental health services and third sector organisations in order to coordinate support activity

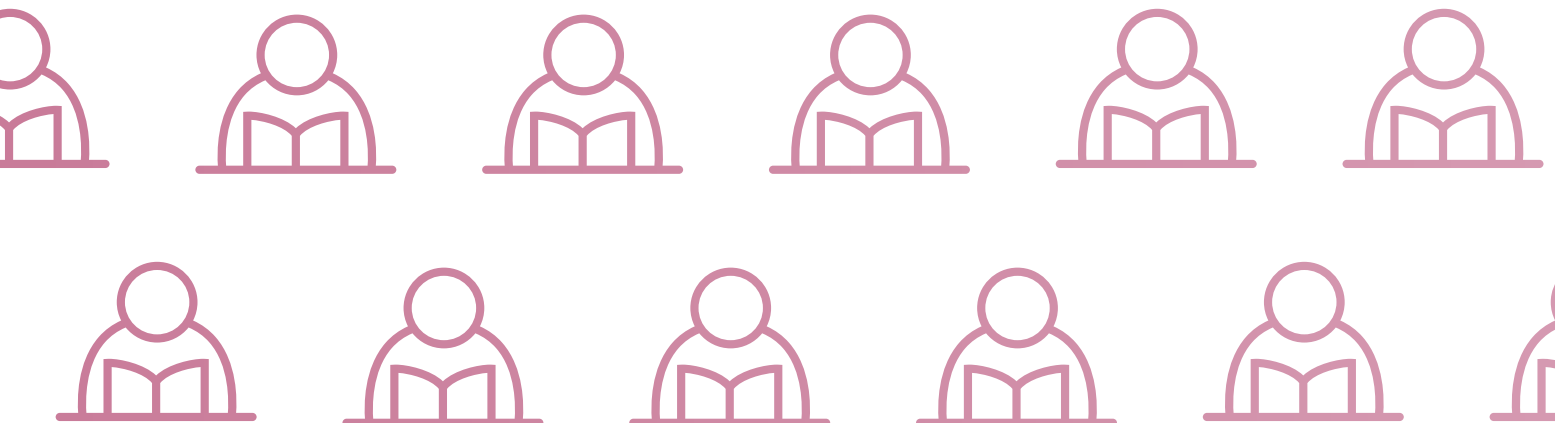
Safeguarding the mental health of our students and members of staff is a strategic priority of every institution in Scotland and a personal priority of my colleagues in the College Principals' Group.

The wellbeing of students is the number one priority of every college and, only by better understanding the challenges and problems they face, very often at moments of real crisis, can we act effectively to support them better.

There is more that can and will be done. We will act, individually and collectively, on the findings and recommendations in this report to safeguard our students and provide them with the levels of effective support they deserve.



Jon Vincent
Principal and Chief Executive of
Glasgow Clyde College



Study aim



Study aim



To gain understanding of the mental health and wellbeing of learners with focus on those studying within colleges in Scotland. The study builds on previous work that has been undertaken into student mental health and wellbeing including previous studies by MHF and NUS.

Thriving Learners study was undertaken by Mental Health Foundation (MHF) with funding from The Robertson Trust and in partnership with Colleges Scotland, and Jon Vincent, Principal of Glasgow Clyde College and lead principal for mental health. The lead researcher is Chris Maguire with strategic support from Julie Cameron and Susan Solomon (MHF).

Objectives of the study:

1. Investigate the current state of student mental health and wellbeing in Scotland.
2. Explore the landscape of provision within institutions including networks, collaborations and gaps between institution supports, local NHS services and community services and networks.
3. Explore the relationship between a range of risk and protective factors on learners' mental health and wellbeing and experiences of support. This includes adverse childhood experiences and other life experiences, quality of relationships and social connections, and individual health behaviours.
4. Understand what supports and protects mental health and wellbeing of learners in relation to personal networks, membership of groups and societies and availability/access to specific mental health services.

With whom did the study engage:

The study had the support of the 26 colleges in Scotland. It consisted of two strands.

1. Student facing survey which was completed by over 2,000 students studying at a Scottish college.
2. Qualitative interviews with 18 professional stakeholders working within the college sector.

When did the study take place?

The study was undertaken from October 2021 until November 2022 with the survey open from March 2022 until May 2022.

Data analysis

For information on the data analysis and methodology please see the Methodology and Governance section of the main report.

