Thriving
Learners

Realising student potential
and wellbeing in Scotland

Thriving Learners:
Initial findings from Scottish colleges (2022)

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Registered Charity No. 801130 (England), SC039714 (Scotland). Company Registration No. 2350846.

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Acknowledgements

First and foremost, we would like to thank all of the students who took the time to engage with the study and gave us their valuable insights into their collective mental health. We would also like to thank all the wider stakeholders who contributed to the qualitative interviews in such an honest and open way. Furthermore, this work would not have been possible without the assistance of staff in colleges across Scotland.

In addition, the authors would like to thank the following:

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Suggested citation:

Maguire, C., Cameron, J., Cherman, V & Solomon, S. (2022). College Thriving Learners, The Mental Health Foundation.

Forewords

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

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

So, what can be done? We recognise we are living in incredibly challenging times with the pandemic continuing to have a lasting impact and the cost-of-living crisis causing extreme hardship. However, to attribute these findings solely to these factors would be a further injustice. Instead, we must use this evidence as an opportunity to stop, reflect and do things differently. Our recommendations provide a clear way forward and require commitment, innovation and working together. This means stronger partnerships across the sector, with national and local government, funding bodies, third sector organisations and the NHS. But most importantly with students themselves. Only by working together can we change the course of student mental health, harness the full potential of further education establishments, and contribute more broadly to a fairer Scottish society.

Lee Knifton
Director for Scotland & Northern Ireland,
Mental Health Foundation

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

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

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

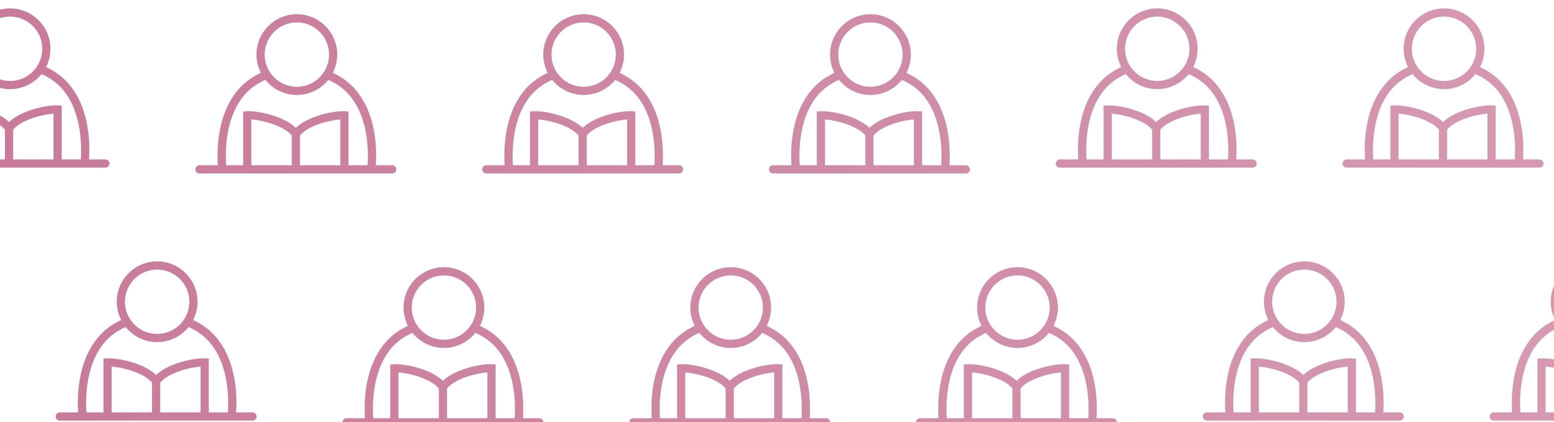
We will use this information to press for more effective and targeted support from the Scottish Funding Council and the Scottish Government, while also looking at what additional steps we can take to protect our students, including building stronger partnerships with NHS mental health services and third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

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

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

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

Jon Vincent
Principal and Chief Executive of Glasgow Clyde College



Study aim

Aim

The main aim of the Thriving Learners study is to improve understanding of the mental health and wellbeing of Scottish students. This will lead to recommendations on prevention, early intervention and support of students' mental health and wellbeing within colleges and universities. This is the first time an in-depth and wide-reaching study has been undertaken within the Scottish context.

The specific objectives of the study are to:

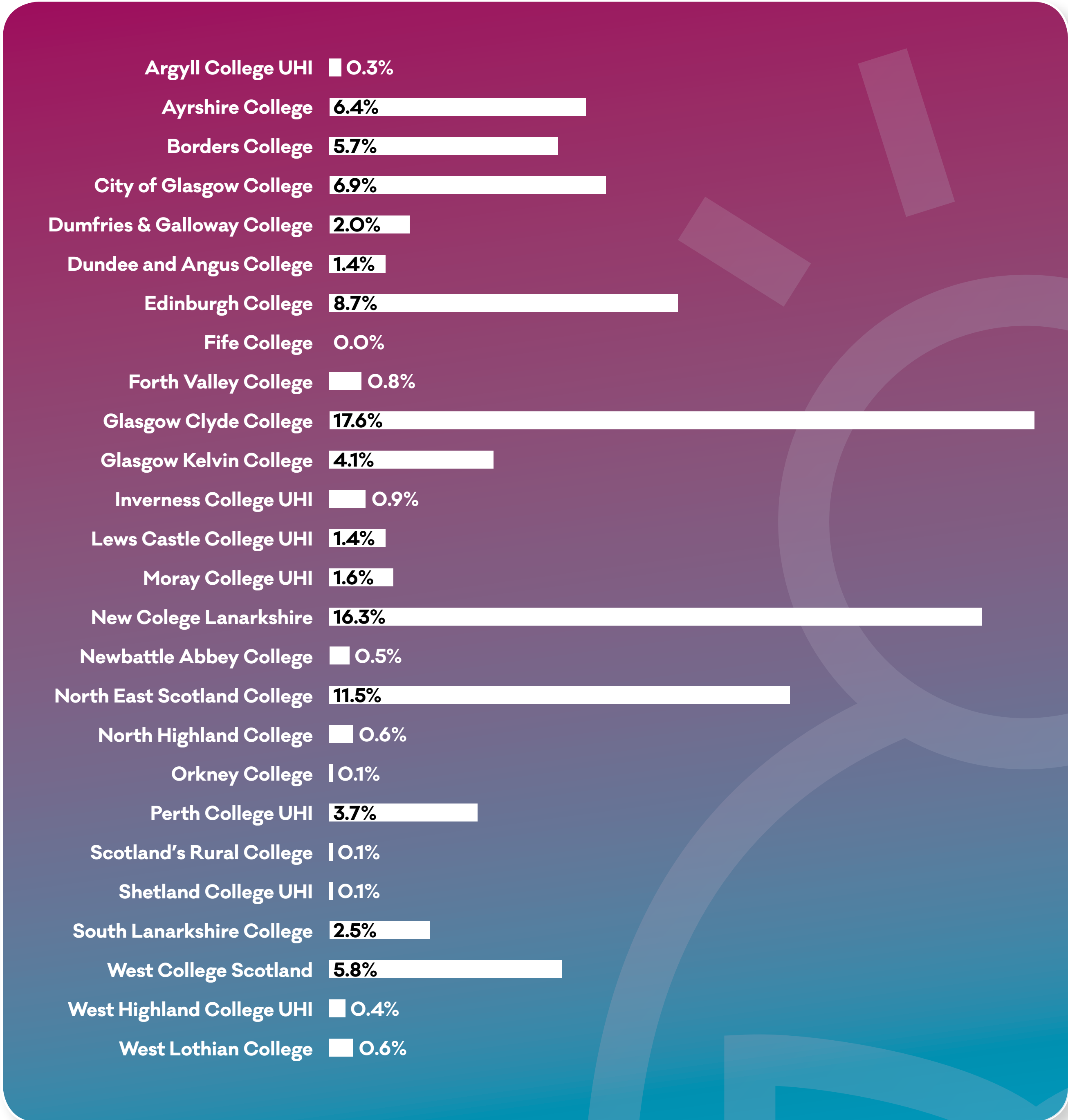
1. Investigate the current state of student mental health and wellbeing in Scotland.
2. Explore the landscape of provision within each institution including networks, collaborations and gaps between institution supports, local NHS services and community services and networks.
3. Explore the relationship between a range of risk and protective factors on learners' mental health and wellbeing and experiences of support. These will include adverse childhood experiences and other life experiences, quality of relationships and social connections, and individual health behaviours.
4. Understand what supports and protects the mental health and wellbeing of learners in relation to personal networks, membership of groups and societies and availability/access to specific mental health services.
5. Identify evidence of what works/emerging positive practice to prevent mental health problems and promote wellbeing among learners.

This large-scale study is being conducted in two phases. This second phase explored student mental health and wellbeing within Colleges in Scotland. Phase one explored student mental health and wellbeing within Higher Education Institutes (HEI) in Scotland in the academic year 20/21. This report is focused solely on the findings from Colleges in Scotland. Findings from Phase one, with a focus on HEI, can be found at https://www.mentalhealth.org.uk/our-work/research/thriving-learners

This work has been funded by The Robertson Trust and conducted in partnership with Colleges Scotland.

Demographics

Colleges

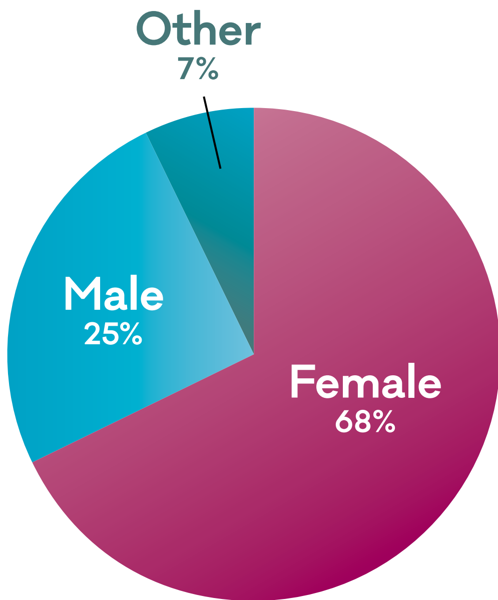


Graph 1.

Age profile

Graph 2.

Gender profile



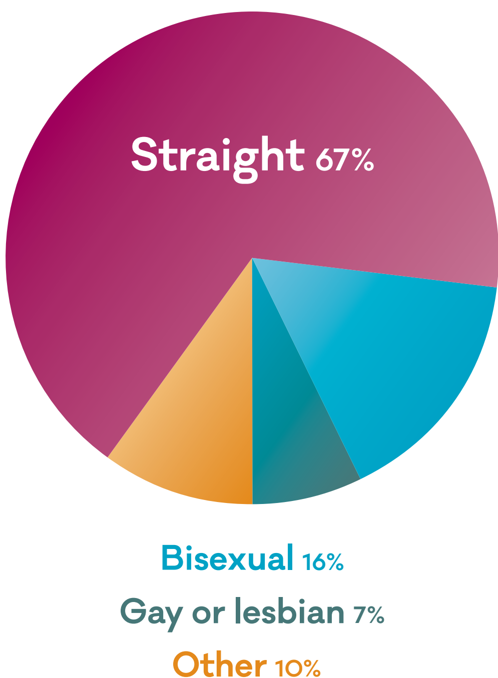
Graph 3.

Transgender identification

5% of respondents identified as being transgender.

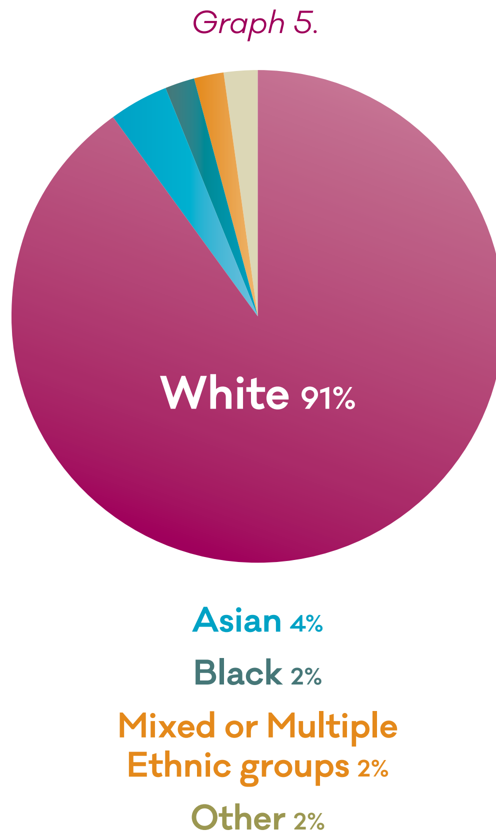
Sexual orientation

Graph 4.



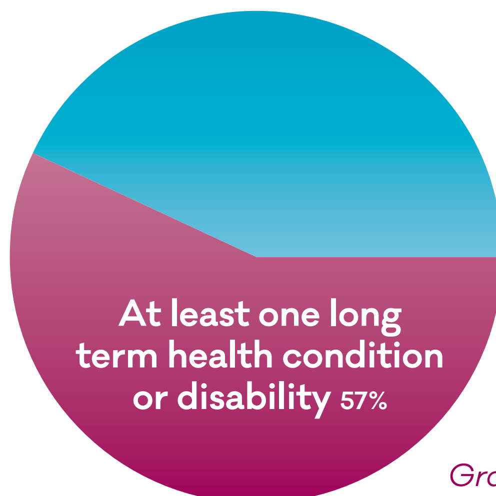
Ethinicity

Graph 5.



Disability

The largest identified disability or long-term health condition was 'Mental health difficulties' with over a third (36%) of respondents identifying with it. The next largest category with nearly 1 in 5 (17%) was a learning difficulty.



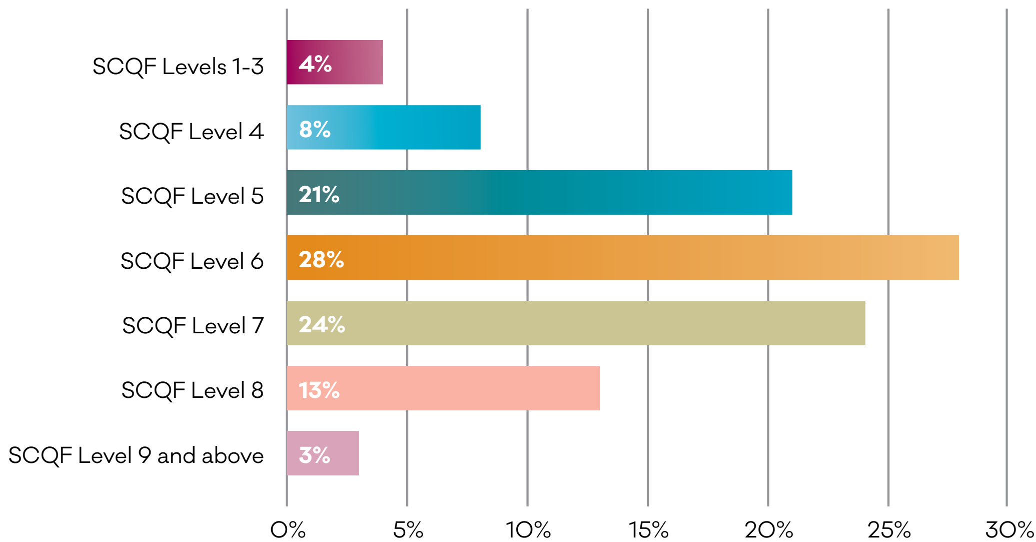
Graph 6.

