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Kate Birch

Mental Health in Colleges

I am the Healthy College Co ordinator for the Kirklees Healthy College Standard (KHCS) and has received funding for the past 2 years from local Child & Adolescent Mental Health Service (CAMHS). I have been working on the KHCS locally and nationally and as part of my remit have carried out research into the mental health needs of students in 4 colleges in Kirklees. This has resulted in the setting up of the Kirklees Colleges Mental Health task group whose current work is 'Care pathways for students experiencing mental health difficulties in colleges'. The aim is to forge links and partnership working with mental health services and will also include preventative work through promoting emotional health and wellbeing.

My research involved interviews and focus groups with learners, health professionals and Student Service Managers. Three different perspectives emerged on the mental health and emotional wellbeing of learners and staff in

colleges.

Mental Health Services

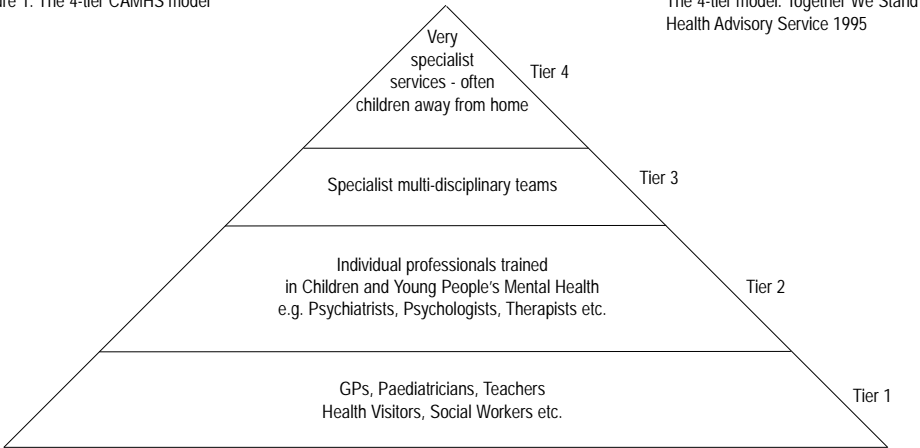
Mental Health Service provision for young people is complicated by the fact in some parts of the country services up to the 18th birthday are provided by the Child & Adolescent Mental Health Service (CAMHS) and after this by the Adult Mental Health Service. An alternative 16-25 model is also in operation in some areas.

The 4-tier CAMHS model is shown in Figure 1. The model puts the largest number of clients at the bottom with less severe problems and fewer at the top (Tier 4) requiring specialist care as with anorexia.

The CAMHS model is an interesting one for colleges because although teachers are included in Tier 1 many will not be aware that they are considered to be part of the mental health services!

A positive move has been the creation of teams of Primary Mental Health Workers (PMHW) who are developing links with Tier 1 and 2 to improve access to services.

Figure 1. The 4-tier CAMHS model



Some colleges may well have already established good working relationships with PMHWs.

The perspective from mental health service professionals is that changes in society and a target driven education system has resulted in an increase in mental health problems in young people. Particular difficulties which were highlighted were the increasing workload, some of which was related to inappropriate referrals. Waiting lists of several months being the norm. They also considered that there was an underestimate of the number of young people with problems in Tier 1. Transition from CAMHS to adult services was seen as difficult and was not considered to be as well managed as it might be.

Early intervention in psychosis which increases from age 17 upwards has been demonstrated to be highly effective, however recognition and support may not always be available.

'I'm too young to feel this stressed'

comment from student

Learners in colleges expressed a range of views about areas they found difficult. Poor communication between students and staff was seen as a source of problems. Colleges were not always seen to manage problem situations in the best way and learners at times felt excluded and without a voice in connection with what happened on their course. Transition to college and college life itself were both cited as causes of stress. However a number also saw a stigma in getting help with difficulties. Mature students had further burdens as they tried to balance family life and demands of college courses. The support from a personal tutor was seen as extremely helpful in many instances.

Other areas which were raised were the need to feel safe in the college environment and fostering of mutual respect between learners. Learners felt that health information & services should be accessible to all within colleges.

The point was made that young people often have many pressures outside college and some just don't want to be there!

'We're working blind!'

comment from Student Service Manager

Colleges saw themselves as working hard to support learners, paying for and delivering support but without effective partnerships with health. College services are often 'keeping students going' till they access mainstream services but real concerns were raised about what happened to them after college or during the holidays. It was felt there was a lack of information about mental health generally and what services are available out of college and how to signpost or refer students to them. Concerns were also expressed about the lack of information about some learners and the inappropriateness of some of the courses they were enrolled on.

Poor attendance was seen as an important indicator of problems of some kind and it was felt that a successful outcome does not always mean staying at college. The nature of some courses generate particular challenges for staff wellbeing and morale.

Unfortunately some parents may not support colleges and this adds to their burden. Some staff do not see counselling positively which impacts on the likelihood of learners getting help. Ultimately it was felt that successful support must be 'young person friendly' and what they wanted, rather than what was inflicted on them.

Possible Solutions

- Collaborative working health-education
- Information campaign-challenge stigma, OK to get help
- Training for college staff
- Direct referral by colleges to CAMHS/AMHS/GP
- 16-25 services established
- Mental health helpline for colleges to contact
- College mental health liaison worker
- Health College approach using preventative work on emotional health & wellbeing
- Colleges included in local/national health strategies