

Understanding and Overcoming a Mental Health Crisis in 2021

**Issues for Post-16 Education,
Employment, the World of Work
and Retirement**

Campaign for Learning

The Campaign for Learning works for social and economic inclusion through learning. It is an independently managed organisation in the NCFE charity group.

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Mental Health – World Health Organisation

Defining Mental Health

Mental health is a state of well-being in which an individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

Poor Mental Health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, violence and persistent socio-economic pressures are recognized risks to mental health. The clearest evidence is associated with sexual violence.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

There are specific psychological and personality factors that make people vulnerable to mental health problems. Biological risks include genetic factors.

Promoting Mental Health

Specific ways to promote mental health include:

- early childhood interventions (e.g. providing a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating);
- support to children (e.g. life skills programmes, child and youth development programmes);
- socio-economic empowerment of women (e.g. improving access to education and microcredit schemes);
- social support for elderly populations (e.g. befriending initiatives, community and day centres for the aged);
- programmes targeted at vulnerable people, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters);
- mental health promotional activities in schools (e.g. programmes involving supportive ecological changes in schools);
- mental health interventions at work (e.g. stress prevention programmes);
- housing policies (e.g. housing improvement);
- violence prevention programmes (e.g. reducing availability of alcohol and access to arms);
- community development programmes (e.g. integrated rural development);
- poverty reduction and social protection for the poor;
- anti-discrimination laws and campaigns;
- promotion of the rights, opportunities and care of individuals with mental disorders.

Mental Care and Treatment

In the context of national efforts to develop and implement mental health policy, it is vital to not only protect and promote the mental well-being of its citizens, but also address the needs of persons with defined mental disorders.

Knowledge of what to do about the escalating burden of mental disorders has improved substantially over the past decade. There is a growing body of evidence demonstrating both the efficacy and cost-effectiveness of key interventions for priority mental disorders in countries at different levels of economic development. Examples of interventions that are cost-effective, feasible, and affordable include:

- treatment of depression with psychological treatment and, for moderate to severe cases, antidepressant medicines;
- treatment of psychosis with antipsychotic medicines and psychosocial support;
- taxation of alcoholic beverages and restriction of their availability and marketing.

A range of effective measures also exists for the prevention of suicide, prevention and treatment of mental disorders in children, prevention and treatment of dementia, and treatment of substance-use disorders. The mental health Gap Action Programme (mhGAP) has produced evidence-based guidance for non-specialists to enable them to better identify and manage a range of priority mental health conditions.

Source: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Introduction

Mental Health

The World Health Organisation defines mental health as a state of wellbeing in which an individual can realise their abilities, cope with normal stresses of life and be productive. Given its fundamental importance to our ability to live, work and socialise, mental health should be a concern of us all. Poor mental health is associated with a wide range of factors and situations, from social exclusion through stressful work conditions to rapid social change. Ongoing social and economic pressures are known to be a risk for mental health.

A Developing Mental Health Crisis made worse by Covid-19

A mental health crisis was developing before Covid-19. The pandemic has deepened this development, exacerbating known causes, creating new ones and storing up those which are yet to be known. Shielding and lockdowns have increased the number of people confronting isolation, confinement and loneliness. The majority of post-16 students are learning from home rather than at school, college and university, or with independent providers. Key workers are in situations that can put pressure on their mental health including having to deal with the risk of catching the virus and the wait to be vaccinated. Non-key workers are having to work from home. Some parents have the difficulty of working from home and providing home schooling. For some young adults and older citizens, communicating through devices has added to their sense of personal isolation and loneliness.

Economic Impact of Covid-19 on Mental Health

The economic impact of Covid-19 could lead to a significant and sudden rise in poor mental health across the country. Although the large-scale falls in economic growth are now behind us, the full impact of further business closures and mass unemployment are yet to emerge.

There is an acute danger to the mental health and wellbeing of millions of citizens because of the financial stress due to mass unemployment, the threat of unemployment, and income insecurity caused by people having to accept low paid work, gig jobs and self-employment. Financial stress and anxiety can lead to worries about feeding the family, paying the rent, keeping up with the mortgage, and being homeless.

The Covid-Generation of 16-24 Year-Olds

It's clear for the Covid generation of 16-24 year olds, their experience of sixth-form, FE college and the university is different from their predecessors.

Exam uncertainties and learning from home have undermined the mental wellbeing of full-time students. Those 16-24 year-olds fortunate to have held onto their apprenticeship job are confronting uncertainties over participating in on-the-job as well as off-the-job training, and the delivery of end point assessments.

This age group has also borne the brunt of the shut-down of large parts of the economy. Those in full-time education have lost student jobs. Many in employment who are not in full-time education have been made unemployed. Employer recruitment remains weak, not only for jobs in general but also subsidised apprenticeships and Kickstart opportunities for 16-24 year-olds who have been out of work for sixth months.

These changes combined with fears over progression to the next stage of further and higher education, the threat of a long spells of unemployment and concerns over long-term career prospects could feed into a deepening mental health crisis for the Covid generation of young people.

Working Age Adults in the Age of Covid-19

Post-16 education, however, does not start at 16 and end at 24. Although mature students in further, higher and adult education do study full-time, studying part-time is the norm. Mature students must balance work and family life with part-time study. They often have financial responsibilities for children, partners and relatives. The mental health of part-time students may be undermined by loss of employment, the fear of becoming unemployed or fear of their partner doing so, and acute financial worries in general, wherever they study.

Adults of working age also face the challenge of retaining their employability through upskilling and reskilling at a time when the state pension age is set to increase to 67 between 2026 and 2028, and there is an increasing impact from automation on jobs and job roles. Concerns about the future can affect mental wellbeing.

Retirees and Pensioners in the Age of Covid-19

We have an ageing population. Feelings of loneliness and isolation were increasing amongst retirees and pensioners before Covid-19. Shutdowns, self-isolation and travel restrictions during the pandemic may have deepened the development of a mental health crisis within these groups of citizens.

Aim of the pamphlet

This publication brings together in a single pamphlet contributions from the mental health sector, and the post-16 education and employment sectors to consider how we might limit the extent and overcome a mental health crisis in 2021 and beyond.

Mental Health Perspectives

We asked representatives from the mental health sector to explain the nature and extent of a mental health crisis before Covid-19 and how the pandemic has exacerbated this. As part of their contributions, we asked for an assessment of what the government is already doing to limit a mental health crisis in 2021, what more needs to be done in general and for specific groups in society, and the specific measures that are needed to avert rises in self-harm and suicides.

Post-16 Education and Employment Perspectives

We focused on post-16 education and employment for two reasons. First, we wished to concentrate on post-16 education rather than school age children so we could explore more deeply the mental health and wellbeing concerns of adults from aged 16 to state pension age. Second, we saw the value of perspectives across post-16 education, including colleges, universities, independent training providers and adult education providers – and crucially providers within the employability sector, given the roll-out of active labour market programmes and the looming unemployment crisis.

To complement these contributions from the post-16 education and employment sector, we sought the views of organisations representing both post-16 staff and post-16 students. As well as gaining an appreciation of the mental wellbeing of post-16 staff before and during the pandemic in college, university, adult education and prison settings, we also wished to include the needs of staff at independent training providers and those in the employability sector.

The nature of our mental health situation is extremely complex. We decided to focus on four themes in the pamphlet and asked our authors to write specific contributions on them or reference them in their pieces. The four themes are:

- (i) the impact of the mass youth and adult unemployment crisis on the mental health of the nation;
- (ii) the impact of the changing nature of work arising from less workplace working and more home working on the mental health of employees;
- (iii) the impact of income insecurity caused by a flexible labour market on the mental health of workers, and the case not only for more jobs but better quality jobs to replace insecure gig jobs, zero-hour contracts, and minimum wage key worker jobs and to some extent self-employment, and
- (iv) the contribution of adult learning to reducing mental health problems.

Shared Learning

We appreciate that a high degree of joint working already exists between the mental health sector and the post-16 education and employment sector. Our intention is to facilitate further shared learning through the publication of a comprehensive series of articles on mental health and post-16 education and employment, so providing an added impetus to further good work, good practice and good policy.

Dual aspects

Whilst the developing mental health crisis is complex in its causes and effects and some of these are difficult to disentangle, what is clearer and interesting to note from editing the pamphlet are the 'dual aspects' of the areas discussed.

For example, in post-16 education we see that providers are working hard to meet the needs of students and learners who present themselves with pre-existing and emerging mental health conditions. Yet, there is also the question about how post-16 education may be contributing to poor mental health of students due to constant examinations, financial hardship and isolation resulting from having to study online at home and lack of personal contact with tutors and friends.