Governance

A specific Research Advisory Group was established which was chaired by Jon Vincent and had representation from sector stakeholders and mental health

practitioners. A Learner Advisory Group was also established to engage students directly with the design and implementation of the study. This consisted of learners nominated by college Vice-Principals. A favourable ethical opinion was granted for this work in February 2022 by the Ethics Committee at the University of Strathclyde.

Ethical considerations and approval

A favourable ethical opinion was granted for this work in February 2022 by the Ethics Committee at the University of Strathclyde. An amendment in March 2022 was accepted for the qualitative component of this work.

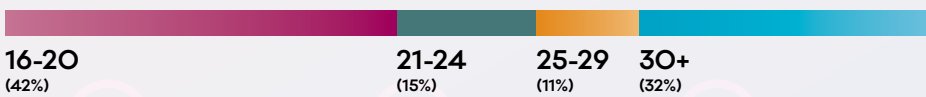
Headline findings



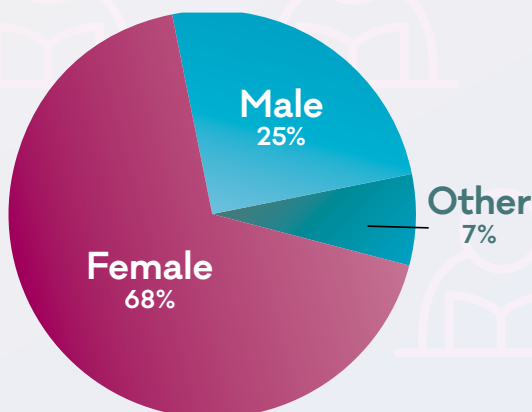
Demographics of participants



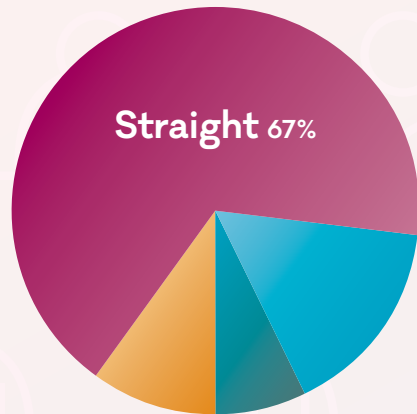
Age:



Gender:

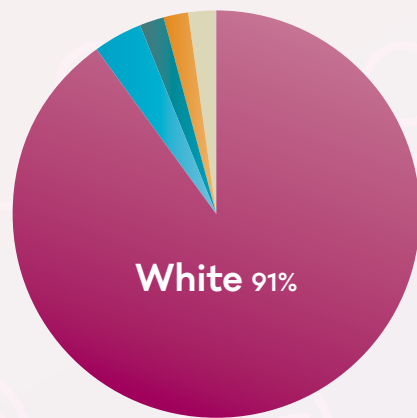


Sexual orientation:



Bisexual 16%
Gay or lesbian 7%
Other 10%

Ethnicity:



Asian 4%
Black 2%
Mixed or Multiple Ethnic groups 2%
Other 2%

Transgender: 5%

Disability or LTC:

57% had a least one disability or LTC, of which was a mental health condition 36% - significantly higher than any other classification.

Care experienced: 11%

Estranged: 8%

Unpaid care-giving responsibilities: 25%

Health and wellbeing



This section reports on the questions the survey asked concerning respondents health and wellbeing. Respondents were asked to complete the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and questions about their general health.

Key findings

- SWEMWBS figures among college students are lower than the Scottish national figures. The mean of respondents sits within the Low wellbeing level compared with the national mean sitting within the Moderate wellbeing level:
- 64% reported Low wellbeing.
- The general health of college students is noticeably lower than the Scottish overall population figure (49% Good or Very Good v 75% Good or Very Good).

Across the health and wellbeing questions certain groups of students consistently report worse outcomes than others:

- Students who identified as transgender had noticeably lower wellbeing and general health than students who did not identify as transgender.
- Students who identified as being 'other' gender also had noticeably lower rates of wellbeing than both females and males, respectively.

The other characteristics associated with poorer health and wellbeing scores were:

- whether respondents had experienced any form of food insecurity (lower wellbeing and lower general health)
- whether they had a long-term health condition or disability (lower wellbeing and lower general health)
- estranged students who also had lower wellbeing.