Full-time or part-time student

88% were full-time students and the remaining 12% were part-time.

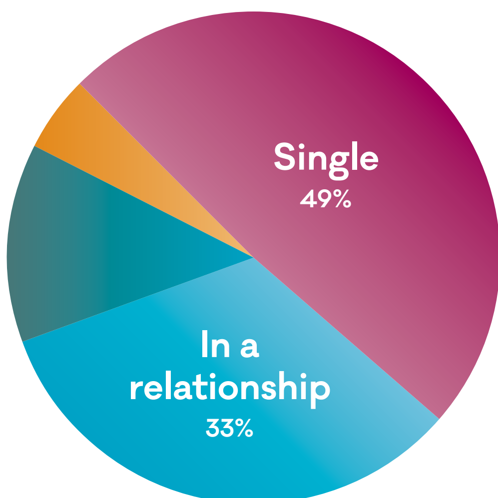
SCQF level

Graph 7.



Relationship status

Graph 8.

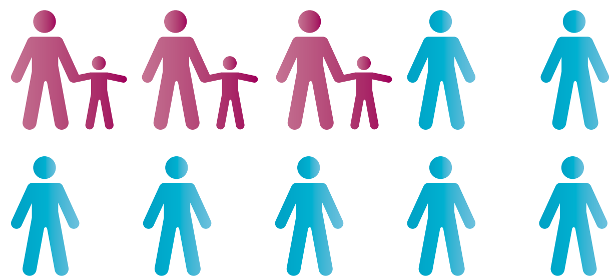


Married or in a civil partnership 12%

Other 5%

Children

Graph 9.



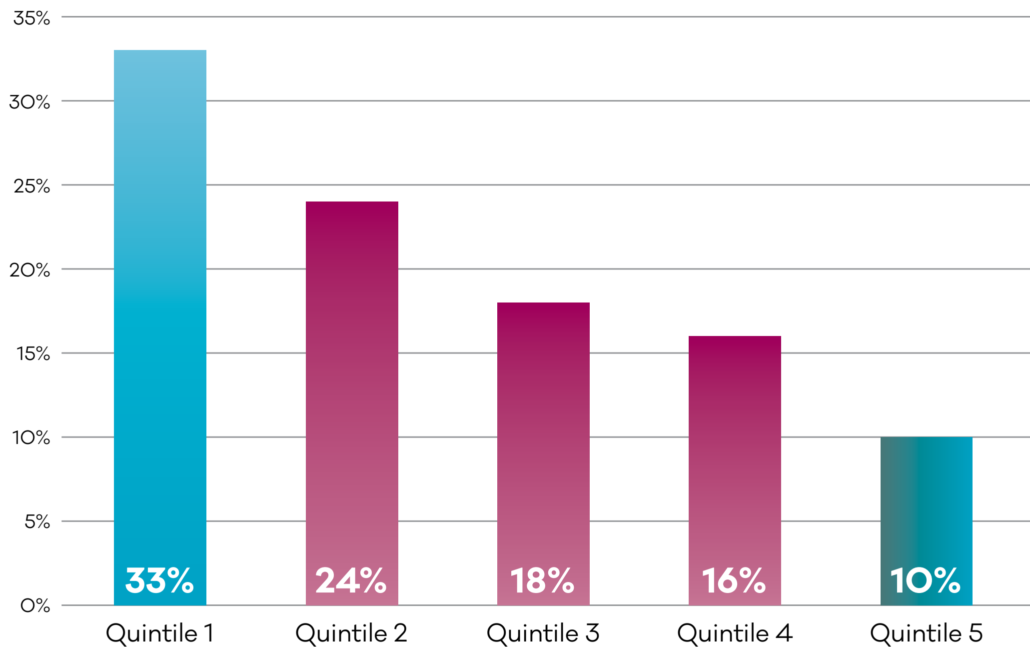
Nearly 3 in 10 (27%) of respondents had children

Refugee or asylum seeker

2% of respondents were refugees or asylum seekers.

SIMD

Graph 10. **SIMD profile**

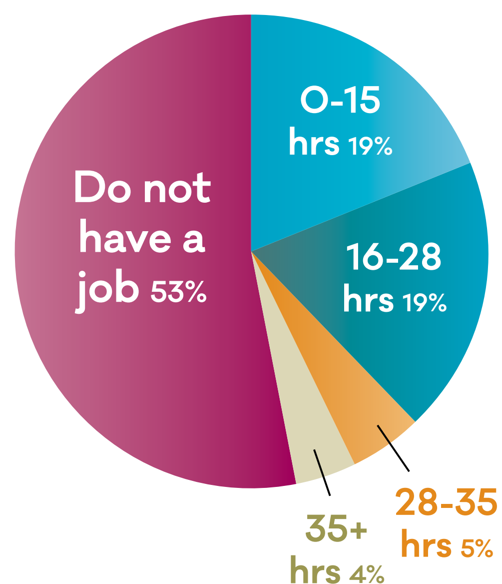


Employment

The majority (53%) of respondents did not have a job. The remaining 47% did have a job. Of those who did have a job they worked the following hours:

- 19% worked 0-15 hours
- 19% worked 16-28 hours
- 5% worked 28-35 hours
- 4% worked 35+ hours

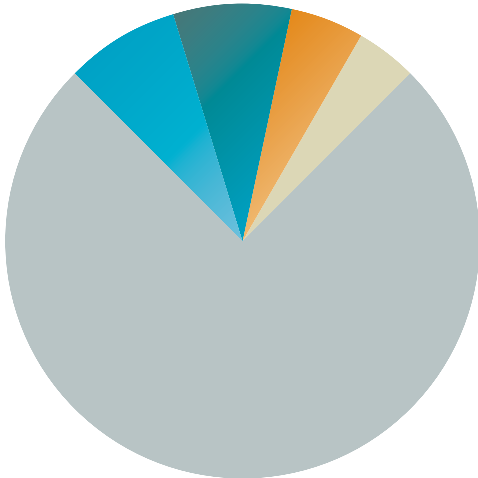
Graph 11.



Care giving

Graph 12.

Unpaid caregiving responsibilities (25%)



1-4 hours per week 8%

5-19 hours per week 8%

50+ hours per week 4%

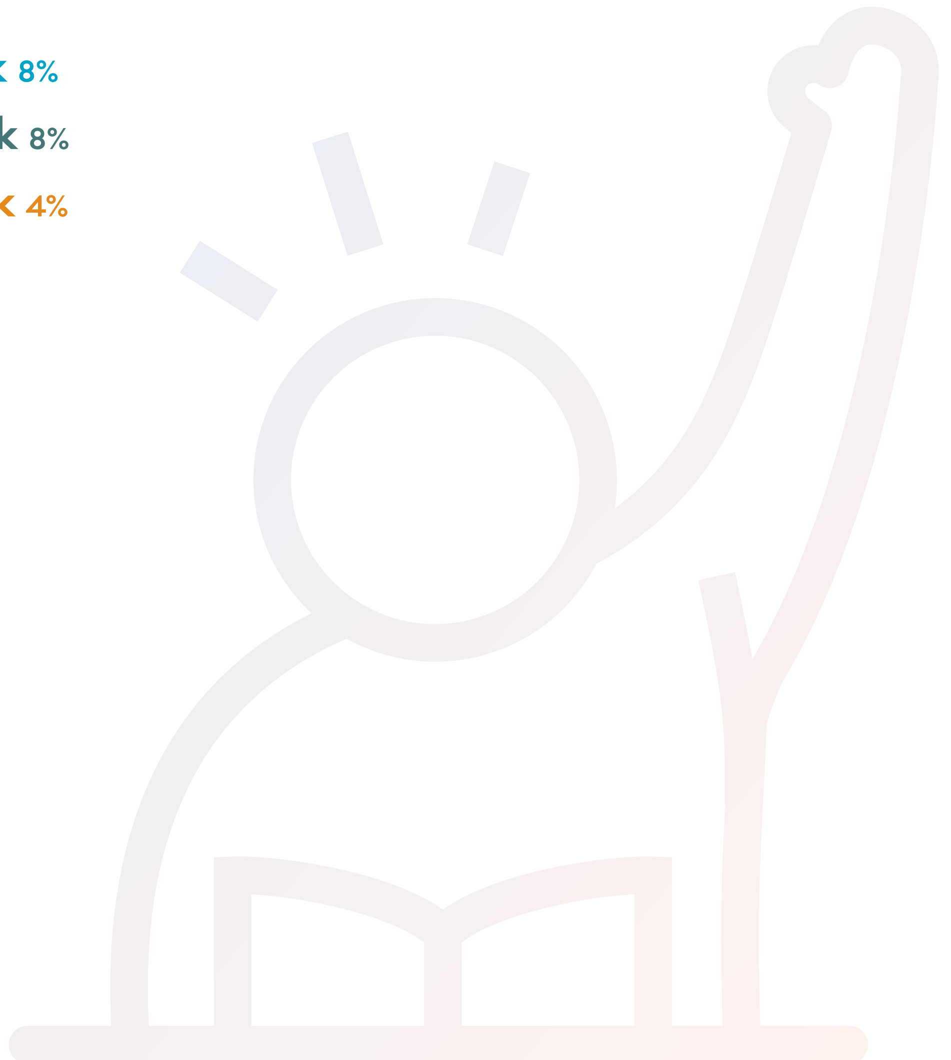
Other 5%

Care experienced

Over one in 10 (11%) of respondents were care experienced, a further 2% were not sure if they were care experienced and 1% preferred not to say. The remaining respondents were not care experienced.

Estranged students

Just under 1 in 10 (8%) of respondents were estranged students, a further 8% were not sure if they were estranged and 1% preferred not to say. The remaining respondents were not estranged students.



Health and wellbeing

Health and wellbeing

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

The box below provides some context to national data sources, where available and comparable. Additional information can be found in the Appendices. Where comparisons are made between student groups, it is between the group mentioned and their direct counterpart (i.e. estranged students and non-estranged students).

Context:

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

The Scottish Health Survey uses the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to measure wellbeing at national level for Scotland. WEMWBS is scored from 14-70 with a higher score generally indicative of better wellbeing.

In the most recent published figures (from 2021) the national mean score for wellbeing was 48.6, which sits in the Moderate level. This was lower for women (48.3) than it was for men (49.0). The means for younger age groups, 16-24 (47.7) and 25-34 (46.0), were notably lower than the national mean.

General Health

The Scottish Health Survey (2021) reported that 75% of adults described their health as "good" or "very good". More men (77%) reported "good" or "very good" health than women (73%). Younger age groups were higher than the national average, with 90% of those aged 16-24 and 84% of those aged 25-34, describing their health as "good" or "very good".

Key findings

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

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

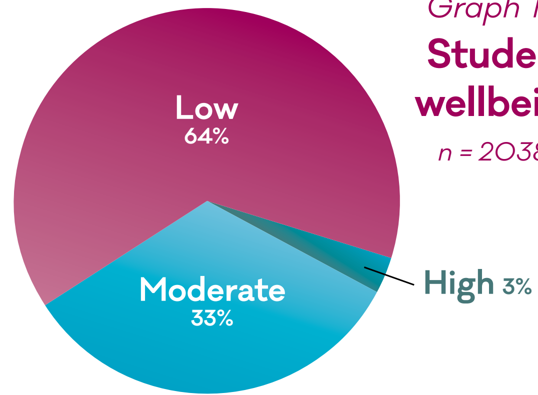
- Students who identified as transgender had noticeably lower wellbeing and general health than students who did not identify as transgender.
- Students who identified as being 'other' gender also had noticeably lower rates of wellbeing than both females and males, respectively.

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

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

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Nearly two-thirds (64%) of students reported Low wellbeing, a further third (33%) Moderate and 3% High wellbeing.

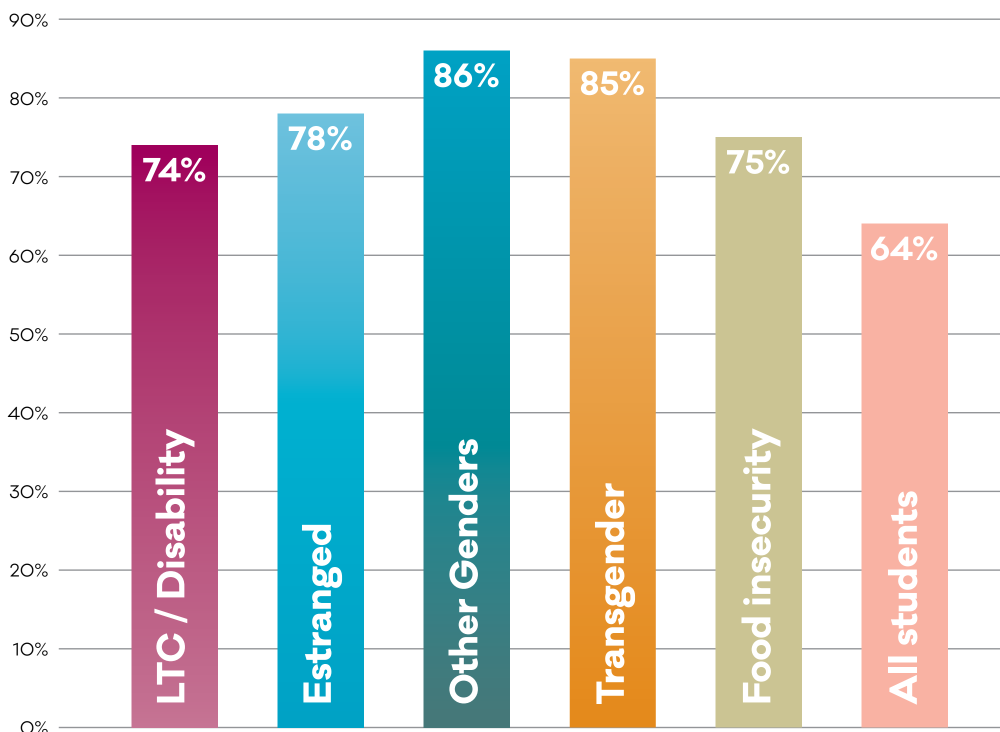


Graph 13. **Student wellbeing** *n = 2038*

We also found that the following groups reported lower wellbeing:

- College students who identified as having either a long-term health condition or disability (74% v 50%)
- Estranged students (78% v 60%)
- 'Other' genders[1] (86% v females 65% v males 53%)
- Students who identified as transgender (85% v 62%)
- Students who had experienced any type of food insecurity (75% v 57%)

Graph 14. **Low Wellbeing** *n = 2038*



1. The other genders and transgender categories are from separate questions. There will be some crossover in these categories but they are statistically distinct from each other.