In the world of work, mental health problems can arise due to unemployment - with feelings of low self-worth, financial troubles and isolation - but also occur from employment that is restricted to low-paid, irregular gig jobs and self-employment when stable, regular and better paid work is needed.

At the same time, adult learning can help those with pre-existing and emerging mental health conditions who are unemployed or retired to have a better quality of life through participating in lifelong learning. It can also prevent mental health problems arising by assisting workless people into full-time education, volunteering or employment.

Keeping these dual aspects in mind could be useful to readers of the pamphlet.

Our pamphlet authors

Whilst we always take the opportunity to thank our contributors, on this occasion we are deeply indebted to them. They saw immediately the value of bringing together contributions from different sectors and perspectives, and we appreciate their willingness to write speedily on such a key challenge as the mental health crisis facing the nation. Several authors echoed this sentiment "we know what we are going to write but the value is finding out where our contribution will feature in the pamphlet and what other professionals are thinking on the mental health crisis".

We invite you to read each of their insightful articles.

Recommendations and Future Policy Action

We asked each contribution to be completed with three recommendations as a means of distilling the next steps which need to be taken jointly by the mental health and post-16 sectors to limit the extent and overcome a mental health crisis in 2021 and beyond. The Campaign for Learning will be inviting authors and others interested group to join a facilitated roundtable to debate future policy action.

Julia Wright, Campaign for Learning
Mark Corney, Policy Consultant

Preventing a Mental Health Crisis

On the Coattails of the Pandemic

We have all read the dire warnings of a mental health emergency following on the coattails of the pandemic. We have seen the surveys and research, [including from Mind](#), evidencing this. We have increasingly heard from individuals – young and old, famous and everyday – telling of their struggles with mental health through all they are currently experiencing.

As a society we must consider how to reduce the enormous pressures the pandemic brings and plan for how mental health services can respond to the growing demand.

Respondent 1

"I don't want to cause problems as the NHS is already struggling. From prior experience, not much help is available without waiting for months anyway."

Respondent 2

"Being back at home after being at uni for a year is just taking me back to the mind set I was in a year ago. Before I went to uni I struggled with an eating disorder for about 3 years."

The Mental Health Emergency, Mind, June 2020

An Unequal Burden

The mental health burden does not fall equitably. Those most affected include those vulnerable to Covid-19: BAME communities, older people, the health and care workforce and other key workers. Then there are parents, those affected by domestic violence, those in insecure work or accommodation who have been catapulted into financial hardship – [the list goes on](#).

People with Pre-Existing Mental Health Problems

Those who already had mental health problems have been amongst the hardest hit by the [pandemic](#). In the first lockdown we heard of services cut and people all but abandoned, with others offered online services that they couldn't make use of. Inevitably people reported rapidly deteriorating mental health. Many –tragically – felt that they shouldn't [reach out for help](#) because their need was not important enough. For many, recovery will now be harder and longer with implications far into the future – affecting career, family life and wellbeing.

Worse provision for those with mental health problems is not an inevitable consequence of the pandemic. There has been welcome additional funding for mental health in recent months, but we were already behind despite the progress of recent years. Much more is needed over the longer term to build truly resilient mental health services to meet future needs.

The Covid Generation of Young People

Even before the pandemic this generation of young people was experiencing [high levels of mental health issues](#), and in particular [post-traumatic stress disorder](#) and [self-harm](#). The pandemic has had a further devastating [impact](#) on young people's mental health.

Of course, the practicalities need sorting out first – education, the resources to study from home, certainty about exams and the future, and Covid-safe ways for young people to maintain peer networks. But when it comes to their mental health, disturbing findings emerged from Mind's research. Over a quarter (28%) didn't ask for help because they didn't feel they were deserving of it. But of those that did, many felt uncomfortable accessing remote support – 30% saying technology was a barrier, with privacy being a particular concern.

Funding for children and young people's mental health services is increasing and each year more receive support. But the starting point for improvement was extremely low, and we know demand will exceed pre-coronavirus expectations. Further investment in young people's mental health is urgent. With the right early support many young people recover fully and enter adulthood ready to face what the future brings; without it, those futures are less secure.

Recommendations

It may be too late to prevent a mental health crisis; we were too far behind even pre-pandemic. But there is much we still can do if we act fast.

Recommendation 1

As a society, we must commit to ensuring everyone has the basics – secure education or employment, a liveable income, a safe home – all fundamental to preserving mental health.

Recommendation 2

We must tackle the stigma which prevents people seeking support because they don't feel their mental distress merits attention.

Recommendation 3

And the taxpayer must be willing to invest in the staff and services, from the NHS, social care, education and the voluntary sector, to ensure no child, no young person, no adult, no older person, is kept waiting for support while their mental health worsens.

Preventing Suicide and Self-Harm amongst 16-24 Year Olds

Suicide: The Biggest Killer

While suicide amongst young people is rare, sadly, it is the biggest killer of people aged 16-24 (ONS, 2018). Suicide is not inevitable, it is preventable and it requires us all, from communities to educators to the government, to take action to save lives.

Causes and issues

Suicide amongst young people usually follows a combination of adverse childhood experiences, stressors in early life and recent events (National Confidential Inquiry, 2017). Research shows that bereavement, abuse, neglect, self-harm, mental or physical ill health, and experiencing academic pressures are just some of the common risk factors for suicide among young people.

There are also societal issues affecting young people's mental health to consider. For instance, we know young people report feeling lonely more often than older people (DCMS, 2016-2017). Samaritans conducted an exploratory study into this theme and most of the young people we interviewed said loneliness played a significant role in causing their suicidal thoughts. They felt unable to ask for help, in part due to the stigma of admitting they feel lonely, or didn't know where to get help for their feelings of loneliness (Samaritans, 2018).

Of course, most young people will experience these stresses and not go on to take their own lives. However, understanding these risk factors means we can implement and create access to the right support services for young people who are experiencing these issues so they are getting the support that works for them at the right time.

Self-Harm: A Growing Crisis

Self-harm is often without suicidal intent (S.McManus et al, 2016) but self-harm can lead to suicidal thoughts. It is one of the strongest predictors of transition from suicidal thoughts to behaviours. The rise of non-suicidal self-harm has been across all ages, but especially in the young, affecting as many as one in eight young people and with about three-quarters of those who self-harm starting before age 18.

Reasons

In 2019, self-harm was discussed once every two minutes in calls to Samaritans. As a priority area for us, we conducted research to better understand why more young people are self-harming and what support works best for them. Many young people self-harm as a way to manage severe emotional distress and from speaking to people with lived experience of self-harm, we determined that support needs to focus on four areas: equipping people with a distraction from immediate self-harm urges, providing emotional relief in times of stress, helping develop alternative coping strategies and addressing the underlying reasons for self-harm (Samaritans, 2020).

Preventing Self-Harm, Preventing Suicide

We all go through challenging times in life and learning how to cope in a way that helps you process and manage your emotions during these times is a vital tool in preventing things

from building up and overwhelming you. It's important that young people are taught from an early age about emotional health so they can identify when they are struggling, know what they can do about it, and know when and how to get help.

Parity between Emotional Awareness and Physical Education

Starting in the classroom, teachers have the opportunity to help children develop emotional awareness and give it parity with physical education. Promoting conversations at an early age about how we're feeling, creating safe spaces for discussion and sharing coping strategies can help normalise talking about your mental health and break down stigma.

Promoting Self-Care

Self-care is everybody's business. Promoting self-care plays an important role in providing both a distraction from immediate self-harm urges and the development of preventative coping strategies over the longer term. Family and peers play a helpful role for many in providing emotional relief in times of stress. GPs are also vital in both providing support and helping young people navigate different options for care. More generally, we need a public health approach to tackling the stigma around loneliness, improving well-being in young people and helping them build meaningful relationships within social settings.

Education Provider Interventions

School-based mental health and suicide awareness programmes have consistently been shown to reduce suicide attempts and thoughts. Clearly, education providers of all kinds - schools, colleges, universities, independent training organisations and adult learning providers - are well placed to help direct those who self-harm to sources of support.

Funding for Education Settings

Funding from the Treasury does not necessarily mean directing extra resources just to mental health services and primary care. Helping young people build protective factors by fostering social connections, having a range of activities available through community groups, and creating positive opportunities in education and work, is fundamental to improving their wellbeing. This is why settings such as schools, colleges and universities are crucial environments that can help young people thrive.

Recommendations

Just as suicide and self-harm is complicated, suicide and self-harm prevention requires a multifaceted approach. By basing prevention strategies on the three key pillars below, we can make a real difference to the wellbeing of future generations.