Life experiences



This section reports on the questions the survey asked concerning life experiences. Respondents were asked to complete the Adverse Childhood Experiences (ACEs) questionnaire as well as questions about bullying and food insecurity.

Key findings

- Nearly a third (29%) of college students had experienced four or more ACEs and three-quarters (75%) had experienced at least one ACE.
- A third (33%) of college students had been bullied in the last semester.
- Over a quarter (27%) of college students had been emotionally bullied in the last semester.
- Overall, over a third (37%) of college students experienced food insecurity in the previous 12 months.
- In the previous 12 months: nearly a third (31%) of students worried about running out of food; nearly a third (30%) ate less due to a lack of resources or money; and nearly a fifth (17%) resided in households that had run out of food.

Across the life experiences questions there was a consistent core of student groups that appeared to have worse outcomes than their respective counterparts. This included:

- Care experienced students and estranged students, who had: higher levels of four or more ACEs, higher levels of bullying and higher levels of food insecurity.
- Students with unpaid caring responsibilities had higher levels of four or more ACEs and food insecurity.

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- Other genders had higher levels of four or more ACEs and bullying.

Some of the standalone groups who had worse outcomes than their respective counterparts were:

- Students with a long-term health condition or disability (ACEs), mental health diagnosis (ACEs) or experience of food insecurity (ACEs) all had higher levels of four or more ACEs.
- Younger students, aged 16-20, had higher levels of bullying.
- Older students, aged 30+, had higher levels of food insecurity.

Mental health experiences



This section reports on the questions the survey asked concerning mental health experiences. Respondents were asked to complete the Patient Health Questionnaire 9 (PHQ-9) and questions about mental health diagnosis, serious psychological issues, stigma relating to mental health, self-harm, and attempts to kill themselves.

Key findings

- A collective 54% reported either Moderate, Moderately Severe or Severe symptoms of depression compared with 45% reporting None to Mild symptoms.
- Over half (55%) reported concealing a mental health problem for fear of stigmatisation and a further 1 in 10 (11%) were not sure if they had concealed a mental health problem for fear of stigmatisation.
- Nearly 4 in 10 (37%) reported having a current mental health diagnosis and 1 in 12 (8%) were unsure whether they had a diagnosis.
- 4 in 10 (40%) reported that they had experienced a serious psychological issue that they felt needed professional help.
- 1 in 6 (16%) reported that they had intentionally self-harmed within the last six months.
- 4% reported that they had attempted to kill themselves in the last six months.

Across the mental health questions there was a consistent core of student groups that appeared to have worse outcomes than their respective counterparts. This includes:

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- Estranged students, who had higher levels of depressive symptoms, perceived stigma, self-harm and having experienced serious psychological issues than non-estranged students.
- Other genders, who had higher levels of diagnosis, depressive symptoms, self-harm and having experienced serious psychological issues than and male and female students respectively.
- Students who had suffered any form of food insecurity had higher levels of depressive symptoms, perceived stigma and serious psychological issues.
- LGBT+ students had higher rates of perceived stigma, having experienced a serious psychological issue and self-harm.

Some of the standalone groups that had poorer outcomes were:

- Younger students (aged 16-20) had higher rates of self-harm and depressive symptoms than older students.
- Students with a long-term health condition or disability had higher levels of depressive symptoms and perceived stigma.
- Students who had unpaid caregiving responsibilities had higher levels of depressive symptoms and diagnosis.
- Nearly half of transgender students had self-harmed in the previous six months, compared with 15% of non-transgender students.

College experiences



This section reports on the questions about college services, membership of student groups and the impact of the pandemic on their college experience.

Key findings

- Awareness (81%) of services was high but usage was low (31%).
- 6% of respondents were a member of a student association or group.
- Over half (55%) felt that the pandemic had negatively impacted their studies.
- Under half (44%) felt that they had not benefitted from the full student experience due to the pandemic.
- Over two-thirds (67%) of respondents felt that their college coped as well as it could have in the current situation.
- Nearly half (46%) of respondents felt that their college introduced new measures that they would like to see remain.
- Nearly half (44%) of respondents felt their college had the right balance between academic performance and personal life.

Personal and social experiences



This section reports on the questions about friendships and relationships, coping with pressure and online activity.