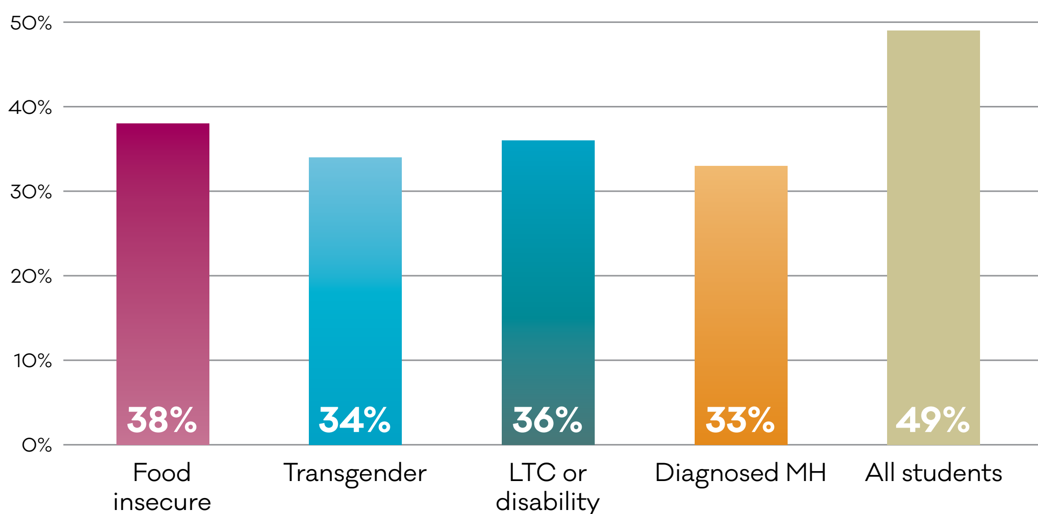
General health of students

Nearly half (49%) of students reported their health was (net) Good and over, 1 in 10 (12%) that their health was (net) Bad. A further 39% reported their health was Fair.

We also found that the following groups reported lower levels of good general health:

- Students who had experienced any type of food insecurity (39% v 55%)
- Transgender students (35% v 51%)
- Students who identified as having either a long-term health condition or disability (36% v 67%)
- Students with a current mental health diagnosis (33% v 62%).

Graph 15. **(Net) Good general health** n = 2082



Life experiences

Life experiences

This section reports on the questions the survey asked concerning life experiences.

Respondents were asked to complete the Adverse Childhood Experiences (ACEs) questionnaire as well as questions about bullying and food insecurity. This section provides some context to national data sources, where available and comparable.

Additional information can be found in the Appendices. Where comparisons are made between student groups, it is between the group mentioned and their direct counterpart (i.e. estranged students and non-estranged students).

Context:

- 15% of adults in Scotland reported having experienced four or more ACEs which is the first national figure for Scotland (Scottish Health Survey, 2019).
- At present there are no national reported figures for bullying within the college sector in Scotland.
- The Annual Bullying Survey (Ditch the Label, 2020) reported that 25% of 12-18 year olds in the UK had experienced bullying in the previous 12 months. 63% of them said that this had a moderate to extreme impact on their mental health.
- In Northern Ireland, 16.8% of 11–19-year-olds had experienced 'traditional' bullying and 14.9% experienced cyberbullying. Rates of 'traditional' bullying were higher for males than females (20.7% v 13.0%) and rates of cyberbullying were higher for females than males (17.9% v 11.9%) .
- The Scottish Health Survey (2021) reported that 9% of Scottish adults were worried about running out of food in the previous 12 months.

Key findings

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

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

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

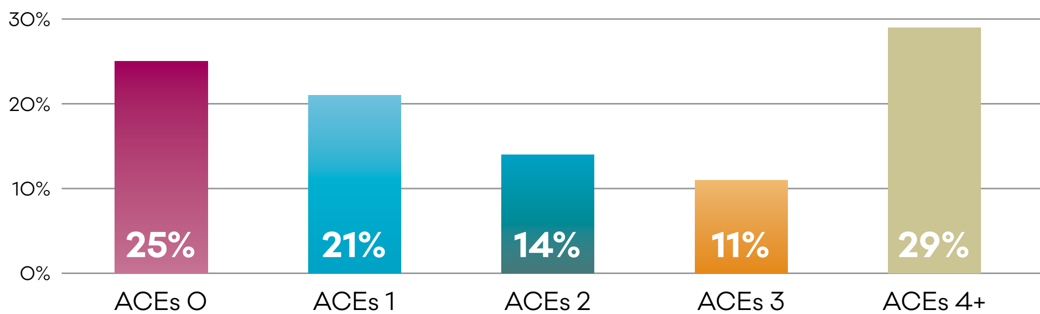
Some of the standalone groups who had worse outcomes than their respective counterparts were:

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

Adverse Childhood Experiences

Three-quarters (75%) of respondents had experienced at least one adverse childhood experience. Nearly 3 in 10 (29%) of students reported having experienced four or more ACEs.

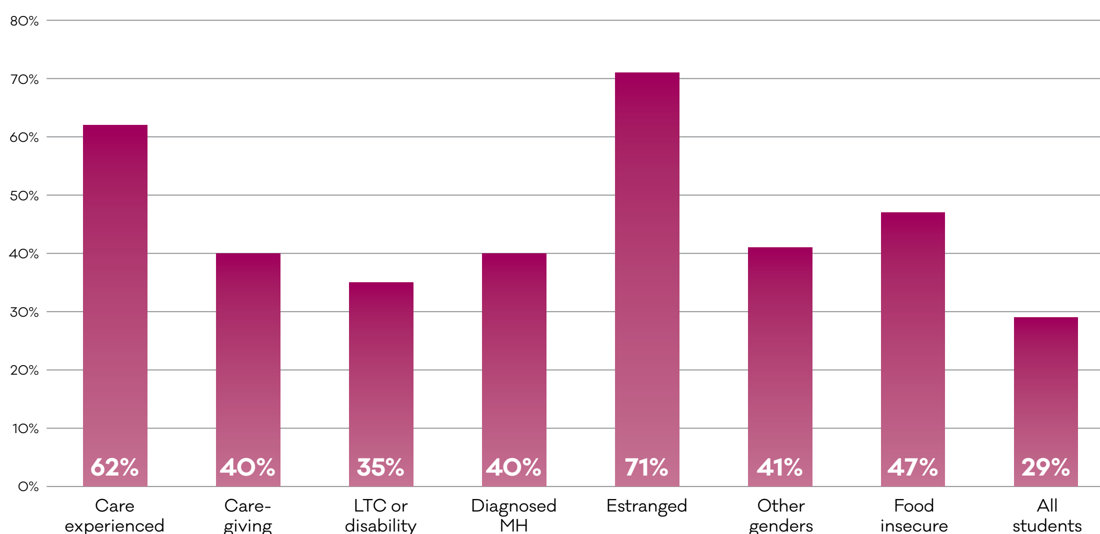
Graph 16. **Experience of adverse experiences** *n = 2031*



The following groups had experienced more adverse childhood events:

- Students who were care-experienced (62% v 25%)
- Students who had care-giving responsibilities (40% v 23%)
- Students who had a long-term health condition or disability (35% v 22%)
- Students who had a diagnosed mental health problem (40% v 21%)
- Estranged students (71% v 24%)
- Other genders (41% v females [31%] and males [21%])
- Students who had experienced any form of food insecurity (47% v 19%).

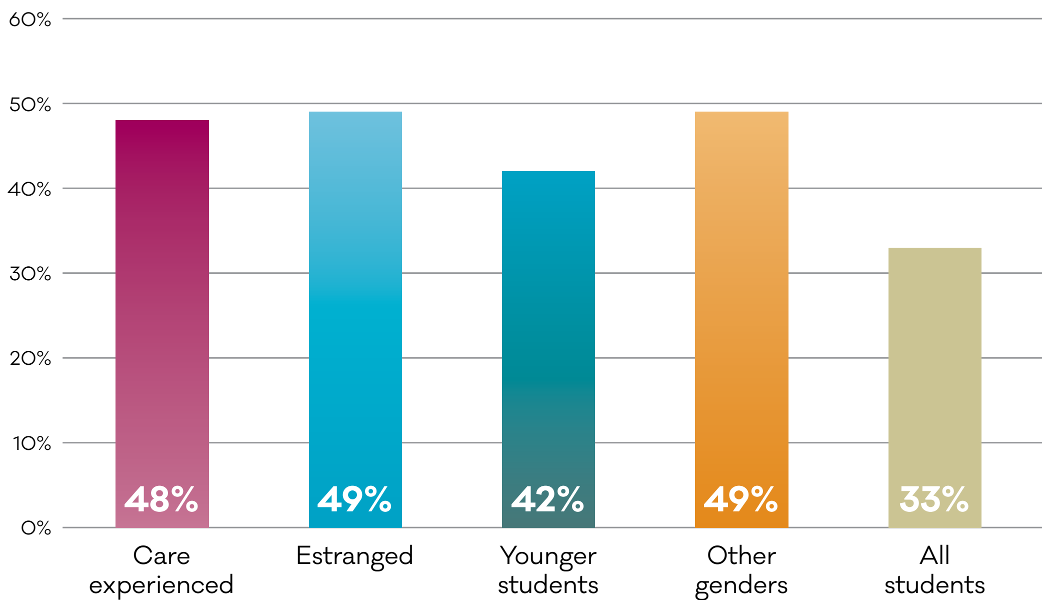
Graph 17. **Experienced 4 or more Adverse Childhood Experiences (ACEs)** *n = 2082*



Bullying and cyberbullying

Overall, a third (33%) of all students experienced some form of bullying in the previous semester. The most commonly reported form of bullying experienced in the previous semester was emotional bullying (27%), followed by cyberbullying through the internet (17%). Physical bullying was the least common to be experienced (9%).

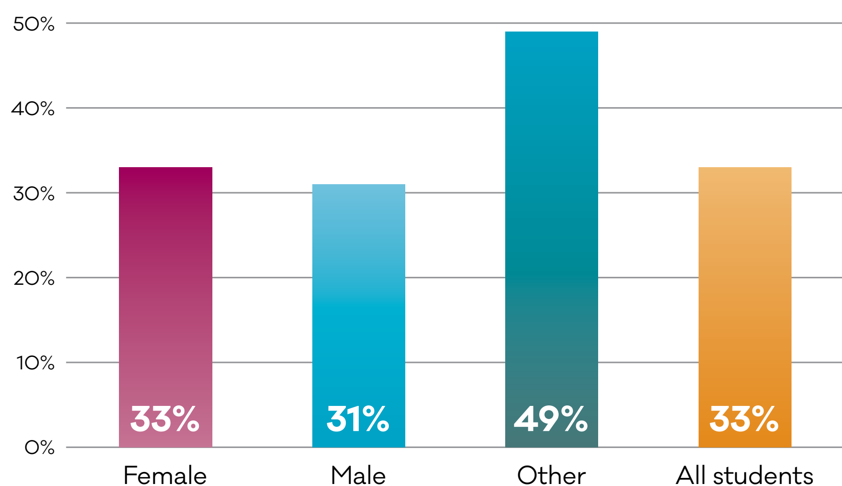
Graph 18. **Experienced any bullying** *n = 2056*



The following groups had experienced more bullying:

- Care experienced students (48% v 31%)
- Estranged students (49% v 30%)
- Younger students, aged 16-20 (42%) than older students, aged 30+, (23%)
- Other genders (49%) than both females (33%) and males (31%)

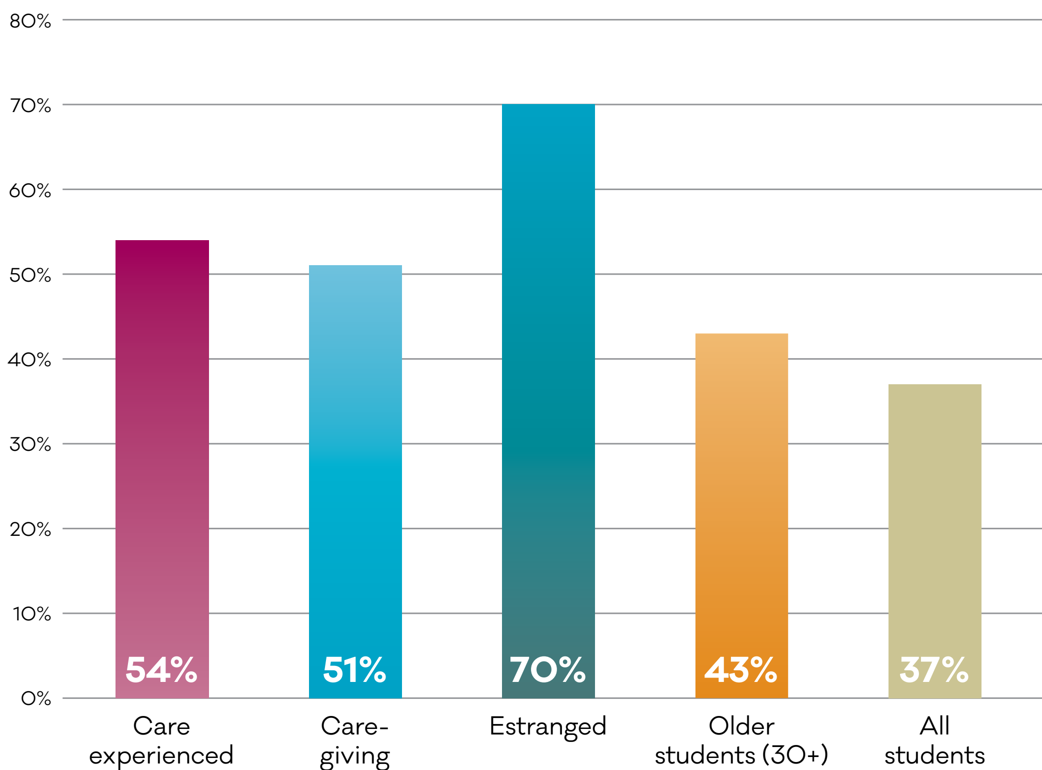
Graph 19. **Experienced any bullying by gender** *n = 2056*



Food insecurity

Overall, over a third (37%) of college students experienced food insecurity in the previous 12 months. Nearly a third (31%) reported haven eaten less due to a lack of resources or money. A similar number (30%) were worried about running out of food within the previous twelve months. 17% of respondents reported that their household ran out of food within the previous twelve months.

Graph 20. **Experienced food insecurity** *n = 2059*



The following students experienced higher levels of food insecurity:

- Care-experienced students (54 v 35%)
- Caregiving students (51% v 31%)
- Estranged students (70% v 32%)
- Older students aged 30+ (43%), than students aged 16-20 (28%)

Mental health experiences

Mental health experiences

This section reports on the key findings from questions asked about mental health experiences.

Respondents were asked to complete the Patient Health Questionnaire 9 (PHQ-9) as well as questions about mental health diagnosis, serious psychological issues, stigma relating to mental health, self-harm, and suicide attempts. The box below provides some context to national data sources, where available and comparable. Additional information can be found in the Appendices. Where comparisons are made between student groups, it is between the group mentioned and their direct counterpart (i.e. estranged students and non-estranged students).