Recommendation 1

We need to introduce suicide and self-harm prevention strategies from early years education onward including schools, colleges, universities, independent training providers and adult and community learning providers, creating parity between mental health and physical health.

Recommendation 2

The government must prioritise funding for a preventative approach to self-harm and suicide through greater investment in wider community and voluntary-based services.

Recommendation 3

We need to create positive opportunities to unlock the potential of environments that offer young people the chance to build meaningful relationships in the world of work and education and training provision directly linked to the world of work, such as jobs with apprenticeships and work placements.

Lucy Thorpe, Mental Health Foundation

Meeting the Mental Health Challenge of Mass Youth and Adult Unemployment

Employment and Good Work

Employment adds meaning to our lives and is connected with our sense of identity. It is important for realising our potential, achieving a sense of purpose and contributing to our communities. For adults in the workforce, employment is usually their main source of income, a determinant of social status and an important source of vital social networks ([NICE, 2009](#)). “Good work” - a living wage, control and influence over working environment, flexibility, opportunities for development, and adequate working conditions - is good for our mental health ([Marmot, M et al, 2012](#)).

Unemployment, Poor Mental Health and Suicide

The relationship between unemployment and poor mental health is well-evidenced. Unemployment negatively affects self-esteem and increases feelings of distress; an estimated 34% of unemployed people have mental distress, compared to 16% of those employed ([Paul, KI & Moser, K, 2009](#)).

There is also an association between unemployment and suicide. [A time-trend analysis of the 2008-2010 economic recession](#) in England identified that each 10% increase in the number of unemployed men was significantly associated with a 1.4% (0.5% to 2.3%) increase in male suicides. About two-fifths of the increase in male suicides during this period can be attributed to rising unemployment.

The pandemic has led to major increases in unemployment. [ONS data](#) show a large increase in the UK unemployment rate in the three months to November 2020 - estimated at 5.0%, 1.2 percentage points higher than a year earlier – and the redundancy rate has reached a record high of 14.2 per thousand.

Job Insecurity and Poor Mental Health

Job insecurity also increases the risk of depressive symptoms ([Kim & von dem Knesebeck, 2016](#)), and adult unemployment can have a negative effect on children’s mental health - those living with socioeconomic disadvantage are two to three times more likely to develop mental health problems ([Reiss, F 2013](#)).

Mental Health Impact of the Covid-19 Pandemic

The Mental Health Foundation’s [Coronavirus: Mental Health in the Pandemic](#) study has found that the pandemic has had a disproportionate impact on the mental health of unemployed people. Our December 2020 figures¹ show that they are more likely to be anxious/worried (60% of those unemployed vs 54% of the UK population), while more than a third are suffering

¹ All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 4,277 UK adults 18+. Fieldwork was undertaken between 21st and 23rd December 2020. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

from loneliness and a third have feelings of hopelessness. Further, 50% of those unemployed are concerned that the stress of the pandemic is worsening their mental health problems, and 26% reported experiencing suicidal thoughts in the previous two weeks (compared to 12% of the UK general population). This has increased from 17% in April 2020 (when the UK figure was 8%).

In September 2020 a [BMJ Opinion article](#) advised health services to prepare for the anticipated mental health impact of mass unemployment. It highlighted that much of the economic impact – and its effects – have thus far been mitigated by government action and support for those at risk of and experiencing these effects, such as furlough and loan schemes. Many measures have been extended, but will end soon. Much now depends on which protective measures the government extends, and how; announcements are expected in the Budget on March 3rd. As has been observed by [The Health Foundation](#), we are largely powerless to affect the pandemic's shock to the economy, but the policy response is – for government – a choice.

Intergenerational and Family Impacts of Unemployment on Mental Health

Negative economic effects have not however been equally distributed; focused attention will be needed on groups who have experienced particular work and economic stress: [younger workers](#), [lower earners](#), [black and minority ethnic workers](#) and those on atypical contracts have been most likely to face reductions in hours and earnings ([Health Foundation, 2021](#)).

The effects of unemployment can be long-lasting and inter-generational; consideration should therefore be given both to the education and training needs of the whole population of young people – many of whom will need to make up for the '[crisis in lost learning](#)' resulting from pandemic-related restrictions – and to people of working age, who might need new knowledge and skills.

Recommendations

The [first framework developed to address the detrimental impact of mass unemployment on population health](#) shows that education providers have an important role in building skills capacity, and working with other sectors to capitalise on local resources ([Davies, AR et al, 2019](#)). Against this background, the Mental Health Foundation proposes the following recommendations.

Recommendation 1

Responses to the mental health risks of mass unemployment should not only be about additional services but include prevention and early intervention. An integrated public health approach is therefore needed to protect people from the multiple effects of mass unemployment on individuals, families and communities.

Recommendation 2

Targeted support to assist young people and adults who experience unemployment should prioritise mental health support alongside practical help with job-searching and the benefits system, job creation programmes, skills training and participating in full-time education ([Mental Health Foundation, 2021](#)).

Recommendation 3

Extended, well-supported access to education, training and retraining is required by young people to make-up for lost learning and adults who need new knowledge and skills.

David Hughes, Association of Colleges

Addressing the Mental Health Needs of Post-16 College Students

A Rise in FE College Students with Mental Health Conditions

A recent Association of Colleges survey highlighted just how stark the mental health crisis is – 94% of colleges reported that they'd had to deal with attempted suicides in the last twelve months, and they're dealing with a growing number of learners with both diagnosed and undiagnosed mental health conditions. We have done this survey three times now, and each year, the situation gets worse.

Increasing Work in the Mental Health Area

What is reassuring is that, despite unprecedented pressures, colleges are continuing to increase their mental health work – 80% have increased their resourcing, and two-thirds of colleges have signed up to the Association of Colleges' Mental Health and Wellbeing Charter – publicly affirming their commitment to tackling the problem. Nearly all colleges have staff trained in mental health first aid, most provide mental health awareness training to all staff and all colleges have structures in place to support staff mental health.

The pandemic has further focussed minds. 83% of colleges state that mental health referrals were up in September 2020 compared to September 2019 – and the situation has got no easier for colleges or their learners. Colleges have adapted their services to be available on-line, developed sophisticated risk assessments to ensure they provide support to students who may be at the greatest risk, and invested in staff training.

College Collaboration

We are also seeing great collaboration between colleges as they learn and develop new services to respond to the needs of students and to help build resilience. The [Let's Chat](#) website, for example, is a new resource being developed through the College Collaboration Fund by Weston College, Gateshead College and Somerset Counselling Centre – featuring for staff, parents and students.

The Greater Manchester Health & Social Care Partnership has supported colleges to be innovative and it is starting to have a real impact. Hopwood Hall College and Bolton College have been going through the journey to become 'Trauma Informed Colleges', truly exploring their entire approach to how they support students and at least four others are now following this route. We are also seeing colleges explore 'Social Prescribing', and greater collaboration between staff responsible for physical activity with those responsible for mental health and wellbeing – amplified by the AoC Sport and Mind partnership and a growing focus upon staff mental health.

Planning for September

Whilst dealing with the immediate, colleges are also starting to think about the future – how do we support our current students return to college and how do we help students transition into college in September 2021? In the past many have instigated summer programmes for students who may need more support in the move from their previous setting and hopefully this approach can be re-introduced this summer. By providing students with the opportunity to become familiar with new surroundings, getting to know key support staff and build confidence through team-building activity we have seen evidence that such interventions improve retention and outcomes.

Rising to the Challenge

Colleges are rising to the challenge, but we need decision makers to do so as well. We need recognition that the college setting is different to schools, so resources, initiatives and investments need to be relevant. Policy making needs to consider the wellbeing of all our learners – it is easy to say that simply being back in college will improve the mental health of our young people: but it will not if they don't feel safe and it won't if we can't provide clarity on what the future holds, whether that is on how they will be assessed or what support they can access to catch up on missed learning.

Recommendations

The AoC has three recommendations, two for government and one for FE colleges.

Recommendation 1

The Government should create a national fund to support the transition and retention of 16-year-old students into colleges in September 2021

Recommendation 2

The Government should ensure all education policies have an assessment of their impact on the mental health of staff and students.

Recommendation 3

FE colleges should sign the [AoC mental health charter](#) and annually evidence how they meet all 11 commitments.

Improving Student Mental Health at NCG

My Experience

Between 16 and 24 my anxieties were (not necessarily in this order) homework deadlines, clothes, money and dates for the weekend, falling out with friends, preparing for exams, finding part-time work, choosing a career and ultimately finding a job. My mental health and wellbeing were boosted by success in any of these categories. The worst to happen related to broken hearts and lack of ready cash.