Key findings

- Under half (46%) of respondents agreed that they had friends at college that they could speak to.
 - 70% agreed that they had friends at home they could speak to.
 - Nearly two-thirds (63%) agreed that they had family they could speak to.
 - Nearly half (46%) agreed that they had a partner they could speak to.
- The harmful coping mechanisms most commonly reported were:
 - eating too much to cope with pressure (31%).
 - avoiding friends to cope with pressure (30%).
 - eating too little to cope with pressure (29%).
- The positive coping mechanisms most commonly reported were:
 - exercising more (25%).
 - going to a green space more (23%).
 - doing a hobby more (22%).
- Most respondents used social media to keep in contact with friends (76%) and distract themselves or procrastinate (66%).

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- 4 in 10 (41%) compared themselves to people on social media and just over a third (36%) found their use of social media helpful.
- Nearly half (49%) used social media to help with their studies.
- 1 in 12 respondents (8%) felt that they did not have adequate internet access where they lived to engage with college and friends online.

Protective and risk factors



This section reviews the correlation between three validated measures used in the survey, ACEs, PHQ-9 and SWEMWBS. Following that is gives an overview of the five factors (questions) that had the strongest association with both the PHQ-9 and SWEMWBS, respectively.

- Generally, ACEs did not appear to have much impact on wellbeing but had a notable impact on symptoms of depression, in that as experiences of ACEs increased so too did severity of symptoms of depression. However, the overall strongest relationship was between wellbeing and symptoms of depression, as wellbeing increased severity of depressive symptoms decreased and vice-versa.

Factors influencing symptoms of depression (PHQ-9)

- SWEMWBS (wellbeing level) - as severity of depressive symptoms increased, levels of wellbeing decreased.
- General health – as general health went up symptoms of depression went down.
- Experience of stigma – the higher the severity of the symptoms of depression the higher the experiences of stigma.
- Self-harm – the higher the symptoms of depression the higher the levels of self-harm.
- Mental health diagnosis – as diagnosis levels went up so did severity of symptoms of depression.

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Factors influencing wellbeing (SWEMWBS)

- Symptoms of depression - as severity of symptoms of depression went down, wellbeing decreased.
- General Health - as general health increased, wellbeing increased.
- Family you can speak to - as strength of relationship with family decreased, wellbeing decreased.
- Experience of stigma - as wellbeing decreased, the levels of stigma increased.
- Friends outside of college to speak to - as strength of relationship with friends outside college decreased, so did wellbeing.

Qualitative findings



This section reports on themes that emerged from individual and group-based interviews with 18 interviewees.

- Student support services within colleges are aware and understand the additional needs of students with vulnerabilities and make efforts to provide information specifically to these groups. However, these efforts can be inconsistent and the significantly poorer outcomes for these students, across a range of mental health and wellbeing outcomes. The survey shows that further action is required.
- There is a changing landscape within colleges around their counselling provision. For some colleges the Scottish Funding Council (SFC) funding was their first opportunity to develop counselling services whilst others were able to strengthen what they already had. This means that levels of support to students are variable across the sector and the removal of additional funding will further exacerbate this variability.
- Interviewees also highlighted that the original model of counselling they intended to deliver within their college, often based around a set package of counselling support, has been difficult to implement due to severity and complexity of cases and lack of onward referral pathways. The general desire was to continue supporting students in this situation despite colleges services having their own waiting lists and a feeling that sustained counselling support goes beyond what is expected of college counselling and mental health services.
- Interviewees highlighted the variable wellbeing provision within the college sector with some able to use the SFC funding to boost this and others required to direct it to develop counselling supports.
- Examples of innovation around wellbeing, sometimes developed and supported by Student Associations. This included breakfast and lunch clubs. These initiatives are important in light of the survey findings around

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food insecurity and the relationship between general health and mental health and wellbeing. With there being a strong association between good general health, higher wellbeing, and lower symptoms of depression.