Context:

- **In Scotland in 2021, 22% of all adults had a GHQ-12 score of four or more, which is indicative of a possible psychiatric disorder . Women (24%) were more likely than men (19%) to record a GHQ-12 score of four or more. A direct comparison cannot be made between the PHQ-9 and the GHQ-12.**
- **Research from See Me, Scotland's national mental health stigma and discrimination programme, suggests that over half (56%) of people with a mental health condition have experienced stigma and discrimination[1].**
- **It is estimated that around 1 in 4 people in Scotland are affected by mental health problems in any given year (Scottish Health Survey, 2021).**
- **In 2019/20, 19.7% of the adult Scottish population were prescribed drugs for one of, or any combination of, anxiety, depression and psychosis (ScotPHO, 2020).**
- **In 2021, 10% of the Scottish population had ever self-harmed in their life (Scottish Health Survey 2021).**
- **In 2021, 6% of the Scottish population had attempted suicide at some point in their life (Scottish Health Survey 2021). The UK student suicide rates increased by 52% between 2000/01 and 2016/17, reaching 4.7 per 100,000 of the population . Between 2012/13 and 2016/17 male students in the UK were more than twice as likely to die by suicide than female students, despite being more than three times less likely to report a mental health condition.**

Key findings

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

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

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

Key findings (continued)

Some of the standalone groups that had poorer outcomes were:

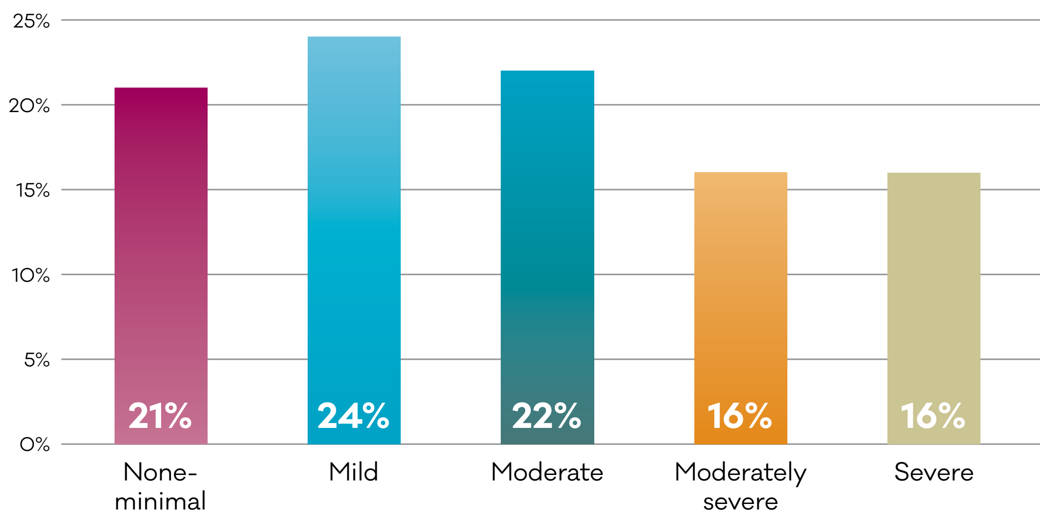
- Younger students (aged 16-20) had higher rates of self-harm and depressive symptoms than older students.
- Students with a long-term health condition or disability had higher levels of depressive symptoms and perceived stigma.
- Students who had unpaid caregiving responsibilities had higher levels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

Patient Health Questionnaire 9 (PHQ-9)

The PHQ-9 asks respondents nine items, each of these are assigned scores of 0, 1, 2, and 3, to the response categories of: 'not at all', 'several days', 'more than half the days' and 'nearly every day' respectively. The total PHQ-9 score for the nine items ranges from 0 to 27. These are then assigned into bands: 0-4 is None-Minimal, 5-9 is Mild, 10-14 is Moderate, 15-19 is Moderately Severe, and 20-27 is Severe.

Nearly a quarter of respondents (24%) reported mild symptoms with a further 21% reporting none or minimal symptoms of depression. Over half (54%) of respondents collectively reported moderate, moderately severe and severe symptoms.

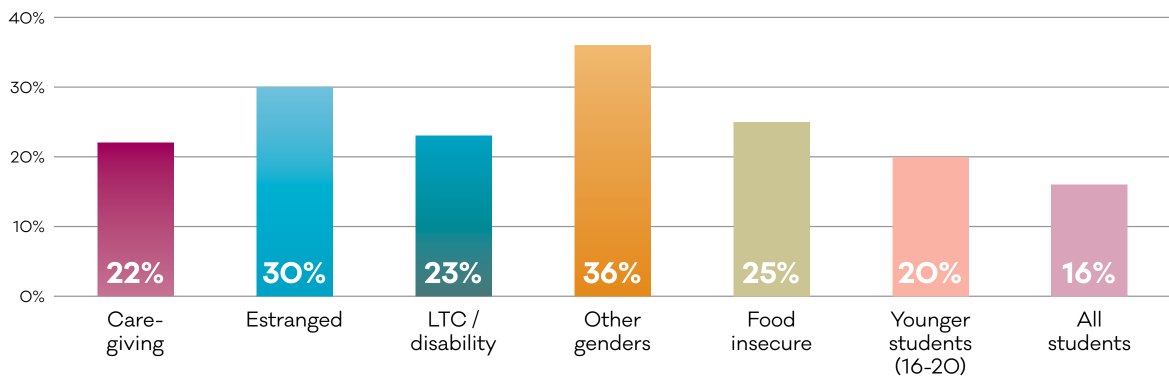
Graph 21. **Symptoms of depression** *n = 1996*



The following students experienced higher levels of depressive symptoms:

- Students with caregiving responsibilities (22% v 13%)
- Estranged students (30% v 14%)
- Students with a disability or long-term health condition[2] (23% v 6%)
- Other genders (36%) compared with females (15%) and males (13%)
- Bisexual (28%), Gay or Lesbian (20%) and Other (36%) students had high rates of severe symptoms
- Students who reported any form of food insecurity (25% v 11%)

Graph 22. **Experiencing severe symptoms of depression** *n = 1996*



2. This does not include those who only selected mental health difficulties as a long-term health condition or disability.

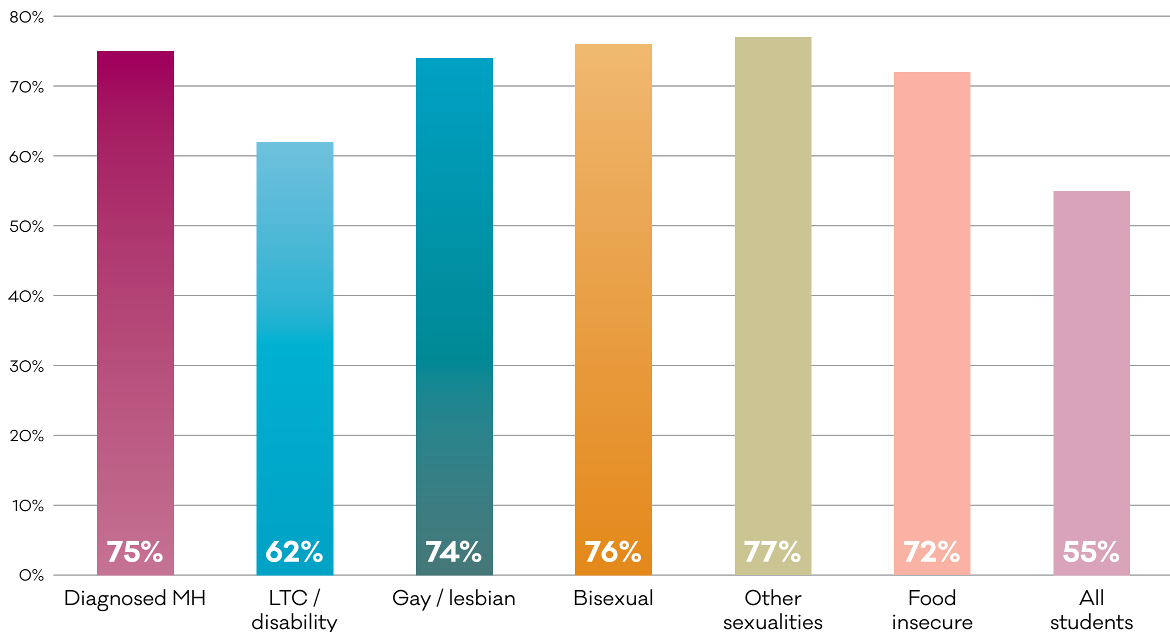
Experience of stigma

Over half of all students (55%) reported that they had concealed mental health problems for fear of stigmatisation a third (32%) had not, and a further 11% were unsure whether they had concealed mental health problems.

The following students experienced higher levels of mental health stigma:

- Students with a current mental health diagnosis (75% v 40%)
- Those with a long-term health condition or disability (excluding a mental health condition) (62% v 42%)
- Around three-quarters of Gay/Lesbian (74%), Bisexual (76%) and all 'other' sexualities (77%)
- Those who had experienced any form of food insecurity (72% v 47%).

Concealed symptoms of mental health issues due to perceived stigma



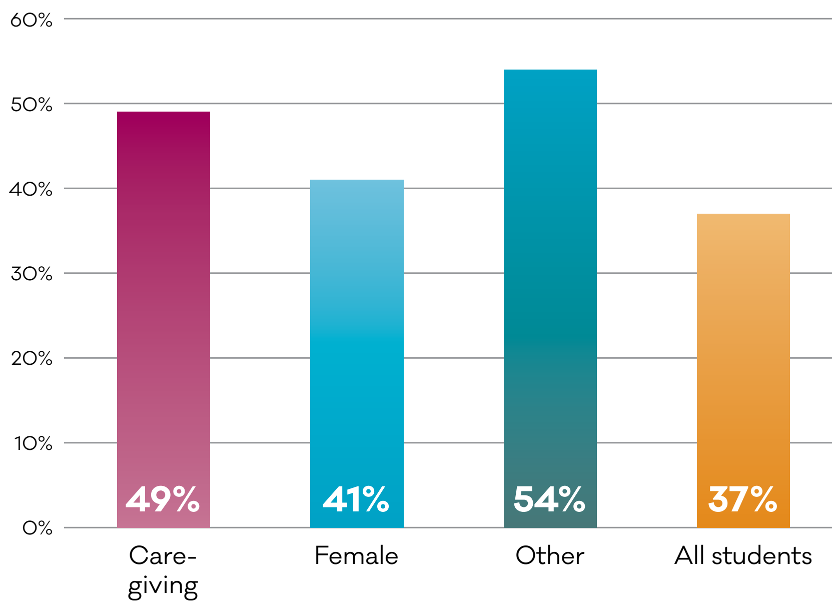
Graph 23.

Mental health diagnosis

Nearly 4 in 10 (37%) reported having a current mental health diagnosis, over half (52%) did not have a current mental health diagnosis and a further 8% were not sure.

The following students experienced higher levels of mental health diagnosis:

- Those with caregiving responsibilities (49% v 34%)
- Other genders (54%) compared with females 41% and males 27%



Graph 24.

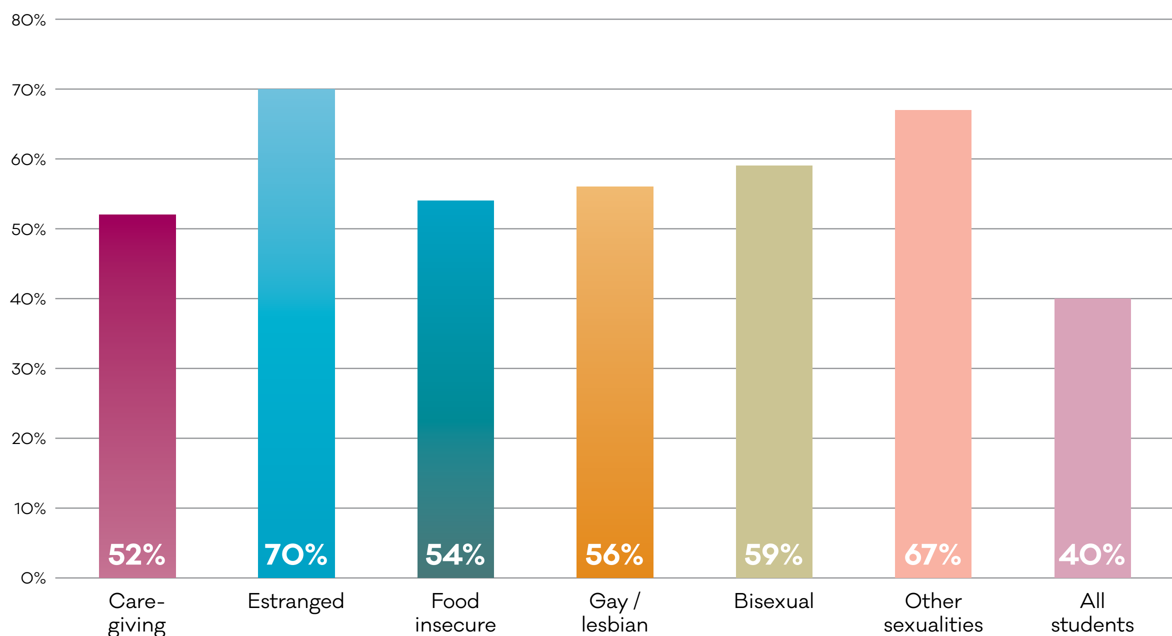
Serious psychological issue

Four in ten (40%) of students reported they had experienced a serious psychological issue for which they felt they needed professional help and a further 14% were not sure whether they had experienced a serious psychological issue for which they felt they needed professional help. 43% reported they had not experienced a serious psychological issue for which they felt they needed professional help.

Other students who were more likely to report having experienced a serious psychological issue were:

- Those with unpaid caregiving responsibilities (52% v 38%)
- Estranged students (70% v 39%)
- Students who reported any form of food insecurity (54% v 35%)
- Over half of participants who identified their sexual orientation as either gay, lesbian, bisexual, asexual or 'other'.

Graph 25. **Experienced serious psychological issue which needed professional help** *n = 2047*



Receiving support for serious psychological issue

Among those that reported 'yes' to having experienced a serious psychological issue nearly two-thirds (62%) were not receiving support. Nearly 4 in 10 (38%) reported that they were receiving support.

Nearly half (48%) stated that this serious psychological issue first occurred before the age of 14, with over a further third (36%) first occurring between the ages of 15 and 24.

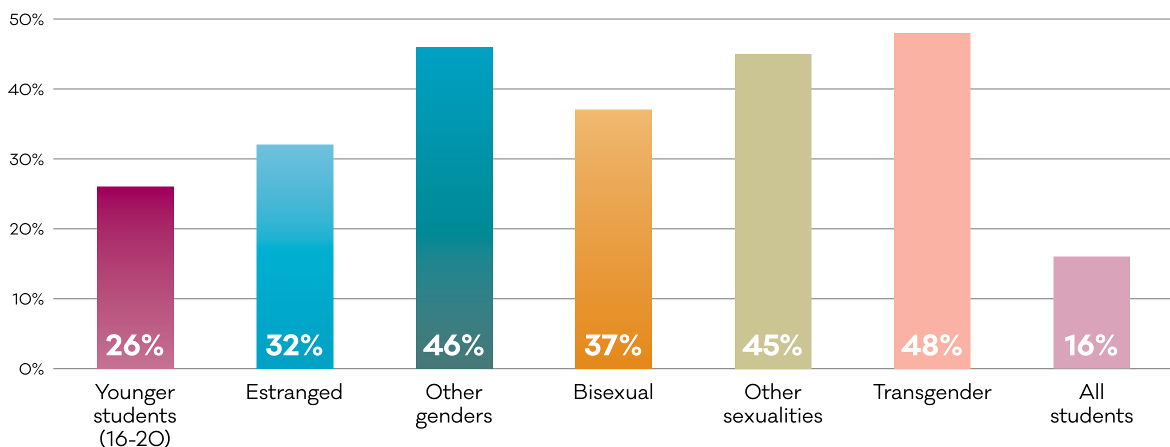
Self-harm

1 in 6 (16.0%) reported that they had intentionally self-harmed within the previous six months and a further 3% were not sure. Amongst those who reported they had self-harmed 2% had sought medical assistance due to injuries sustained from self-harm.