The Covid Generation Experience

What a different mental challenge the young people in our colleges are facing in the 'Time of the Pandemic' compared to my experience. Traditional classroom-based learning disappeared within a fortnight, as we moved to remote, technology enabled teaching. Social interaction with friends on-campus, managed time, access to equipment and resources to enhance learning – all gone. Not to mention the thousands of students starting college in the height of the crisis.

Part-time retail and hospitality jobs disappeared too, taking with them opportunities to learn behaviours in the workplace, customer service skills, and to earn. Back home, parental and carer anxiety about job security, reduced income, depleted savings also swirl about.

These pressures - alongside uncertainty about exams and assessment, looming mass unemployment and the high numbers of young people coming through the system, fighting each other for jobs - would compromise the mental health and fitness of the most resilient students.

Our College Group

NCG is one of the UK's largest college groups in England. We have 7 colleges - across London, the West Midlands, the North West and the North East – with 2,500 staff, educating and training c40,000 young and adult students.

Safeguarding Council

Part of our response to Covid-19 sits with our Safeguarding Council, Communities of Practice and Cross-Group initiatives. Recognizing the impact of Covid-19, the Government reclassified 'vulnerable young learners' to include those with limited access to IT, bandwidth and space to study. While bridging the digital divide with kit and socially distanced space within our 'closed' colleges, safeguarding our learners has become more challenging. Teachers have also engaged in new and insightful ways with learners unable to divulge domestic problems from home – where they may be locked down for months.

Improving Student Mental Wellbeing

NCG's business is to deliver exceptional education, through a culture where mental health, wellbeing and resilience are high on the agenda; support and enhancement services are funded and accessible, open communication a given.

We must teach the soft skills that normally develop through interaction with others; clear communication, active listening, thinking creatively, solving problems, using criticism constructively and constantly adapting.

Alongside our NCG Guarantee (our future proofed skills enhancement offer), we are working to improve students' mental wellbeing. This includes using Fika's 'mental fitness' approach designed to enable students to flourish, reduce attrition, increase attainment, widen participation and improve employability. Created by psychologists they are delivered through student voice and relatable role models, mapped to curriculum and made highly accessible via a student app.

New careers (retirement age, 67!) will change direction many times, individuals must be focused and driven to succeed whatever their circumstances. Evolution of adaptive teaching and learning models has helped with this, but students need mental resilience to stay strong and clear-headed through this – and any - crisis. Colleges can build this fortitude through a variety of engagement techniques.

Recommendations

Students' mental health in post-16 FE can be improved if they know that the 'Time of the Pandemic' has not closed down their options. NCG Colleges support learners to be ambitious and confident that the future includes them, and that they can shape it, as we recognise the critical role that FE has in post-pandemic recovery.

Recommendation 1

Mental health and well-being should sit at the top of the FE agenda, with colleges having properly resourced, embedded support systems underpinning the quality of the student experience, including monitoring the impact of poor mental health on progression and attainment.

Recommendation 2

Qualifications across post-18 further education should be modularised, incorporate soft skills training which in turn includes mental health awareness, fitness and resilience.

Recommendation 3

Communities of Practice within Colleges and College Groups should bring best practice to supporting student mental health and fitness and contributing to robust policy, in the same way that Safeguarding Councils oversee issues relating to student safety, in policy and practice.

Anna Morrison, Amazing Apprenticeships

Protecting the Mental Health of Young and Adult Apprentices

Climbing the Agenda

Mental health has always been a topic high on the agenda for Amazing Apprenticeships – and the events of the past 10 months have brought it directly into the spotlight.

We spend hours every week talking with apprentices, training providers, employers, teachers, and parents. Through these discussions, the mental health crisis is both apparent and concerning.

Now more than ever, we see it as part of our responsibility to create space for open, judgement-free dialogue around mental health. As a result, we offer what support we can to all of our audiences and partners, including an extensive range of free wellbeing support webinars, workshops and resources.

Apprentices are in the unique position of endeavouring to combine both employment and study, while also learning to hurdle the challenges the pandemic has set for us all. We know from our research that an apprentice's concerns not only include those many of us currently share (financial hurdles, the loss of in-person support, social interaction, and concerns around passing the virus to loved ones) but also situation-specific worries.

We know that these concerns currently include (i) balancing work and study, while keeping both employer and training provider happy; (ii) managing 20% 'off the job training'; (iii) lack of access to digital devices and connectivity; (iv) whether training providers will survive the pandemic; (v) whether their employment will continue or employer will remain trading, and (vi) how tests, exams and assessments will be completed.

Mental Health Concerns

Amazing Apprenticeships' wellbeing survey, conducted in the summer, showed that 50% of respondents were particularly concerned about the mental health and wellbeing of their apprentices. In keeping with our findings, the most recent research by [The Prince's Trust](#), published January 2021, shows that one in four young people (26%) feel unable to cope with life and 50% said their mental health has worsened since the start of the pandemic. Post lockdown 1.0, [Mind](#) announced that over two thirds (68%) of young people in the UK felt their mental health had worsened. It does not take an expert to see, hear, and understand that mental health issues are even more of a concern than they have ever been.

Best Practice for Apprenticeship Employers and Providers

Many employers are now taking time to re-assess both on-programme support for existing apprentices, and onboarding procedures for new apprentices. We need to ensure that establishing best practice around mental health is a priority too.

We are seeing lots of large-scale mental health campaigns and resources from organisations including [Heads Together](#), [Mental Health Foundation](#), [Young Minds](#), [Remploy](#), [CALM](#), [The Samaritans](#) and [Mind](#), many of which are supported by celebrities, sports personalities and even the Royal Family. On a local level, there are many charities and smaller organisations who also offer support and guidance.

Clearer information is required to collate and identify the services available so that apprentices can be quickly and efficiently signposted in the most appropriate way. A common approach must be found so that all apprentices, no matter of the size of employer or location in the country, are given equal access to the support services that they need.

Priority should focus on addressing the need for in-person interaction. The lack of human interaction that the pandemic has forced on us is particularly telling when it comes to our young people. We must look to enable individuals to be able to access enhanced face-to-face support.

Peer-to-peer support systems will also be key. We must make space to facilitate opportunities for apprentices to share their experiences, techniques and best practice collectively, within a safe and supportive environment.

While addressing the immediate crisis takes precedence, it is also incredibly important to invest in prevention. Wellbeing and mental health training should become a key skillset for all of those who work with apprentices. Supporting wellbeing from the outset, identifying early signs of concern, creating opportunities for apprentices to share their experiences, and initiating mental health programmes will be key to protecting the future health of our apprentices post Covid-19.

Recommendations

Now is the time to ensure equality of access to high-quality support services, increase and prioritise on-programme wellbeing support and ensure that apprentices have their mental health and wellbeing needs met.

Recommendation 1

The education and skills sector should work with the mental health sector to deliver clearer signposting to mental health support services with equitable access for all apprentices of every age.

Recommendation 2

Enhanced face-to-face mental health support should be made available to apprentices with facilitated peer-to-peer opportunities.

Recommendation 3

We need extra investment to prevent mental health issues arising amongst apprentices, equipping those who support apprentices with skills to identify early signs and build programmes with wellbeing at their core.

Creating a Whole University Approach to Mental Health

Good Mental Health for Everyone

The Covid-19 pandemic is normalising conversations about mental health and wellbeing in mainstream media, politics, and in people's homes and workplaces. Previously, dialogue often focused on mental illness, but there has been a positive shift towards the maintenance and promotion of good mental health for everyone, as well as supporting those in need.

Universities have a huge opportunity to promote good mental health for students and staff as communities, employers, educational settings, accommodation and healthcare providers. Last year we published [Stepchange: mentally healthy universities](#) as a refreshed call to action for universities to see mental health as foundational to all aspects of university life, for all students and all staff. It provides senior leaders with a framework for a whole university approach to mental health including a [self-assessment tool \(pdf\)](#).

Transforming University Services

Since the Covid-19 pandemic began, university staff have been working at pace to transform support services to meet the challenges of the pandemic, moving counselling and advice online, building digital communities, developing new services to identify those in difficulty and to meet new needs. For many universities, mental health has never been discussed so widely across the institution as it has been during the pandemic.

Now that vaccination programmes are underway, we are beginning to see a path through the pandemic and reflect on the impact it has had on us as individuals, families, and communities. There is an opportunity to draw on this experience and shift our perceptions of mental health, wellbeing, and health more broadly. Places where we learn, live and work should be healthy settings, places that are supportive of, and enhance, our physical and mental health and wellbeing, including universities ([Healthy Universities](#)).