- A significant gap around support for students with complex, severe, and enduring mental health needs was highlighted: was it reasonable to expect colleges to provide this level of support? Colleges recognise the need for this support and, where they can, are supporting some of these students. However, this was not considered the most appropriate or helpful solution for these students as it can mean they receive piece-meal and non-specialist support.
- A further gap identified was that counselling in colleges might not be best suited for students with experiences of trauma and, indeed, could be harmful in some situations. This is an area of particular concern when considering the survey responses around adverse childhood experiences.
- Relationships between colleges and Local Authorities and schools were variable. It was consistently highlighted that even where good relationships exist, these generally only facilitate the sharing of data around traditional learning support and rarely includes data around the mental health and wellbeing supports of students.
- It would be beneficial for there to be greater clarity and consistency in what data colleges need from schools across the country. This would help ensure that data sharing and relationship building between colleges and schools did not rely on individuals.
- Additionally, for students with increased vulnerabilities there was a feeling that there were often third parties (i.e. social work) involved in transitions, and this complicated the data sharing even more. This was leading to a sense that services were losing sight of who and what is most important to these processes; the young person. Also, that it reflected a lack of a person-centred planning and support. This was not leading to positive outcomes for students with increased vulnerabilities.
- The impact of the pandemic continues to reverberate. Both in relation to student mental health and their studies. This includes the potential impact

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on a student when they lack confidence in their own capability relating to their course content and confidence in social interactions. This isn't being recognised fully at the moment with the solution being put forward being to progress students even when this might not be best for them.

- The impact of the pandemic is also being felt within their services in terms of the severity and complexity of cases they are managing. The ongoing uncertainty around sustained funding for mental health and wellbeing supports is causing increasing concern and anxiety within the sector.
- The survey data and the qualitative interviews both paint a picture of students at college dealing with quite severe and complex mental health needs. This situation is exacerbated by the sense that colleges are, in effect, plugging gaps where students cannot access support from statutory services. This means that sometimes students are often signposted directly to their college support by GP surgeries in lieu of receiving NHS services, but it can also mean that there is nowhere for students to go once they have received support from college or, indeed, when they need more specialist services.
- These issues are compounded by the lack of sustained funding for mental health and wellbeing support within the college sector. Many of these services that are already stretched and plugging gaps, are likely to be reduced or removed completely if continued funding is not received.

Recommendations



Recommendations

Recommendation 1:

College student support services should strengthen their communication and engagement with students to help increase awareness among students of mental health and wellbeing supports. This should specifically focus on communication and engagement with students with vulnerabilities and those that work with them to ensure more consistent and clear information for these students prior to them starting college and across their journey.

Recommendation 2:

Colleges should undertake consultation and/or research to understand the nature of mental health stigma among students. This should help inform future activity to challenge stigma including enabling staff to address stigma.

Recommendation 3:

Scottish Government should provide increased investment and sustained funding for mental health and wellbeing supports in colleges. This should include wellbeing interventions that benefit general health.

Recommendation 4:

Colleges should work closely with Student Associations to identify and implement innovative wellbeing supports. This could include increased opportunities for peer support and peer mentoring in colleges. As part of any service development the poorer outcomes of students with increased vulnerabilities and/or who experience discrimination should be noted and additional efforts made in the design and development of any mental health and wellbeing services to meet the needs of these students.

Recommendation 5:

Colleges Scotland, the college sector and NHS should develop clear mechanisms to increase regional planning between the sector and NHS to promote better integration of support between the NHS and college sector for students with complex mental health needs.

Recommendation 6:

The NHS and college sector should undertake a process to agree the parameters on the reasonable duty of care of colleges. This should be supported by agreement on a streamlined referral pathway for students who need more intensive support than can be provided within the college setting. Once agreed these pathways should be implemented across the sector. This should be done with urgency as some students are currently being failed by both systems.

Recommendation 7:

The college sector, local authorities and schools should work together to develop a standardisation of minimum data sharing expectations between schools and colleges around mental health and wellbeing supports of students. This should be done in consultation with young people and those that support them.

Recommendation 8:

Colleges and key funding agencies, including Scottish Government, need to work together to implement a post pandemic recovery plan that recognises and addresses the impact of the pandemic on student learning and social confidence.

Recommendation 9:

Scottish Government and the Scottish Funding Council should collaborate on a new annual data collection which measures college student poverty across the academic year, and seeks to mitigate poverty in all its forms so that learners can thrive during their time as a college student.

Data focusing on student poverty for college students is collected through research like this study, by the National Union of Students in their annual or bi-Annual Broke report, and by the Scottish Funding Council and the Scottish Government in a variety of formats. We would therefore suggest for any new annual data collection that the poverty metric could be a combination of existing research and SIMD data

It is clear from this report that poverty is a key causal factor that negatively impacts on individuals mental health and that college students

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are adversely impacted in this overlap. Without strong data on college student poverty it is challenging for colleges to take the right mitigating steps against the context of reducing funding for the college sector and pressures on the National Health Service.

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