Other students that had reported self-harm were:

- Younger age groups, aged 16-20 (26%)
- Estranged students (32% v 15%)
- Other genders (46% v females 15% and males 13%)
- Bisexual (37%) and other sexual orientations (45%)
- Transgender students (48% v 15%)

Graph 26. **Intentional self-harm** *n = 2042*



Attempt to kill yourself

4% of respondents reported having attempted to kill themselves within the previous six months. Those who reported that they had experienced suicidal ideation or had attempted to kill themselves were asked a follow-up question about whether they sought medical assistance due to injuries sustained from self-harming. 2% of those who had attempted to kill themselves in the previous six months had sought medical attention due to injuries sustained from attempting to kill themselves.

College experiences

College experiences

This section reports on the questions asked about wider college experiences.

Respondents were asked questions about college services, membership of student groups and the impact of the pandemic on their college experience. Additional information can be found in the Appendices. Where comparisons are made between student groups, it is between the group mentioned and their direct counterpart (i.e. estranged students and non-estranged students).

Key findings

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

Awareness, usage and satisfaction with services

Awareness of services and support was high, with 81% of all respondents being aware of at least one service offered by the college. The services that respondents were most aware of were: Wellbeing/ Counselling services (65%), Student Support Services (45%), and Signposting to external mental health and wellbeing supports (36%).

Usage of services was notably lower than awareness with just under a third (31%) of respondents having used a service. The most used services were: Wellbeing/ Counselling services (15%), Student Support Services (11%), and adjustments in teaching or assessments (7%). Usage of any college services was higher among those with a disability or LTC (38%) than among those without (18%), and higher among those with a mental health diagnosis (4%) than those without (17%).

Satisfaction with support

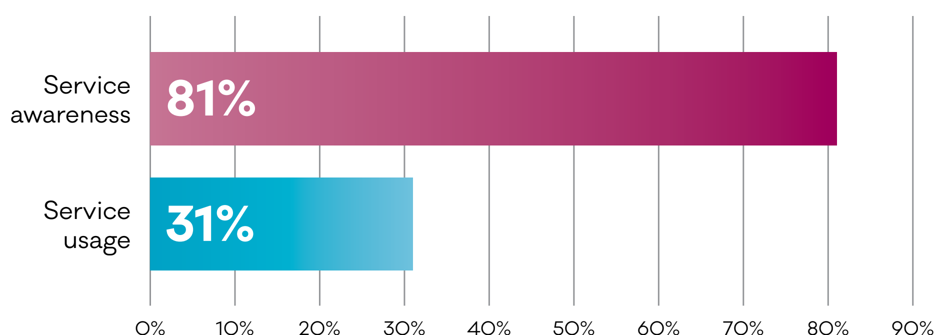
All respondents were asked about their satisfaction with college services. Over half (51%) were either Satisfied or Very Satisfied with their college's services and a tenth (10%) were either Dissatisfied or Very Dissatisfied with their college's service.

Student union / association / society membership

6% of respondents stated that they were a member of either a student society, association, or union.

Of those respondents who were members of a student group, the benefits most keenly felt by them were that being in a group helped them engage with college life (57%) and helped them make friends (56%). Nearly 4 in 10 (37%) felt that being in a student group helped them manage during the pandemic and just under a third (32%) felt that it helped them keep on top of their studies. Just under a fifth (19%) felt that being in a student group helped them keep fit.

Graph 27. **College service awareness and usage** *n = 2023*



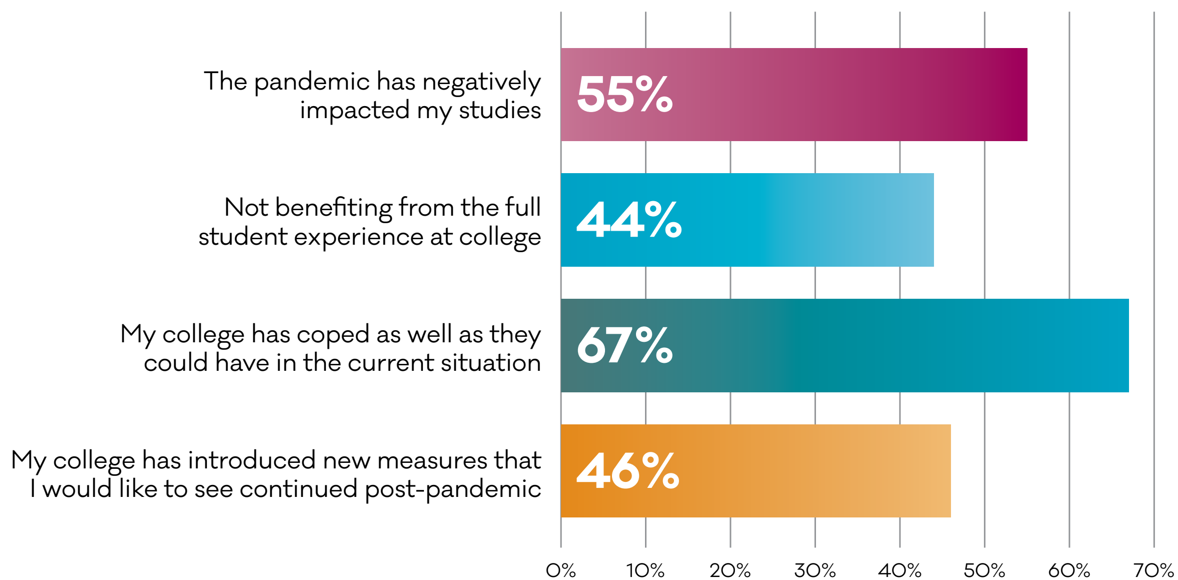
Pandemic

Just over half (55%) felt that the pandemic had negatively impacted their studies and just under a half (44%) felt that they had not benefitted from the full student experience due to the pandemic. Over two-thirds (67%) of respondents felt that their college coped as well as it could have in the current situation and nearly half (46%) of respondents felt that their college introduced new measures that they would like to see remain.

Academic and personal life balance

More students agreed (44%) that their college had the balance right between academic performance and personal life than disagreed (19%).

Graph 28. **Impact of pandemic** *n = 1970*



Personal and social experiences

Personal and social experiences

This section reports on the questions asked about personal and social experiences.

Respondents were asked questions about friendships and relationships, coping with pressure and online activity. Additional information can be found in the Appendices. Where comparisons are made between student groups, it is between the group mentioned and their direct counterpart (i.e. estranged students and non-estranged students).

Key findings

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

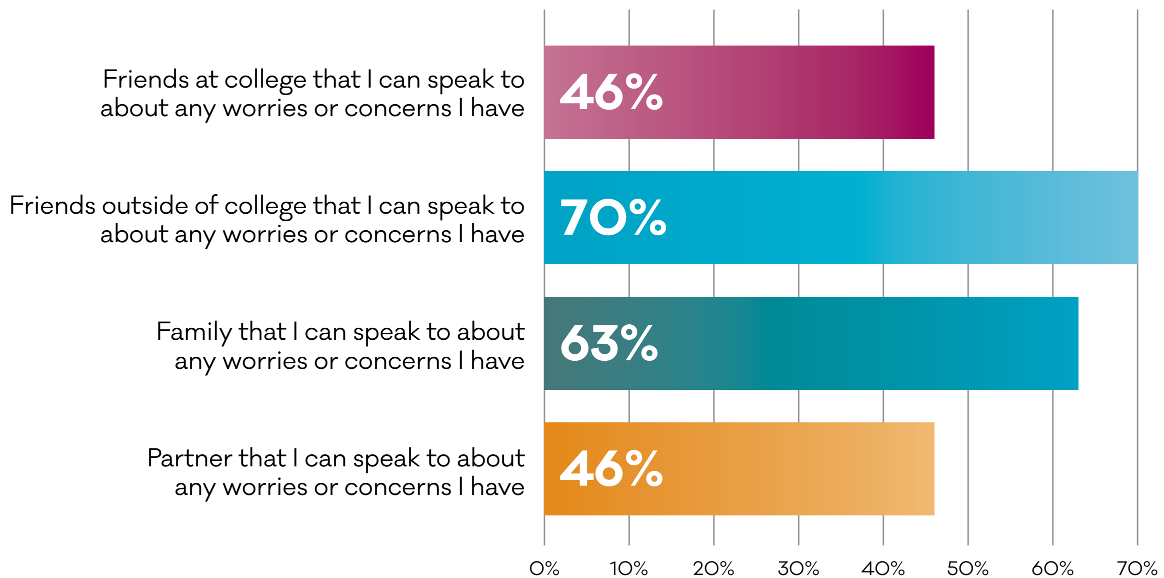
Key findings (continued)

- Most respondents used social media to keep in contact with friends (76%) and distract themselves or procrastinate (66%).
- 4 in 10 (41%) compared themselves to people on social media and just over a third (36%) found their use of social media helpful.
- Nearly half (49%) used social media to help with their studies.
- 1 in 12 respondents (8%) felt that they did not have adequate internet access where they lived to engage with college and friends online.

Friendships and relationships

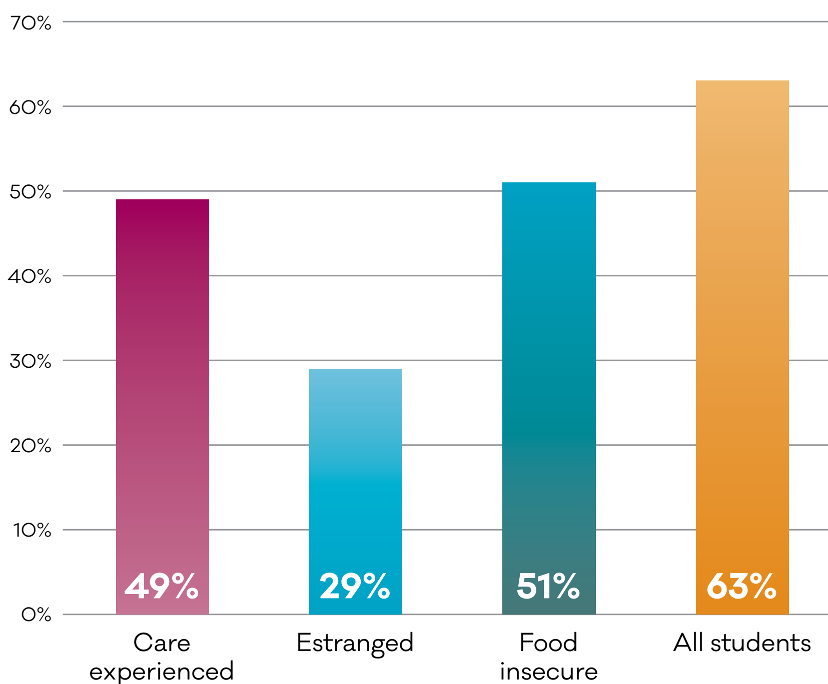
Under half (46%) of respondents agreed that they had friends at college that they could speak to and 70% agreed that they had friends at home they could speak to. Nearly two-thirds (63%) agreed that they had family they could speak to and nearly half (46%) agreed that they had a partner they could speak to.

Graph 29. **Friends and relationships** *n = 1978*



The following students reported lower levels of friendship and/or relationships:

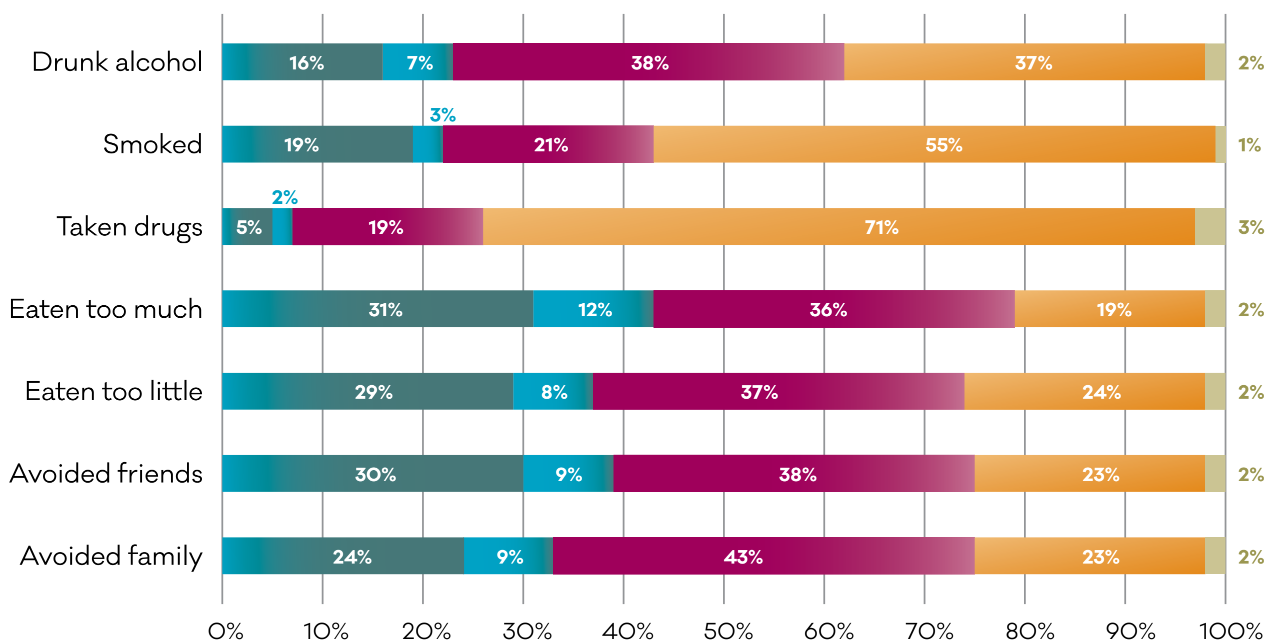
- Care experienced students (49% v 65%) reported lower levels of having family they could speak to about worries or concerns
- Estranged students (29% v 70%) reported lower levels of having family they could speak to about worries
- Students who had experienced any form of food insecurity (51% v 71%) reported lower levels of having family they could speak to about worries or concerns
- Students with a long-term health condition or disability (41% v 52%) reported lower levels of having a partner they could speak to about worries or concerns.



Graph 30.

Harmful coping mechanisms

The harmful coping mechanisms most commonly reported were eating too much to cope with pressure (31%), avoiding friends to cope with pressure (30%) and eating too little to cope with pressure (29%).