In practice, here are five key considerations for universities.

- Health promotion: encouraging healthy behaviours for all staff and students to improve wellbeing, such as physical activity, healthy eating and sleeping, and discouraging unhealthy behaviours such as abuse of alcohol and drugs.
- Healthy cultures: creating safe and open cultures that encourage inclusion and diversity and actively oppose bullying, harassment and marginalisation.
- Healthy environment: designing work, learning and living spaces that promote good mental health, encourage access to nature and reduce physical risks.

- **Healthy community:** working in partnership with students' unions and guilds to actively support the social integration of students, support academic achievement and retention, and reduce loneliness and improve wellbeing.

- **Visible leadership:** to bring about sustainable change it is essential that senior leaders actively encourage open and supportive conversations about mental health and wellbeing.

Support in Partnership

We must also remember that universities cannot support student mental health alone and should not be expected to do so. Partnership working is vital locally and nationally, with the health and care system as well as with accommodation providers, parents, schools, colleges, and employers. Students are part of a generation that are essential to post-Covid-19 recovery and must be a priority across government, with the NHS, public health bodies, the third and private sectors working with universities as key partners.

Recommendations

Universities UK is asking government to step up support for students. .

Recommendation 1

The government should provide additional funding for student support services in England which have seen demand double or even quadruple in some cases during the pandemic. The Scottish and Welsh governments have both provided or confirmed significant additional funding to universities over the past 12 months.

Recommendation 2

The Department for Health and Social Care, the Department for Education and NHS England should work closely with universities to transform NHS services to meet student needs including the creation of [Student-facing NHS mental health services](#). Students make up half of the young adult population but continue to experience variation in mental health provision and gaps in care despite the commitment to student mental health in the [NHS Long Term Plan](#).

Recommendation 3

Universities and their senior leaders must take this opportunity to prioritise creating healthy universities, leading by example to drive institutional wide culture change.

Supporting the Mental Health of Mature Higher Education Students

Assumed Resilience

Mature students in higher education are defined as those aged over 21. They are often portrayed as self-reliant, independent learners, who are naturally confident, motivated and well placed to draw on life experiences to problem-solve. However, as with any student, mature students are susceptible to a wide range of factors that will affect their mental health and impact on how they cope with the demands of higher education. This applies to all mature students irrespective of whether they are entering higher education for the first time or returning to enhance their studies and gain further qualifications.

Key Characteristics

Typically, mature students are more likely to: (i) be in full or part-time work while studying (part or full-time); (ii) have caring responsibilities, and may be supporting a range of dependents (children and/or adults of all ages), each with different support needs, leading to increased stress; (iii) be managing a disability or long-term health condition (including stress, anxiety, depression and other mental health conditions), which may have prevented them engaging with higher education earlier in life, or may be the reason they have now chosen to study, and (iv) be managing significant financial responsibilities that have a direct bearing on themselves and their dependents, with risk of disruption (e.g. unemployment) carrying additional stress.

All of the above can result in the mature student placing undue pressures on themselves due to a fear of failure, setting unrealistic and unsustainable targets, making them more susceptible to reconsidering their priorities and withdrawing from studies due to personal rather than academic reasons.

Juggling Competing Demands and Maintaining Motivation

Compared with their younger peers, mature students are more likely to be juggling a range of personal, life and work-related demands, that will be competing for their time and attention and draining resilience.

The most common challenge faced by mature students is juggling competing demands and maintaining motivation. The solution may be as simple as helping them organise their work-life-study balance, by setting realistic and sustainable goals that can be monitored and flexed in line with changing needs. Supporting mature students to establish “non-negotiables” with friends and family can help them retain a sense of control, while friends and family feel part of this new life, thereby avoiding resentment.

Sense of Belonging and Loneliness

Mature students are more likely to look to friends and family for support and community,

and although they can be very supportive, they can also act as a negative force, challenging what the mature student hopes to achieve, affecting their confidence, motivation, and causing self-doubt.

Mature students may struggle to feel a sense of belonging with younger peers, choosing to keep academic and social lives distinct; they may also express unease at no longer sharing the same interests as friends and family. This can cause a sense of disconnection, loneliness, isolation, and other insecurities.

Helping mature students realign their changing worlds can help prevent a growing sense of isolation and resentment by the student and their friends and family. Likewise, helping them understand how to employ their life experiences and transferrable skills to actively engage with their peers in their learning, can help address issues of self-exclusion. Creating opportunities that enable mature students to talk with each other, with staff and specialist services, and where appropriate with friends and family, can help boost confidence, motivation and resilience.

Creating a Mental Health and Wellbeing Support Structure

To help mature students manage their mental health, a holistic approach is needed, balancing the demands of studies, work, family and personal life needs, and providing practical and timely solutions that complement the student's personal circumstances. The support needs to be flexible, and readily accessible online, in person or on campus, signposting external specialist services as appropriate that address general life and mental health needs (e.g. Open University [Help Centre](#)).

Recommendations

As part of creating a mental health and wellbeing support structure The Open University proposes the following recommendations.

Recommendation 1

Higher education institutes should develop holistic and inclusive approaches to mental health that encompasses all students irrespective of age, mode or intensity of study, and can accommodate different personal needs and circumstances.

Recommendation 2

Providers of higher education should introduce mental health approaches that assist students to balance the needs of studies, work, and friends and family, and develop effective and sustainable coping strategies.

Recommendation 3

More specifically, mental health strategies for all higher education students must promote self-worth and confidence, by creating a sense of belonging and community through active and authentic conversations.

Grasping At The Root of the Student Mental Health Crisis

The Student Mental Health Crisis

Covid-19 has exacerbated the fundamental flaws in our education system that contribute to, and are complicit in, the student mental health crisis. At NUS, our research has found that over 50% of students say their mental health has deteriorated or been affected negatively by the pandemic, yet we often see Covid-19's impact on this crisis spoken about in isolation from its root causes. We know that with a collapsing job market, insufficient student finance and extortionate rents, 73% of students are concerned about how they will manage financially, and 9% have already needed to access food banks.

Financial Hardship

At a recent demonstration about the financial exploitation of students throughout Covid-19, there were placards that read "How many suicides does it take for [this university] to show some compassion?" Their message rings clear: the systems that are producing students' financial hardship are producing the student mental health crisis, too.

The impacts of this systemic brokenness have not fallen equally: marginalised students' hardship during this pandemic has a direct impact on these students' mental health. International students are navigating this unprecedented time with no recourse to public funds; parents and carers are juggling these responsibilities alongside the pandemic and their studies.

Marginalised Students

Many disabled students have had limited access to assistive technologies they need to access their education, and with lots of students residing in their non-term time accommodation, several LGBTQ+ students are navigating this time stuck in homophobic and/or transphobic home environments.

Working class students and students of colour are disproportionately in overcrowded households, often with no quiet space to learn; the latter are also doing so without access to culturally competent care. None of this is divisible from the student mental health crisis. The past year has further exemplified that students are not a homogenous group. Covid-19 has furthered pre-existing institutional racism, classism, ableism, homophobia and transphobia in our institutions and our medical services, mental health services are not exempt from this. Our institutions must take proactive steps to eradicate the active erasure of such marginalisation. Our students' lives depend on it.

Student Interests before Institutional Interests

Institutions must take proactive steps to centre students' lived experiences, not the interests of the institution. Covid-19 has demonstrated that services designed to support students'

wellbeing are not robust enough and not sufficiently integrated to fulfil their purpose and thus must be adjusted in the form of: better staffing, funding and communications. Students are individuals experiencing huge hardship, not customers. Recognising this would be a small step towards improvement. If people are serious about a whole institution approach to mental health, then let us look at issues of debt, affordability, housing insecurity and quality.

Recommendations

For decades, isolation, anxiety and poor material conditions have been adversely affecting the mental health of students which in turn has negative impact on learning. Covid-19 has made matters worse. Government and institutions need to recognise how the negative impact of isolation and anxiety on the mental health of students impacts on their capacity to engage in the ways that institutions demand.

Recommendation 1

We need to reverse the chronic underfunding of mental health services. NHS mental health services must be equipped to sustain communication with students and respond to their needs on a case-by-case basis.

Recommendation 2

Institutions must help students to navigate the mental health system more easily given its complexity and levels of bureaucracy. They must take a structural approach to culturally competent care and reflect on how their infrastructure can be adapted in order to equip services and staff with the resources they need to support the needs of all students, not just a few.

Recommendation 3

Institutions must grasp at the root of the student mental health crisis. This must include advocating for a systemic approach to fully funded, lifelong, accessible education, starting with:

- improving the accessibility and affordability of student housing, and bolstering student renters' rights,
- alleviating student debt and lobbying for the reintroduction of maintenance grants, and
- investing in student-led initiatives that seek to dismantle structural marginalisation.

Rebuilding Post-16 Education around Mental Fitness

Mental Fitness after lockdown

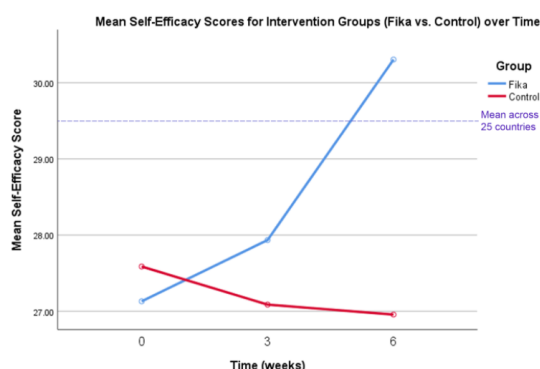
As the dust settles and we assess life after lockdown, we will need to equip today's learners with the skills they need to rebuild the economy, culture and society. Further education and post-16 education will play a vital role in this rebuilding - 'ensuring more people can gain the skills they need to get ahead' as the Skills Minister notes ([FE Week, 2020](#)).

We believe that building Mental Fitness and mental health literacy are crucial to supporting learners through challenging transitions, equipping them with the emotional resources they need to flourish in their studies and in the future. It is a 'skills' gap that we believe is as stark as the 9 million working-age adults presenting with low literacy or numeracy skills and the same number lacking basic digital skills ([Plan for an Adult Skills and Lifelong Learning Revolution, Education Committee](#)). It presents as much risk, if not more, to our individual and collective futures, and should be as central to any plans for education reform.

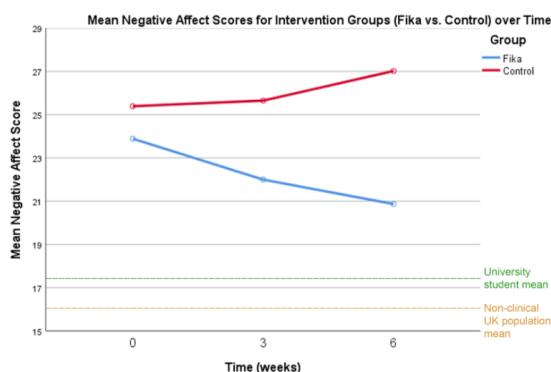
Mental Health Skills

Mental health education and mental health literacy are skills that often make or break careers as well as enabling academic success - yet training and supporting learners in confidence, positivity, focus, motivation, connection and the ability to manage stress are not a normal or systematic part of education. Our work with education partners over the past three years, including a [randomised control trial](#), demonstrates that mental fitness exercises deliver statistically significant uplifts in student self-efficacy, positive emotion and life satisfaction during the challenging six-week transition into university. Our approach was effective in reducing students' negative emotion, preventing the mental health decline which often occurs during transitions (see control group in graphs).

Self efficacy*



Negative emotion*



Sustainable Mental Fitness

Critically we would argue that mental fitness approaches like Fika's present a new, far more sustainable solution to the nation's mental health needs. As we have with the physical health spectrum, the reactive and crisis services need to be in place first: we must build hospitals before we build the gyms. Now that we have the crisis services in place at the bottom of the hill, isn't it time we looked uphill at prevention, and built the gyms to help our young people be future-fit?

The question we should ask is how can we scale mental health education, giving people the autonomy to build their own mental fitness and in doing so transform society and the economy? Training more nurses and recruiting more counsellors for campuses is not sustainable.

Technology and data science offer us the ability to create impact at scale, fast. When empowered with technology, the education system has not just the ability, but we believe the responsibility to collaborate more, to embrace rapid adoption, and to scale mental fitness skills development, setting ourselves the target of three years rather than 30 years for nationwide reach.

We will be conducting nationwide research to assess UK learners' average mental fitness literacy levels, and the implications for their (and our) collective futures. We will continue to roll out our 7 Skills of Mental Fitness Curriculum across the FE sector. And we will be calling for Mental Fitness skills development to be incorporated into government's plans for the future of education and lifelong learning.

Recommendations

Our vision for the next three years is for Mental Fitness to be embedded into education for all, with tech as an enabler.

Recommendation 1

The government should embed mental fitness into education. Ministers and policy should reframe solutions for mental health, from an area that involves reactive, health-based solutions, to a basic and universal educational requirement - embedding mental fitness into our education system.

Recommendation 2

The Department for Education should make mental health literacy and mental fitness skills universal across post-16 education.

Recommendation 3

The Department for Education and the education stakeholders should work together to embrace technology at rapid scale to embed mental health fitness across post-16 education.

Meeting the Mental Health Needs of Post-16 Staff

Staff and Students

When it comes to the question of mental health in post-16 education, much of the focus in recent months has understandably been on students' mental wellbeing – not least in light of the Covid-19 pandemic. With almost [three-fifths \(58%\) of students in higher education](#) reporting a decline in their mental health during the pandemic, and a shocking [94% of further education colleges having had students attempt suicide](#) within the past year, there is no doubt that urgent action is required.

Students are only half the equation, though. A similarly worrying picture is emerging about the state of mental wellbeing amongst post-16 education staff.

The Covid-19 crisis has greatly exacerbated many of the long-standing structural pressures which put a strain on the mental health of those working in post-16 education.

Problems of excessive workloads, precarious employment, managerialism, and a lack of commitment to inclusive working practices – all of which have been long-standing concerns for staff in colleges, universities and prisons – have become even more heightened during the crisis.

In a survey of over 10,000 UCU members conducted in December 2020, 85% of respondents reported feeling more stressed than they were before the pandemic. When asked about the factors negatively affecting their mental wellbeing in recent months, workload was the most cited reason, with four in five respondents (82%) saying increased workload had negatively impacted their mental wellbeing either a little or a lot.

Moving Mountains in Post-16 FE and HE

These findings reflect the fact that staff in post-16 education have moved mountains throughout the pandemic, rapidly adapting to new ways of working so students can continue learning during lockdown and self-isolation.

But the issue of excessive workloads is not a new one. UCU's 2016 [workload survey](#) found that staff in further and higher education work an average of two days a week unpaid. A [report by Liz Morrish](#) for the Higher Education Policy Institute (Hepi) pointed to spiralling rates of staff referrals to counselling and occupational health services, with workload cited as a key contributing factor.

The uncomfortable truth is that the marketised system of post-16 education relies on workload models designed to extract maximum value at the expense of staff wellbeing. These

models systematically fail to account for the many administrative tasks and wraparound support measures for students which take up huge swathes of staff time.

Addressing Work Overload

Meaningful improvements in staff mental health will therefore only be possible when the issue of work overload is properly addressed. This needs to include a shift away from the audit-heavy, managerial culture which currently dominates our institutions – encouraged by bureaucratic national initiatives like the Teaching Excellence Framework – and creates huge amounts of needless anxiety for staff.

Workload issues in further and higher education are also indivisible from the widespread reliance on precarious employment models. Thousands of staff in both colleges and universities are hourly paid or employed on a merry-go-round of fixed-term contracts.

Insecure Employment Contracts

[Staff on these insecure contracts](#) have highlighted how they struggle to plan for their futures; are denied access to the same facilities and support (e.g. IT and office space) as their permanently employed colleagues; are not paid sufficiently to allow for completion of all expected work; and find themselves unable to challenge damaging workplace cultures for fear of losing their employment.

It is perhaps little surprise, then, that a 2019 UCU survey of casualised staff in higher education showed that more than seven in ten (71%) of respondents reported that they believed their mental health had been damaged by working on insecure contracts.

Recommendations

There are three areas where urgent action is needed.

Recommendation 1

UCU calls for a holistic approach to improving mental health in post-16 education which includes staff and students across colleges, universities and prisons.

Recommendation 2

Colleges, universities and prisons must be fully inclusive environments for all post-16 staff. [From delays to securing reasonable adjustments](#) for disabled workers, to systemic racism frustrating [the career progression of black female academics](#), too often staff face avoidable obstacles to full engagement at work which cause unnecessary distress and anxiety, and exacerbate mental health problems.

Recommendation 3

The pandemic has placed additional pressures on our working and personal lives. If we really want to see improvements in mental health and wellbeing amongst post-16 staff, it's more important than ever that employers move beyond sticking plaster interventions and get to grips with these major structural causes of stress and anxiety amongst staff. Top of the agenda is addressing excessive workloads and ending insecure employment.