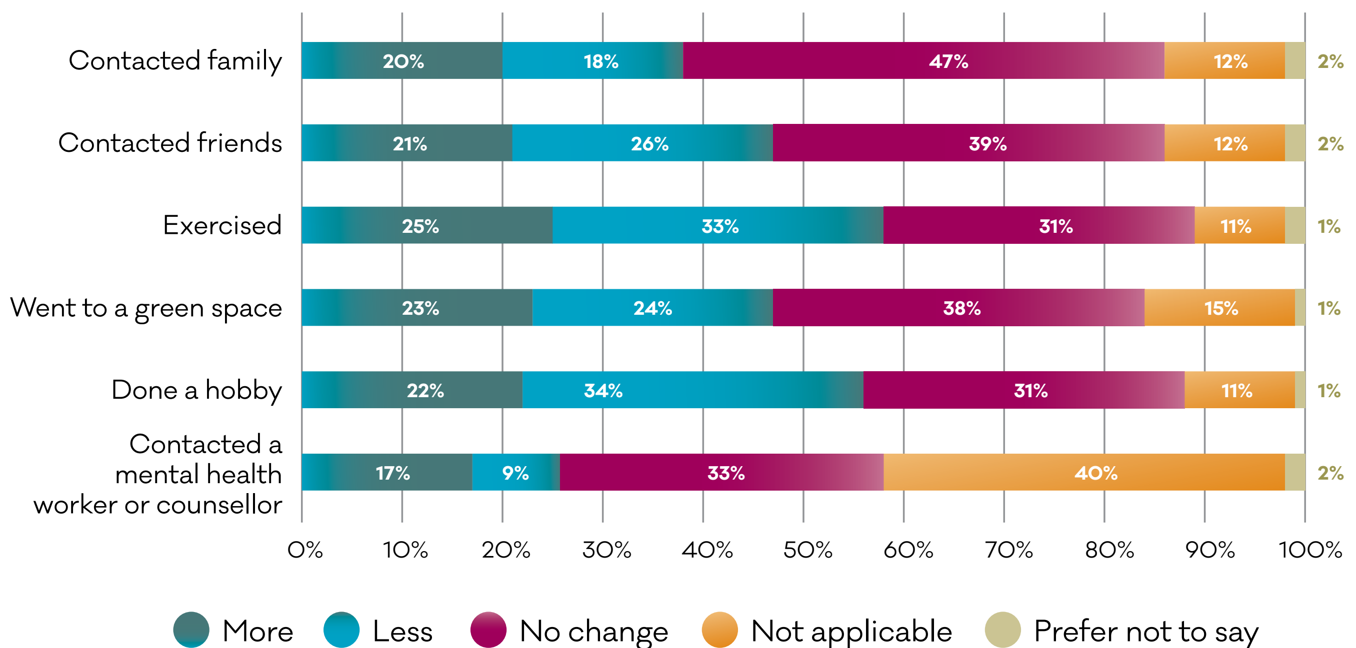


Graph 31.

Positive coping mechanisms

The positive coping mechanisms most commonly reported were exercising more (25%), going to a green space more (23%), and doing a hobby more (22%). Although respondents indicated they were more likely to do these activities, similar, and sometimes higher numbers, also reported doing some of these activities less: exercising less (33%), going to a green space less (24%), and engaging with hobbies less (34%).

The only noticeable trend to emerge from either positive or negative coping mechanisms was that females (42%) and other genders (47%) were more likely to do a hobby less when stressed than males (28%).



Graph 32.

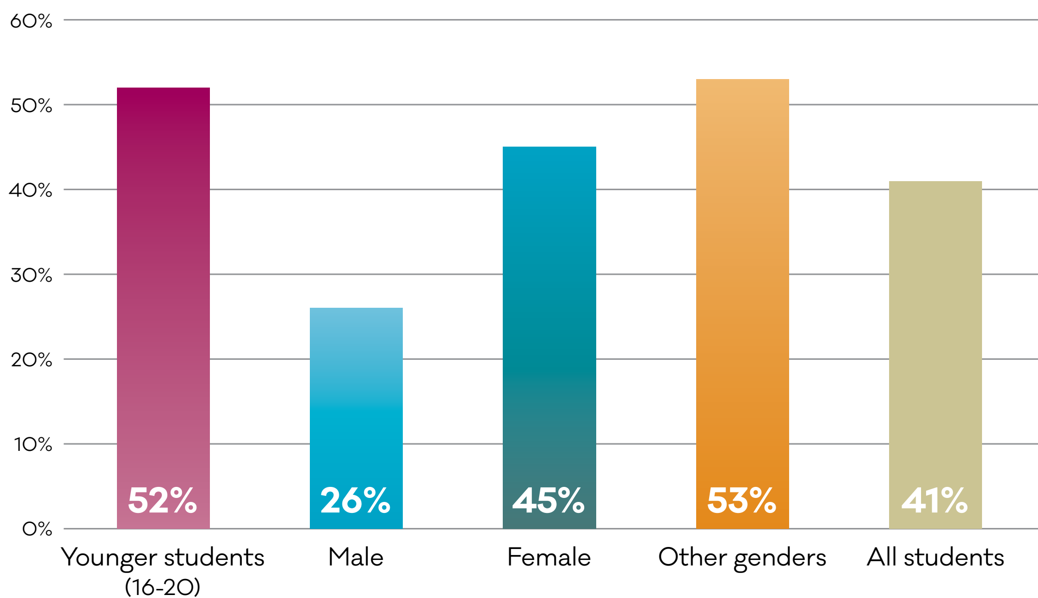
Online activity

Most respondents used social media to keep in contact with friends (76%) and distract themselves or procrastinate (66%). 4 in 10 (41%) compared themselves to people on social media and just over a third (36%) found their use of social media helpful. Nearly half (49%) used social media to help with their studies. Furthermore, 1 in 12 respondents (8%) felt that they did not have adequate internet access where they lived to engage with college and friends online.

The following students reported higher levels of negative online activity:

- Younger students had higher levels of comparing themselves to others online and using social media as a distraction
- Females and other genders compared themselves with others on social media more than males did.

Compare myself to others on social media (Net Agree) *n = 1961*



Graph 33.

Protective and risk factors

Protective and risk factors

This section looks further at the relationships between the three validated measures, ACEs, PHQ-9 and SWEMWBS that are reported above. It also gives insight into the five factors (questions) with the strongest association with PHQ-9 and SWEMWBS.

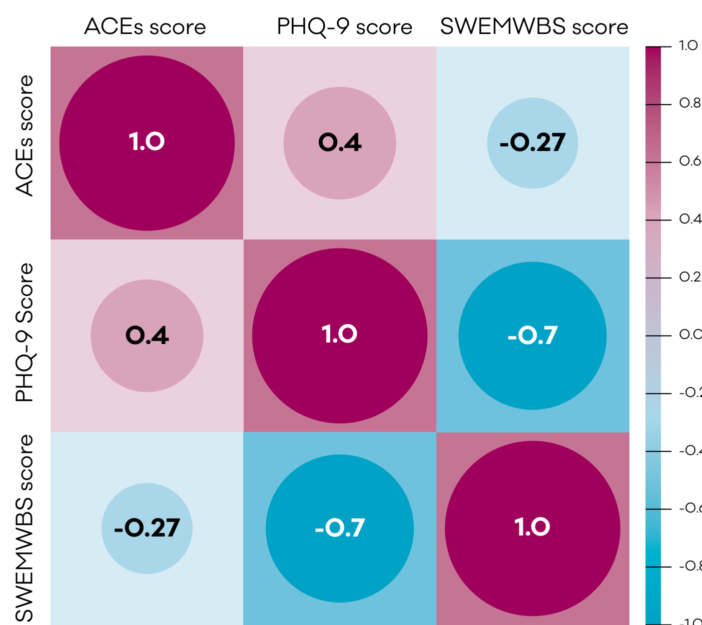
Correlation between validated measures

Spearman's Rank Order tests were used to assess the correlation between the three validated measures (ACEs, PHQ-9 and SWEMWBS) used in the survey.

There was a strong, negative, correlation between SWEMWBS and PHQ-9 ($Rs = -.702$, $p < .001$). This means as the SWEMWBS score went up, the PHQ-9 score went down and vice versa. There was a weak, negative, correlation between SWEMWBS and ACEs ($Rs = -.267$, $p < .001$). This means as experiences of ACEs went down, SWEMWBS scores went up slightly. There was a moderate, positive, correlation between PHQ-9 and ACEs ($Rs = .400$, $p < .001$). This means as experiences of ACEs went up, PHQ-9 scores went up.

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

Graph 34.
Spearman's rank correlation coefficients between the three validated measures



Factors influencing PHQ-9

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

Factors influencing SWEMWBS

Kruskal-Wallis and Dunn's tests were run for all questions in the survey against the SWEMWBS

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

Factors impacting college mental health support

Key themes from the qualitative interviews with college stakeholders

In this section we report on the key themes that have emerged from 18 respondents who took part in individual and group-based interviews. This included a range of professional stakeholders involved in student mental health and wellbeing. The methodology section outlines the process for the interviews and the range of perspectives that were engaged.

To allow us to gain insight into the information flow to students around support available discussions centred around:

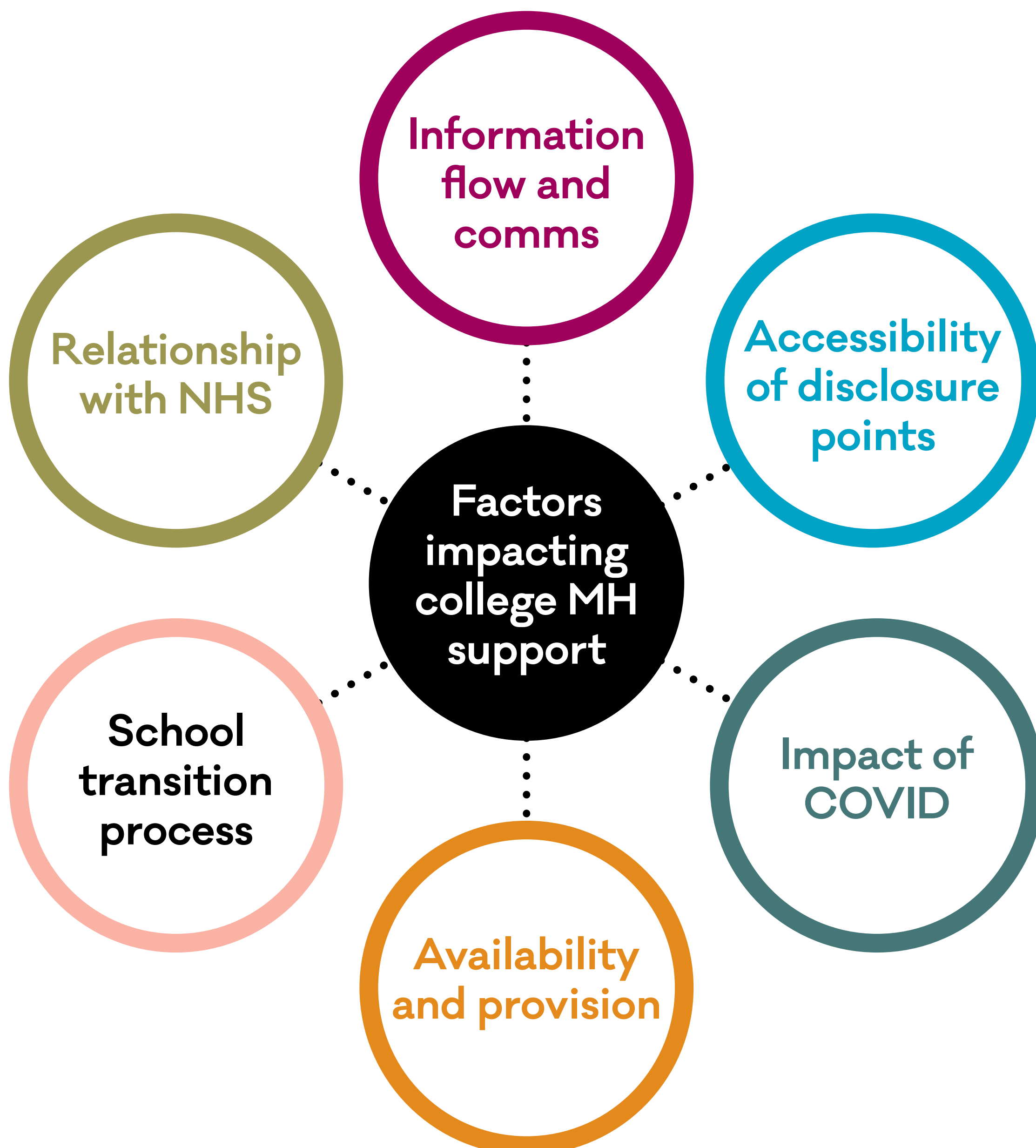
- Methods of disclosure regarding need for support for their mental health and wellbeing
- Type of support available
- Availability of preventative interventions
- Staff training around mental health and wellbeing of students
- The interface between colleges, the NHS mental health services and third sector organisations

- The wider role of student unions, associations, and societies in supporting the mental health and wellbeing of students
- Areas of success within the system
- Gaps and areas for improvement.

This section also provides examples of practice and exemplify the type of activity taking place within the sector. Please note this is not an exhaustive list of all activity taking place within the college sector, rather it gives an indication of the broad picture.

Key themes emerging

These themes are discussed in detail in the following pages.



Graph 35.

Information flow and communications

A wide variety of approaches are taken across the college sector to provide students with information on services available to support mental health and wellbeing. For most this appears to be centralised through student services, with the role of Student Associations also being highlighted.

The college website was the first place where most prospective students would find information about support available, but it was more likely that they would first encounter information from student services sometime between the application and enrolment processes. The exact point of this encounter appeared to vary from institution to institution.

There was consensus that before a student starts a course in earnest, they will have received information from student services regarding what support is available. Again, there were a variety of methods of this happening and most colleges appeared to employ a selection, if not all, of these approaches. In some instances, usually smaller colleges, academic staff would provide information in induction classes, in others it was student services themselves who would go into each class and highlight the services available.

In addition, many respondents noted that although primarily focussed on point of entry, the awareness raising of services was a yearlong process that included posters throughout campuses, information on intranets and sometimes advertisements in local media outlets. Some had external partners in to run awareness raising sessions about mental health more broadly, and dovetailed that into the services they provided. In some cases student associations ran awareness sessions in conjunction with student services. Furthermore, some interviewees highlighted the important role that academic and guidance staff can play in the process of signposting when they feel a student is not coping.

Despite all the approaches utilised there was an understanding that some students will only be receptive to this information when they need it. The hope is, however, that the centralised point of entry at student services should increase awareness around where to access support. In some instances, colleges attempted to tackle this by doing another round of class drop-ins after the first few weeks of term.

> *"The next point where most students would officially get any kind of background work on information on mental health would be the information session. More and more curriculum areas are now having information sessions prior to the summer break, even prior to enrollment, when they've already got groups together." TL2*

"Pretty much what we're very proactive in doing is we, obviously, try and promote our services as early as we possibly can... We're quite prominent on the college website, so when somebody's looking at applications, hopefully, they can see that if they're needing any additional support or want to speak to us about anything or disclose anything... We make ourselves visible through the whole application and induction process." TL3

A benefit that was felt of having a centralised student support services was that if a student was struggling with any aspect of college life, be it finances, housing or academically, services are generally quite well integrated. This means these other services can and do signpost to mental health and wellbeing services within the college if they feel other issues are impacting a student's wellbeing.

Students with increased vulnerability

Some interviewees highlighted that students with increased vulnerabilities received enhanced support regarding mental health and wellbeing. This ranged from more tailored information and support from an earlier stage in the application process to receiving more frequent reminders of the support available. Although not entirely consistent across colleges, students with vulnerabilities typically included care-experienced, care-giving, and estranged students. However, there was a sense from some interviewees that colleges could be doing more with vulnerable students, particularly at the transition stage.

"Certain groups will approach us prior to enrolment, care experienced, some estranged: those who are already getting support beyond the norm. I suppose you would say, outside. Quite often they are mentored and are brought in prior to enrolling with a view to getting familiar with the campus. Very often, as part of that, their whole vulnerability is around about their mental health." TL2

"We could be doing so much more to help transition these students to college, and I think it improves their mental health and wellbeing, because we do know that a lot of students, and especially for me, the groups I work with, their care experiences, they're so nervous about coming to college for the first time. It does really impact them. So, we could see better relationships during the transition period, I think it would improve our students' experience, but also our PIs and things, our KPIs." TL4

Often the support provided to vulnerable students included working with third parties, typically from the third sector, to help ensure the correct support was given to students. In some cases, colleges have staff dedicated to working with vulnerable groups. One of the key aspects highlighted for ongoing support for vulnerable students was the impact that lack of attendance can have on any bursaries they receive.