Elizabeth Taylor, ERSA and Richard Brooks, SETAS

Minimising the Mental Health Crisis through Job Creation and Employment

The Employability Sector

The Employment Related Services Association (ERSA) is the representative body for the employment support sector. Poor mental health is a significant and all-too-common barrier to finding employment. Our members see at first-hand the impact poor mental health has in preventing people accessing employment.

The employability sector encompasses a huge range of specialist providers delivering skills provision, wellbeing services, self-employment advice, offender and youth support, and employability programmes. They deliver services to people at every stage of their employability journey, from those ready and able to start work, to the hardest to reach learners and jobseekers. Spanning the private, voluntary and public sectors, this diversity sparks innovation and its strength should be recognised.

Upskilling, reskilling, digital accessibility, numeracy, literacy, and mental health interventions play a crucial part in equipping future jobseekers with the tools to progress. Now more than ever, people disengaged from the labour market need a positive focus; interventions to help them move forward in an uncertain time.

When getting people into work is far from straightforward or even possible, commissioners should not be driven by the holy grail of job starts. As thoughts turn to the Government's next large scale commissioning rounds, funding for mental health support and skills development in its many guises must be given its rightful focus. A 'rich tapestry of provision' is often quoted. Let's hope the market is appropriately funded in the future to deliver it.

Service Design for Unemployed People

The DWP's Plan for Jobs has an understandable emphasis on job creation. RESTART, which is currently open to bids, has a single, job outcome measure.

Mental health can deteriorate rapidly once a person is out of work, often overtaking other barriers a person faces in their employability.

Providers have a golden opportunity now to build robust provision into their bids. With RESTART offering a more generous package of funding per participant, working with people to build resilience and improve mental wellbeing is eminently achievable – and will pay dividends in achieving that sustained job outcome.

With up to 14 providers set to ultimately deliver RESTART contracts, mental health support within programmes will inevitably vary but we hope to see an improved emphasis on: mental health training for employability staff; social prescribing activity with local mental health

partners; and strengthened links with Jobcentre Plus to ensure participants are signposted to the most appropriate programme.

Support for the Working Population

Poor mental health is not the sole preserve of unemployed people: one in three of the UK workforce have been diagnosed with a mental health condition at some point in their lives. Normalising discussions about mental health in the workplace is an ongoing challenge. Whether you're a programme participant adjusting to returning to work, or one of the millions of workers juggling changes in working practices with the impact of the pandemic at home, times can be tough.

Support for Employability Professionals

Let's also count amongst those workers the thousands of employability professionals working harder and smarter than ever before. Massively increased workload, new delivery methods, and a client population with undoubtedly growing mental health concerns; they give it their all. In an industry which prides itself on the empathy and lived experiences of many of its professionals, it can be physically and emotionally draining work.

Current Provision

Recognising symptoms, knowing what help is available, and building the confidence to speak out in any workplace needn't be onerous or costly. MHFA England offers [resources](#), and the [Five Ways to Wellbeing](#) are simple, yet highly effective. The Access to Work mental health support service also offers free mental health support to employers and any of their employees. Employers should encourage emotional intelligence in the workplace – seemingly small interventions can make a huge difference.

Recommendations

Awareness, awareness, awareness – and the power of three should be the mantra.

Recommendation 1

Commissioners of employability provision should embed mental health awareness, support and training into future strategies. For some, it's a marathon not a sprint, and the sector should be shaped accordingly.

Recommendation 2

Providers should seize the opportunity to build mental health provision into their services and give appropriate training to staff. Getting participants jobs, and maintaining them, will depend on it.

Recommendation 3

Employers should embrace their duty to protect the mental health of employees. There's a firm business case for it too.

Changing 'Work for the Better' through a New Focus on Mental Health

Permanent Changes to the Way We Work

The past year has been a big challenge for everyone as Covid-19 threatened health and livelihoods. While lockdowns and social distancing are temporary, changes to where and how we work could be permanent. The most discussed change has been the huge expansion of flexible working, leading some to question whether this crisis will mark the end of offices as we knew them.

Isolation, home schooling, looking after vulnerable relatives, ill-health, bereavement, being placed on furlough and being made redundant are all issues that have affected workers' mental health and wellbeing. Mind found that 60% of adults and 68% of young people said their mental health worsened during the first lockdown. ONS figures show that by June 2020 the number of people experiencing some form of depression had nearly doubled from 10% to 19%.

Accelerating the Pace of Change

Many employers have responded to this unprecedented mental health challenge by stepping up support for their employees, developing, implementing and enhancing mental health and wellbeing strategies and action plans.

Mental health was rising up the corporate agenda anyway with a growing number of business leaders making it a priority in their organisations. The challenges of the last year have rapidly accelerated the pace of change and there can be no turning back.

Business Case

The business case for improving workplace health and wellbeing is watertight. Companies perform better when their staff are happier, healthier and more engaged and it also leads to increased productivity. Before the pandemic 1 in 4 people experienced poor mental health during their working lives and poor mental health alone cost UK businesses up to £99bn each year.

Vaccine rollout offers hope that life will begin to return to normal, but during that time businesses will continue to have a vital role to play in supporting the nation's mental health by supporting their workforce as best as they are able to.

Recommendations

In many ways 'normal' can't return quickly enough, but changing workplace conversations about mental health is one of the few new features of the last year that we'd all be better off

keeping. It is the step change in employer approaches to mental health that has the greatest potential to permanently change work for the better.

Recommendation 1

The first step in supporting your employees' mental health is to understand how they are feeling as well as the factors influencing their mental health response to the pandemic. This can be achieved by conducting regular company pulse surveys, or by working with employee groups to understand the most common factors impacting them.

Recommendation 2

Mental health has to be part of everyday conversations. Senior leaders can for example share their own stories and talk about the ways they are coping – it helps to make mental health a safe topic for employees at every level. Conversations about mental health can be included in team meetings and catch-ups. Line managers are key, so suitable training and support to help them spot signs of poor mental health and host good conversations about mental health and wellbeing is very important.

Recommendation 3

Mental health action plans can be useful tools to identify steps that help individuals and teams look after their mental health and wellbeing at work. If it is used at a team level then make sure it is kept in an accessible location and is reviewed regularly.

Organising to Reduce Workplace Stress

Workplace Stress

If you have an interest in mental health and the workplace, chances are you'll have heard the word 'resilience' thrown around. Resilience, we are told, allows us to harden ourselves to stress and anxiety. You may be familiar with employer-sponsored stress-busting initiatives like mindfulness, exercise or even pet therapy. While none of these activities is a problem per se, the overall approach is. Let me explain why.

'Resilience' strategies are usually an example of organisations failing to tackle the problem of stress at its root cause. Employers ignore that stress is often a result of work itself, requiring a change to work structures and activities, rather than a shift in individuals' behaviours and attitudes. The former requires time and resource, while the latter is a cheaper quick fix.

The problem is stress does not tend to occur randomly but is triggered. Our TUC research indicates that the biggest causes of stress at work are: (i) workload (74%); (ii) cuts in staff (53%); (iii) change at work (44%), and (iv) long hours (39%).

A Widespread Problem

More than [2 million](#) people have a work-related mental health problem, and [70%](#) of union reps report stress as a top safety concern at work.

Statistics from the [Health and Safety Executive](#) show that work-related stress, depression or anxiety accounts for 44% of work-related ill health and 54% of working days lost. What's more, many disabled workers have long-term mental health problems which are not work-related but can be exacerbated by working conditions. These overwhelming figures point to structural issues in the way we work – not just problems with workers and their lack of 'resilience'.

Training Workers how to Deal with Stress is Not the Answer

Too often, people see their workloads rise but not their pay; and the increasing rate of zero-hours contracts leaves many worried about where they'll get their next pay check.

By focussing on workers toughening up, these campaigns deflect attention from the real causes of stress. The truth is, bosses want us to shoulder the responsibility for protecting our mental health so that they don't have to.

It is not just trade unionists concerned by the narrative but also professionals in the field. Nick Pahl, CEO of the Society of Occupational Medicine says "It is not acceptable for staff to be required to be more 'resilient' - services such as occupational health need to be put in place who, with trade union representatives, can contribute to coordinated workplace health and wellbeing programmes."

Mental health as a Long-Term Disability

Some mental health concerns may not be triggered by working conditions, but rather are long-term illnesses considered a disability. Employers must consider reasonable adjustments for workers in these instances, ensuring adequate support is in place. Again – the responsibility is not on the worker to manage their condition, but on employers to ensure work does not create barriers to managing the condition. Campaigns that invite workers to 'talk' about mental health concerns are not enough. Not only does talk need to be matched with action, speaking out can put workers at risk of discrimination: something a strong union can guard against.