"We've established this community practice group which identifies students

at risk of dropping out; and then there's that collaboration between us and SDS [Skills Development Scotland], that we can pick them up at various stages in the journey and offer support." TL6

Accessibility of disclosure points

There are several points in the system when a student can disclose a mental health problem which may require support. For most, this typically starts during the application stage. Following this, it may be picked up at either interview or enrolment. These are the primary methods of disclosure at the start of the student journey.

Ideally, for the colleges, all students with a pre-existing mental health condition would disclose at this point. However, this is rarely the case and indeed it is not uncommon for a student to disclose a pre-existing mental health condition in the final weeks of a course. There was a feeling that this can often stem from a student not wanting to rely on support and try to be as independent as possible, and only coming forward when things become too much for them. It was also acknowledged by some interviewees that for some students there is a fear of stigmatisation if they disclose during the application process, and they would not get accepted onto the course if they did.

"They could declare later on in the enrolment form. They might not have put it in the application form. Some people might think, I'm not putting that in my application form because they might then not admit me to college." TL14

If a student does not disclose at the start of a course, or indeed develops a mental health condition throughout the course of the year, they can find their way to support via a variety of paths. Self-referral is generally promoted by student services as a means to accessing support. However, the general sense was that most students were referred by academic and/or guidance staff. This was done either via staff initiating contact with student services or by them suggesting that the pupil should visit student services. Furthermore, some colleges have a process in place for other students to flag safeguarding concerns about their peers.

"Some people don't like to tick [the box on application forms}, we've found over the years - and that's still very much {the case}. So, we have lots and lots of different ways that students can approach us." TL2

Availability and provision

All institutions are and have been working hard to improve and respond to the changing mental health and wellbeing support needs of their students. The extent to which this was the case prior

to the pandemic appears to be variable but the overall consensus of participants was that since the pandemic, and the Scottish Funding Council monies being granted, it has been a priority.

Counselling

In some instances, traditional mental health support (mostly in the form of counsellors) did not exist prior to the extra funding, in other cases there was already some provision in place but that was greatly supplemented by the extra funding.

> *"I think we were one of the colleges that didn't actually have a service already within the college. I think quite a lot of the colleges already had some sort of service, and what they've been able to do with the funding has been expand their service, whereas we've had to bring in basically a brand-new service into the college." TL5*

Counselling provision available within the colleges seemed to vary from a standard six-to-eight sessions to as many as fifteen sessions in some places. Perceptions however were that colleges often deliver more than the standard packages. In cases where students couldn't access statutory provision this could be over many months.

There were a range of counselling delivery methods:

- In-house via college funded counsellors
- Provision outsourced
- Mixed-model of both.

Some interviewees highlighted some issues with external providers that was causing them to renegotiate contracts and seek alternative providers. Also, interviewees from rural areas indicated that although their preference was to recruit in-house counsellors they had struggled to do so and, in the end, had to outsource the provision. Overall, colleges appeared to still be offering a hybrid version of counselling, with some face-to-face and some online/remote. It was broadly felt that students enjoyed having the option to choose.

> *"What's been really interesting is a lot of students are still wanting to keep the hybrid. They're liking the face-to-face, we've had face-to-face for probably most of this year... we really wanted to do face-to-face, but a lot of them have actually asked to keep Teams and keep phone, because it means if they're not feeling up to physically coming in, so if they're in a kind of place and they don't want to come in to college, they can still have their counselling session." TL9*

The most common theme discussed with regards to counselling provision was around the extra funding granted by the Scottish Funding Council; most felt that the situation was untenable and without the confirmation of continued, sustained, funding they were expecting to lose staff imminently. It was felt that rolling year-on-year funding was an unsustainable option for the sector. There were a small number of interviewees who said they were able to adapt their budgets to continue funding the counsellors they had hired; these

tended to be colleges who had no previous provision of counselling. A further potential complication raised by interviewees was that students' expectations had risen in terms of the support that they receive and if the funding were to be removed, it would be difficult, if not impossible, for colleges to meet these expectations.

> *"For instance, if it falls off the cliff and there's no more counselling money, and there's no more wellbeing money, what that will go back to is our only counselling service will, again, become only student placement counsellors." TL3*

> *"I think every college would say, 'What are we going to do after this year?' Online tools are not the answer... we're a people business and we're a people organisation and what we do is put people through education and get them out the other side. We're not the Open University; we're a face-to-face type of organisation and it's skills-based learning that colleges provide, so we need to be able to provide that support in-house and on campus for the students. That's a big concern." TL15*

Wellbeing support

Most interviewees mentioned some form of wellbeing support that was available for students but, overall, this appeared to be much more nascent. Some colleges had used the Scottish Funding Council money to fund wellbeing advisors, typically those colleges that already had some form of counselling provision. However, there were some interviewees who noted wellbeing provision as being a significant gap for their colleges.

Wellbeing provision, generally, seemed to be focused on installing a first port of call/ triage system, where students would speak to a wellbeing member of staff and could be directed onto the most relevant service for them. This would include counselling or another facet of student services. There was acknowledgement of the need to move to a more preventative approach in supporting student mental health. This included wanting to reduce the tide of students directed towards counselling services by utilising wellbeing and informal supports more effectively. It was felt that many students would benefit more from a wellbeing approach.

> *"I think initially it was quite reactionary and we had that kind of reaction to a crisis. Now we've got things in a kind of proactive space, so we're doing a lot of health and wellbeing initiatives, we're improving our health and fitness; we have a health and fitness advisor now. We're putting a lot of social prescribing stuff, I suppose it comes under, so there's lots of ways to keep healthy. We have breakfast clubs, we have healthy eating initiatives, we have no smoking*

initiatives. We've got lots of things earlier on how to be happy and healthy. ." TL12

"Our focus is shifting… we're going to try and look at preventative mental health and positive mental health as a way of trying to reach people before it gets to crisis. Rather than being like this is a reactive thing, we have to make sure there's loads of counsellors and loads of access, it's like, well, what can we actually do, the step before that, to get people talking about mental health? Maybe breaking barriers of loneliness, so maybe some more peer support groups, some more preventing groups, activities, lunches." TL9

There was some shared belief that colleges were dealing with some unrealistic expectations from students, that they would be able to 'fix' them. This was something some interviewees felt could be handled better earlier in the educational system, allowing students to build resilience and coping strategies.

"I think we need to, in schools in particular, have this idea of we can talk about it, but we also need to do something ourselves about it. I have a worry that a lot of young people are catastrophising their mental health, and that they will come to college and expect there to be a whole range of things that can be done to fix their mental health. We can't. We absolutely can't." TL14

Similarly, to the concerns around counsellors and funding there was significant concern around wellbeing and funding. Many felt that they would not be able to maintain wellbeing staff without the commitment of sustained funding.

"We all recognise we're fortunate to have the funding that we've had so far to increase our counselling support, to increase our wellbeing support, but that all finishes in the academic year 2022/23. The college sector can't sustain that. This is going to be all about money but we've had flat cash for years and cost of living has gone up and everything like that…so there's going to be a crisis point at the end of 2022/23 for the college sector." TL15

Whole college support

Another type of support that was prominent in discussions was wider, more general, informal, support that has a beneficial impact on wellbeing.

There were interesting conversations around free food available in some campus canteens. This ranged from targeted support for individuals to days where there was some provision of free food for all students. In some colleges it was a free breakfast and in others it was a soup and a sandwich at lunch time. Historically these initiatives were available during the winter months but it was under consideration for some about it starting earlier in the term due to the cost-of-living crisis. Other colleges were providing food vouchers for supermarkets to struggling students.

However, these approaches were far from universal amongst interviewees.

> *"Obviously living costs, the cost of living has gone right up, so that will be putting a lot of people into mental health issues. We do free soup and a sandwich and free breakfasts, so maybe expanding those provisions that are more practical provisions, like, here's funding to help positive mental health or preventative mental health, as opposed to here's your reactive side. Maybe more of provision of that would be quite good. Just talk about mental health as opposed to, okay, you're now at crisis point, what do you need? It's actually before you get there, what can we do?" TL9*

A small number of interviewees highlighted that their colleges offer a range of other supports, from student-delivered holistic therapies (massage, reflexology, beauty treatments and haircuts), fitness groups (notably couch to 5k groups), and staff led 'cafes' where students can drop in and take advantage of broader life support sessions. One interviewee noted a 'wellbeing fund' they have available for students to come forward with ideas that promote healthy activities on campus.

Student associations

Student Associations were perceived in a broadly positive light, particularly in regard to wellbeing initiatives and peer support. Respondents however did acknowledge that Student Associations within the college sector are quite limited in what they can do due to Sabbatical Officers only serving for one academic year meaning their priorities can change annually.

Student Associations however were often cited by staff as one of the primary methods for awareness raising both of college services but also of mental health and wellbeing in general. Whether they ran campaigns themselves or assisted the college in running campaigns. At least one college also had student 'wellbeing reps' who were elected through the class rep process by the Student Association.

> *"….. what we did this year was a trial to have wellbeing reps…[they] were trained up on the mannerisms that somebody might present that may be having issues, so they could maybe notice somebody was different, and …maybe have the confidence to approach them to try and help them… if somebody was having issues they could come to us… Peers are different. They might go to a peer before they'd go to… staff. I suppose they've got to evaluate how they felt that went this year… it was a good idea, I'm just not sure how well-used it was, to be honest." TL5*

Several of the wellbeing initiatives mentioned in the wider supports section above were initiated by Student Associations, notably the free soup at one college came from a suggestion from them. Despite this, there was a sense from interviewees that they could work more with their respective Student Associations. Although, this feeling was not universal and was often tempered with views about the

limitations of college Student Associations, particularly given sabbatical staff are typically only in post for a year.

The impact of the pandemic on Student Association activities was also discussed and the ability of them to adapt to the circumstances was variable.

> *"Maybe the [relationship with the] student association [is an area of improvement]. They're a really important part of that reaching out to students and engaging with them. Like I say, they were fantastic through the mental health awareness. Even just having stalls and being available to chat, that one-to-one service, so to kind of highlight the support that the student association are doing." TL9*

> *"But I think a lot is put on a college student association. Then, they're not the same as a university student association. They're a very small group. We've got four people; it's our student association for [tens of thousands] students." TL15*

Students with complex mental health needs

Although not mentioned by all interviewees, there were strong feelings about support for those with complex and enduring mental health needs and those who have suffered severe trauma in their lives. This was identified as a significant gap in provision. It was felt that students with complex needs often bounce between colleges and statutory provision. With neither having adequate capacity to support them. The resulting strain of this was felt to fall on college services and staff, who, not wanting to turn students away, often end up going above and beyond what is reasonable and safe to expect of them. This topic is covered in further detail below in the section about relationships with the NHS.

> *"I think the gaps are in those people who are in crisis, or with serious mental health issues. I think people who have got mild to moderate stuff going on, there's enough people certainly on my team and within the college who know how to deal with those people, who know how to support them...I think it's the people who are at the other end, who have serious mental health issues...They're looking to us to support them, and we're saying we can't support you, you need to go here, and then the psychological service is saying just go back to college. We have an example of where people have a kind of support system that college is one of the things that keeps them going. Psychologists or whoever it is will say if you go to college that will give you your routine. If they come to college, they're not getting the right support. I think that's where the dangerous gap is." TL12*

Similarly, it was acknowledged by some that there was a gap concerning college mental health and wellbeing services being appropriately equipped to deal with trauma. That when a student presents with trauma they are often directed to talking therapies (i.e. counselling) when that could be unhelpful, and sometimes very unhelpful, for the student.

"There can be reasons why someone might not necessarily be useful for counselling, or it might be damaging if they're experiencing trauma or they're in crisis. Then counselling might not be the thing to help them, and actually would worsen it. So, there might be limitations to that." TL8

School transition process

A mixed picture was given regarding transitions from schools to college.

The main issue raised was around the lack of information sharing between schools and colleges about students. It was noted by some that was a two-way issue and both could do more to benefit the student themselves. Furthermore, it was acknowledged that school staff are also under resource pressure and lack the time to facilitate the handover of information.

"Very rarely does the information follow them from the school. If you speak to a young student that's maybe just progressed from high school, my experience of it is, if you're trying to contact the high school to get a wee bit more information, or some information about a diagnosis, or support strategies, it's very difficult to get that... Very rarely does paperwork follow to us from schools." TL3

This lack of information sharing, be it paperwork following students or in-person conversations between respective staff, appeared to stem from differing college-school relationships across and within different local authorities.

It would appear from the research that strong links with a school facilitated a good handover of information, whereas weaker, sometimes non-existent, links with schools resulted in information not following students. Overall, it was more likely that information around formal learning support was shared about students rather than any clear process or strategy that was in place to support a student's mental health and wellbeing. Additionally, there was recognition that transition planning should start earlier than it was does, particularly when relationships between a college and its feeder schools are not consistent.

"I'm going to be meeting [Local Authority 1] schools, and this is the pastoral tutors. They're going to come to me, so there's lots of us from different colleges. They will sit in front of me, and they will go through about 60 student profiles, and they'll talk to me about... I'll see each of the teachers from the school, and they'll talk to me about ten each or whatever and go through their needs... That's good communication... I'll take notes, etc., so when I actually get to meet the students, we can have a chat. We don't have the same kind of relationship with the [Local Authority 2] schools." TL2

"I think it's always been a bit tricky, unfortunately, for us. The transition

planning should be started from so-early, where it's anticipated that it's going to present a challenge of some sort. There are some schools that are very good, and that work effectively with us, but it's piecemeal." TL4

There was acknowledgement from some interviewees that relationships between schools and colleges are continuing to strengthen. With colleges getting better at highlighting what they need from schools and schools getting better at providing this information. This was not universal amongst interviewees, but overall there was some sense that the relationships are going in the right direction.

"Some schools are better than others and it's taken a while, but the schools are now recognising that it's not just dyslexia we want to know about. We want to know about everything that's impacting on that person, so it might not be the support team that we're speaking to, it might be the guidance lecturer because they're the person that's been dealing with that person, supporting with their mental health. They might not have needed any support in class but they know there's a lot going on in the background, so they're inviting us along to all of that as well. Some schools are better than others, but we're continuing to build that relationship, and yes, it's quite positive." TL11

Finally, a small number of interviewees highlighted potential issues regarding transitions and positive destinations, questioning whether starting a college course is a positive destination, or whether the completing of the course is what should be measured.

"Yes. I think, sometimes, there can be an assumption –I hate using the buzz words – but it's that 'positive destination'. Just because somebody starts college on day one, doesn't mean on day ten they're still here and they're still on that positive destination. I think there needs to be a handover; they're needs to be that period where there's a collaboration between partners." TL6

Relationship with NHS

Most of the interviewees commented on their relationship with local NHS structures. The relationships were mixed, with some citing poor or mixed relationships and others highlighting instances where, not only were links strong, but there was joint funding of college-based posts. There was some understanding of why links with the NHS were difficult to establish and maintain.