Recommendations

If we want to combat harmful work-related stress, we need to start by changing work, not ourselves. We need employers to invest in policies that monitor and enforce measures to tackle chronic work-related stress and support those experiencing it. Mental health and wellbeing is a collective concern – and just like pay and pensions, they are concerns we can organise around.

Recommendation 1

Mental health assessments should be part of every risk assessment: every workplace and worker could be exposed to dangerous levels of stress. Stress risk assessments – which could look at factors such as workload, targets and hours - are something trade unions can request and campaign for at a workplace level. Employers have a legal duty to remove or reduce stress levels and carry out risk assessments, and so trade unionists have leverage in demanding change.

Recommendation 2

Employers should be encouraged to implement the HSE's stress management standards, which has proved to reduce stress levels in workplaces.

Union reps can make use of the TUC and HSE's joint [guide to managing stress](#), as well as numerous resources from [Hazards magazine](#).

Recommendation 3

Trade unions should organise in the workplace to bargain for better mental health provision, utilising a brand new organising course for union reps developed by the TUC Education Team to be launched later in 2021.

Preventing a Mental Health Crisis through 'More Jobs' and 'Better Quality Jobs'

A Health Crisis, a Jobs Crisis... a Mental Health Crisis?

What a difference a year can make! The start of 2020 saw employment at a record high and rising, while youth unemployment continued to fall. Just 12 months later, [the scale of the economic fallout of the pandemic](#) is becoming increasingly clear: employment is falling and unemployment is rising, the claimant count has more than doubled since March 2020, and young people have been particularly hard hit, with 200,000 fewer 16–24-year-olds in work than a year ago. As the Chancellor expressed during his recent Spending Review "Our health emergency is not yet over. And our economic emergency has only just begun."

But there is a risk too that this economic emergency, could lead to a further crisis – in mental health. More than 1.7m people are now unemployed, with many more on furlough or in precarious work; and estimates from Learning and Work Institute suggest that [long-term unemployment could hit 1.6 million in 2021-22](#) – a 600% increase and the highest since 1994.

The impact of unemployment on mental health is understandable; becoming unemployed can reduce living standards, create insecurity and anxiety about future income, and result in a loss of self-esteem and social contact. Given the strength of evidence on the link between the two, this risk must be taken seriously.

Mental health and Unemployment – a Complex Relationship

Of course, the nature of the relationship between mental health and unemployment is a complex one. We know that people with mental health problems are more likely than others to be unemployed. Evidence also shows that becoming unemployed has a negative impact on mental health, and that mental health problems in turn can make it more difficult to find a new job. All this suggests that tackling the mental health crisis will need to go hand in hand with our efforts to tackle the employment crisis.

What Role for Lifelong Learning?

So how can lifelong learning help unemployed adults and young people with mental health problems. There are potentially three ways in which it can make a difference:

Firstly, lifelong learning can provide a route into work and a progression pathway to better work. Those with fewer qualifications are more likely to be unemployed and less able to find new work. Lifelong learning can equip young people and adults with the skills, knowledge and qualifications that can help find a job and progress in the workplace.

Secondly, lifelong learning can help improve health behaviours and support better management of mental health. People with more education have been [shown](#) to have a greater understanding of health conditions, better knowledge of the available treatments

and more skills to manage their health. Taking part in learning as an adult has been shown to result in fewer visits to the GP and better decision making about healthcare. In turn, this is likely to increase the likelihood of unemployed young people and adults being able to find and take up new work.

And thirdly, lifelong learning can improve mental health and general well-being. Lifelong learners frequently report improvements in confidence, self-esteem, social connection and life satisfaction. In a [recent study of adult learners with mental health problems](#), three-quarters identified that engaging in learning had resulted in positive changes in their mental health.

Any Job will Not Do!

But it is also important to note that while good work supports good mental health, the theory that 'any job is better than no job' is not necessarily true when it comes to our health and well-being. As the [2010 Marmot Review](#) recognised, if we want to reduce health inequalities, then "jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health."

Recommendations

Preventing a mental health crisis amongst the working age population will require a comprehensive job creation, lifelong learning and quality of work response.

Recommendation 1

While unemployment is linked with poor mental health, so is poor quality work. As we rebuild our economy, we need to ensure that everyone has access to good work with opportunities to develop and progress.

Recommendation 2

Lifelong learning can provide young people and adults with opportunities to develop skills and gain qualifications to help them progress out of poor quality, low paid work – thereby improving their mental health.

Recommendation 3

Lifelong learning also has a direct impact on people's well-being, building their confidence, connecting them with others and equipping them with the tools, strategies and resilience to manage, and improve their mental health.

Tackling the Mental Health Crisis through Adult Learning

Meeting the Mental Health Needs of Adult Learners

The WEA is a national adult education charity committed to removing barriers to learning so that individuals can improve their own life chances and have a positive impact within their communities. Students sign up to WEA courses for a wide variety of reasons, including for some as a means of alleviating symptoms of mental ill-health.

As a provider we have a duty of care and we work to have proper safeguards in place for all our students. We work to make sure that having a mental health condition does not become a barrier to full participation. At the same time, we are realistic about our place in the wider picture of a student's life.

A student may see their WEA course as very important to them but we must never assume that we are the front line of their approach to managing their condition. This is why it is important that learning providers work in partnership with mental health charities and health professionals so that the wider needs of the adult learner can be met.

Adult Learning as a Solution to the Mental Health Crisis

We should also recognise – and be recognised for – the positive health benefits of adult learning but we must not oversell them.

The evidence base for the positive benefits of adult learning is strong, but there is always scope for more. The Department for Education's Community Learning Mental Health Research Findings ([DFE, 2018](#)) contains some of the best evidence for the ways in which adult learning can bring improvements. They also show how difficult it is to pin down precisely how adult learning makes its impact or where other factors outside the learning environment are the decisive element. This is why collecting data and testimony from our students is so vital.

The WEA has just published its Annual Impact Report. Nearly three quarters of WEA adult students reporting they had a mental health problem claimed participating in adult learning had helped them manage their condition.

Perhaps the most compelling statistic in the WEA Impact Report is that our students visit their GP far less frequently than the national average. We believe, therefore, that there is scope to develop preventative interventions based around learning programmes.

Nonetheless, we need to place the overall findings in context. They are self-reported and they describe broad terms – such as stress – which are not the same as specific definitions of mental health conditions. And so, they tell a powerful story of how a large number of adult students find learning makes them feel better and helps them take control of their lives – which is something we should celebrate and promote. We will require more evidence to

make the strongest possible case to convince Whitehall that adult learning is a key part of tackling the nation's growing mental health challenges.

General Findings

- 94% of WEA students said their course helped to keep their minds active
- 38% of students reported that the courses helped them to reduce stress
- 32% claimed that WEA courses helped with their mental health issues

Adult Students Reporting Mental Health Issues

- 74% claimed the courses helped them with their condition
- 60% managed stress better
- 61% of students with learning disabilities felt the course helped them with their mental health issues
- 52% of students with physical health conditions managed stress better

Survey of 5,000 WEA Students - Impact Report, WEA, January 2021

Wider Outcomes than Jobs for Adult Learning

The new Skills White Paper speaks of developing a post-18 funding framework based on employment outcomes. We believe the health and wellbeing outcomes that adult and community learning can bring should be included alongside employment outcomes. Adult and community learning providers have decades of experience and evidence to support the use of a broader definition of outcomes.

Adult Learning as Part of Recovering Our Nation's Health

The pandemic has affected the nation's physical and mental health in ways which will take years to be fully revealed and resolved. We will need all the most effective approaches to improving health we can muster and surely adult education must be a part of that.

Recommendations

WEA proposes three recommendations to tackle the mental health and covid-19 crisis through adult learning.

Recommendation 1

We encourage GPs and the network of Social Prescribing Link Workers to partner with adult and community learning providers to pilot and evaluate referral programmes starting in a few areas of the country.

Recommendation 2

To assist the growing network of Link Workers, we would also like to see a national directory of social prescribing options – including adult education courses – to make it easier to refer patients to local services which meet their needs.

Recommendation 3

Most crucially, adult learning should be positioned by the government and Whitehall as an integral part of our nation's mental and physical health recovery after the Covid-19 pandemic.



www.campaignforlearning.org.uk

The Campaign for Learning works for social and economic inclusion through learning. The Campaign is a specialist in engaging people in learning. We work with partners to research, design and deliver innovative programmes and approaches that support people wherever they are to access life-changing learning opportunities.