There was a sense from some interviewees that colleges were, in effect, plugging gaps within NHS community mental health teams, specialist provision and CAMHS. This was leaving a sense of colleges, and college staff in particular, being left in a difficult situation as to whether they

continued to provide care to students that they were not equipped to deliver. This was especially true regarding students with severe and complex cases.

> *"I think what we are finding is, we are seeing just about 80 per cent of the referrals we're getting are students that are struggling with mental health from severe to complex. They're actually - our service is not what they need. We're about keeping them in education, it isn't about diagnosing them." TL5*

The other main issue flagged by interviewees was the waiting times for statutory services. The initial waiting times for services was high and this was resulting in GPs telling students to go directly to college services, where they would be seen more quickly. Furthermore, there was often nowhere for college services to signpost students to after receiving counselling provided by the college. This in turn was increasing the strain on college counselling services, as they did not want to stop providing support to students who had reached the end of their counselling allowance, but they have to balance this with their own waiting lists.

These issues appeared to be felt more acutely by staff working in colleges in rural locations. Here the issue of long NHS waiting lists coupled with long waits within third sector services is exacerbated by the rural location:

> *"A challenge that we find is sometimes referring to other services and particularly with the NHS because the waiting list, or CAMHS, both of them, we find the waiting lists are really large. That's why ethically we would not be sending someone on if there's not somewhere for them to go to. That's something we were talking about just now, how we keep that balance. Obviously, we still have students, we might have too big a waiting list, like having lots of people waiting to see counselling, but at the same time you don't want to be stopping someone's counselling when they haven't got anywhere else to go to." TL9*

Others spoke of the situation and relationship being more mixed. That in some instances, within the same college, there were strong relationships with particular GP surgeries and less strong with others. Similarly, one college mentioned they were near a hospital and had very good experiences with students receiving care quickly.

> *"GP surgeries, sometimes we'll have fantastic relations but I'm also aware we'll sometimes hit some barriers. Again I can personally think of times where it's been really good relations and I've spoken with GPs and it's been really beneficial for students, but I'm also aware of some times where the counselling team have kind of been shut down at the first hurdle trying... kind of postcode lottery a little bit... some services will be very understaffed and hard to get hold of, other ones will work perfectly fine. It really depends on the student's situation, who their GP is, what NHS service." TL8*

In a more positive light, some interviewees highlighted that they had internal college posts that were, at least, part-funded by their local health board. One post is a specific liaison role that is discussed in the case study below. The other role is a health and wellbeing advisory role within a college, this post is not a dual-post and provides no clinical or psychological support, it is a gatekeeping role to ensure that communication to and from the NHS to the college go through one, consistent, point of contact.

"They had worked with [the college] before, but it just wasn't very concrete. It was just bitty, and they wanted to have a role that meant that they could harness all of those bits and bring it together as a project. One of the things that they did was they got some money to put a project together. We had this idea of having somebody extra. From our perspective, we wanted it to be specifically mental health. I think really we wanted a kind of mental health nurse or a mental health advisor, something a bit more therapeutic, and they wanted something that was a bit bigger." TL12

Case study:

Mental Health Liaison Officer

The Mental Health Liaison Officer is a role that only exists in one college in Scotland. It is unique in how it is funded by multiple Health and Social Care Partnerships (HSCPs) within the same health board. The college has three campuses and each one is located within a separate HSCP. Each HSCP contributes a quarter to the salary of the post and the remaining quarter is paid for by the college. The health board are keen on making this a permanent post however the college are not in a place to do so due to current funding constraints. The post remains on a two-year rolling contract.

The role was originally created in 2018 but was paused for a while during the COVID-19 pandemic before being reintroduced as the pandemic progressed. In its initial remit the job was strongly focused on liaising with NHS services, crisis services and CAMHS but now the post-holder typically liaises with Mental Health Practitioners (MHPs) at GP surgeries. The role has also evolved into an educational and advisory role within the college, with the focus being on providing a broader wellbeing function to enable students to take better care of their own emotional health with guidance and toolkits provided by the post-holder. This latter role is in a bid to act in an early intervention capacity and help manage the flow of students to services by supporting them earlier. The post

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is one of three liaison posts that exist within the college, the others being an Addictions Liaison Officer (part-funded by the NHS) and a representative from Police Scotland.

The post-holder, a registered Mental Health Nurse by trade, has drop-in clinics fortnightly at each of the three campuses. These are open-door sessions that do not require appointments to be made. In these sessions the post-holder uses some of their clinical training to establish what the best advice to give students would be, whether it is signposting to self-help resources available, signposting to college counselling services or NHS services. The post-holder also attends classes to give talks on what they and the college provide in terms of mental health and wellbeing support. This includes highlighting a suite of resources the post-holder has collated, such as self-help workbooks, podcasts and videos. Academic staff are encouraged to upload the links to these materials on their class Teams channels. Further to this, the post-holder also helps students prepare for doctor appointments by talking them through how they are feeling and how to relay this to a doctor.

Impact of COVID-19

Although the interviews were conducted more than year after the last national lockdown in Scotland, there was a strong sense of multiple legacies from the pandemic.

It was clear from the interviews that there was no consistency concerning the demand on college mental health services during the pandemic. For some, demand on mental health services increased and for others it decreased, due, it was suggested, to a lack of contact and engagement with students.

Several interviewees noted that demand on services had been on the rise prior to the pandemic and were exacerbated by the pandemic. Additionally, in at least two incidences, it was noted that their college had not had any direct mental health provision prior to the pandemic and they subsequently could not measure increase on demand. Furthermore, there appeared to be agreement that the severity and complexity of cases presenting to student services had increased during the pandemic.

"The demand for services actually went down a bit, but the cases that we were seeing were probably more severe and much more complex." TL14

There was also mixed opinion on whether the move to online services, within colleges

more generally, was wholly successful. Some staff felt it was harder to deal with small issues than it had been previously.

"If you're thinking funding, for example, if you're trying to support someone with their funding, I would literally nip out and just ask a question prior to that, whereas you have to type up an e-mail and wait for someone to come back to you, or try and call them on Teams." TL9

The primary concerns from interviewees that arose around the pandemic were the impact that they felt it was having on students both socially and academically. There was a strong consensus from the interviews that students were struggling more fundamentally on a social level, that they did not have the confidence in themselves to engage with classmates, staff and coursework. This lack of confidence was subsequently causing increased anxieties. However, some colleges were starting to combat this issue by being more proactive in terms of engagement with newer students.

"A lot of the students just haven't got the confidence that they presented with before, and the littlest things can cause quite a bit of anxiety. I know, sitting in transitions meetings, the number of kids that still haven't actually gone back to school because they just couldn't do it." TL5

"We've definitely been much more proactive this year to try and make sure that students are being - what we're calling being kept warm - so from the application process... Even when we go to speak to them at schools, they're just being fed activity and information to keep them associated with the college. Over the summer months as well, we've been working hard to make sure that we're inviting them into welcome days, to make sure that they've got their wee checklists filled in to make sure they know if I need to speak to them, I've got somebody available that will help me with those wee bits and pieces...they've met their class group. They've met their tutor face-to-face so that, hopefully, in week one, they feel a wee bit more comfortable than they have done in the last couple of years about speaking and asking questions, certainly is a big factor." TL3

Some interviewees felt there was an increasing sense that some students were struggling academically, as an impact of the pandemic. Some interviewees expressed the view that in some instances students have been advanced or progressed in their course when they are not operating at the required level. This was both between college years and in the transition from school to college. There was understanding that both schools and colleges had been under pressure to ensure student progression, particularly for colleges in relation to their KPIs. This led to further conversation about how limiting some of the indicators for colleges are in relation to vulnerable student groups.

"I've heard more than one comment from teaching staff, and I heard one, strangely enough, yesterday, and she said, 'The big issue we've got here in this entire building,

is that so many of the students are at the wrong level, and nobody will admit that that's the case.' There's people that should have been allowed to repeat years but didn't, or they didn't want to because it was seen as, 'oh, not another year doing whatever'." TL2

"I think, speaking to colleagues, we are only now seeing the impact that the last couple of years has had. I think it's about resource, but I think there's also a bit around the pressure on the sector to deliver courses; and you are marked on achievement, but only success is achievement – academic achievement. Actually, for some of these vulnerable groups of students, getting up in the morning, coming into college, going into a classroom, interacting, is a massive achievement; but we're not allowed to recognise that. If we do recognise that, it knocks out performance indicators." TL6

The themes highlighted above were the most common areas raised by interviewees. These points are expanded upon further, along with the student experiences raised through the survey findings, in the final discussion and recommendation section.

Discussion and recommendations

Discussion and recommendations

This survey is one of the largest samples of college students providing insights into their mental health and wellbeing in Scotland. It provides a difficult insight into the challenges being experienced by students attending Scottish colleges.

It is important to acknowledge the wider contextual issues taking place in the timeframe of this study. Although data collection was outwith any national lockdown the impact of the COVID-19 pandemic among the college sector, students and society at large was very much still being felt.

Although the challenges were felt by all students our findings highlight that certain student groups have significantly poorer mental health and wellbeing and this aligns to students who already experience disadvantage and inequality.

Across almost every mental health and wellbeing metric there were consistent groups of students that had poorer, sometimes significantly so, outcomes than their respective counterparts and the sample as a whole. These groups were: care-experienced, estranged, transgender, care-giving, other genders, students with a long-term health conditions or disabilities and students experiencing food insecurity.

Information

Student support services within colleges are aware and understand the additional needs of students with vulnerabilities and make efforts to provide information specifically to these groups. However, the interviews highlight that these efforts can be inconsistent and the significantly poorer outcomes for these students, across a range of mental health and wellbeing outcomes, from the survey shows that further action is required. This is compounded by the lack of awareness more generally among the student population of wellbeing and counselling services (65%). This may partly explain the low uptake of these services and adds weight to the need for raising awareness of mental health supports available within colleges.

The study highlights that colleges have systems in place to respond to mental health disclosure by students at different touchpoints and times throughout the academic year. It is generally felt that the numbers of students disclosing mental

ill-health has been increasing steadily, sometimes rapidly, since before the pandemic. The interviewees also highlight there may be barriers to students to disclose before they start or at an early point in their academic journey. This is evident from the high numbers of students that indicate in our survey that they had concealed mental health problems for fear of stigmatisation. We know stigma takes many forms including stereotypes perpetuated in our society about negative characteristics/capabilities of people with mental ill health, structural stigma that includes the real impact of public stigma such as risks to job prospects should a person disclose their mental health status and self-stigma which are the self-limiting behaviours or 'why try' effect when a person internalises these stereotypes. What is needed is to better understand the stigma experienced by college students to help identify what part colleges can play in challenging this.
i. Despite the efforts already made within the sector to raise the profile of mental health supports available stigma continues to be a key barrier to access.

Counselling and wellbeing support

This report highlights the changing landscape within colleges around their counselling provision. Interviewees outlined that for some colleges the Scottish Funding Council funding was their first opportunity to develop counselling services whilst others were able to strengthen what they already had. This means that levels of support to students are variable across the sector and the removal of additional funding will further exacerbate this variability. Additional issues raised via our qualitative interviews were the specific challenges within rural colleges to recruit counsellors. This was experienced by others but was particularly pronounced in rural areas. Interviewees also highlighted that the original model of counselling they intended to deliver within their college, often based around set package of counselling support, has been difficult to implement due to severity and complexity of cases and lack of onward referral pathways. This was particularly felt with statutory provision that was significantly overstretched and lacking capacity. However, there were instances in which third sector partners were also overstretched and lacking capacity. College counsellors and wider support staff flagged that they were being placed in the unenviable position of whether to stop supporting a student when there was a lack of through care with other agencies. The general desire was to continue supporting students in this situation despite colleges services having their own waiting lists and a feeling that sustained counselling support goes beyond what is expected of college counselling and mental health services.

Wellbeing

Interviewees highlighted the variable wellbeing provision within the college sector with some able to use the SFC funding to boost this and others requiring to direct it to develop counselling supports. Interviewees also provided examples of innovation around wellbeing, sometimes developed and supported by Student Associations. This included breakfast and lunch clubs. These initiatives are important in light of the survey findings around food insecurity and the relationship between general health and mental health and wellbeing. With there being a strong association between good general health, higher wellbeing and lower symptoms of depression. These insights strengthen the case for wider wellbeing interventions and colleges to focus on prevention of poor mental health rather than a reactive response. Additionally, there needs to be a specific focus on wellbeing and prevention initiatives for disadvantaged students and students with vulnerabilities, who had the worst mental health and wellbeing outcomes of students in the survey.

Although Student Associations were highlighted as playing an important role in actively promoting wellbeing and mental health initiatives, the limitations of their reach was also flagged. This was mostly due to the sabbatical staff rarely being in post for more than one year at a time, meaning they were restricted in what they could implement and sustain. This resonates with the survey finding where 6% of respondents indicated they were an active member of any student association, union or group.

Complex needs

Interviewees highlighted a significant gap around support for students with complex, severe and enduring mental health needs. This raised questions about where this support for students should sit: was it reasonable to expect colleges to provide this level of support? Presently, it was felt, that colleges recognise the need for this support and, where they can, are supporting some of these students. However, the view overall was that this was not the most appropriate or helpful solution for these students as it can mean they receive piece-meal and non-specialist support. Colleges responded where they could, but this was not something that they could offer to all students and subsequently staff were dealing a multitude of consequences from this: from some students not receiving continued support, to some not being able to access initial college support, to some students now having raised expectations of the levels of support available.

There was also recognition that counselling in colleges might not be best suited for students with experiences of trauma and, indeed, could be harmful in some situations. This is an area of particular concern when considering the survey responses around adverse childhood experiences, where the incidence of having experienced four or more ACEs was substantially higher in our sample than it was in the general population, almost double.

Transitions from schools

The research highlighted that relationships between colleges and Local Authorities and schools were variable. This was sometimes even the case with different schools within the same Local Authority. It was consistently highlighted that even where good relationships exist, these generally only facilitate the sharing of data around traditional learning support and rarely includes data around the mental health and wellbeing supports of students.

The good relationships between colleges and schools and the subsequent data that followed was usually due to relationships between individuals rather than a clear system in place to ensure this handover of data. There was recognition that colleges are not always clear in what data they are asking for from schools and that the later this data is asked for, the greater the strain it can place on school staff to attempt to provide it. It was felt it would be beneficial for there to be greater clarity and consistency in what data colleges need from schools, across the country, and that this would help ensure that data sharing and relationship building between colleges and schools did not rely on individuals.

Additionally, for students with increased vulnerabilities there was a feeling that there were often third parties involved in transitions, and this complicated the data sharing even more. Sometimes, schools were not sharing with colleges and other local authority departments (i.e. social work) were not sharing with schools, etc.

This was leading to a sense that services were losing sight of who and what is most important to these processes; the young person. Also, that it reflected a lack of a person-centred planning and support. This was not leading to positive outcomes for students with increased vulnerabilities.

Pandemic

It is evident from study that the impact of the pandemic continues to reverberate. Both in relation to student mental health and their studies. This includes the potential impact on a student when they lack confidence in their own capability relating to their course content and confidence in social interactions. The interviewees flagged that this isn't being recognised fully at the moment with the solution being put forward being to progress students even when this might not be best for them.

Interviewees also highlight that the impact of the pandemic is being felt within their services in terms of the severity and complexity of cases they are managing. The ongoing uncertainty around sustained funding for mental health and wellbeing supports is causing increasing concern and anxiety within the sector.

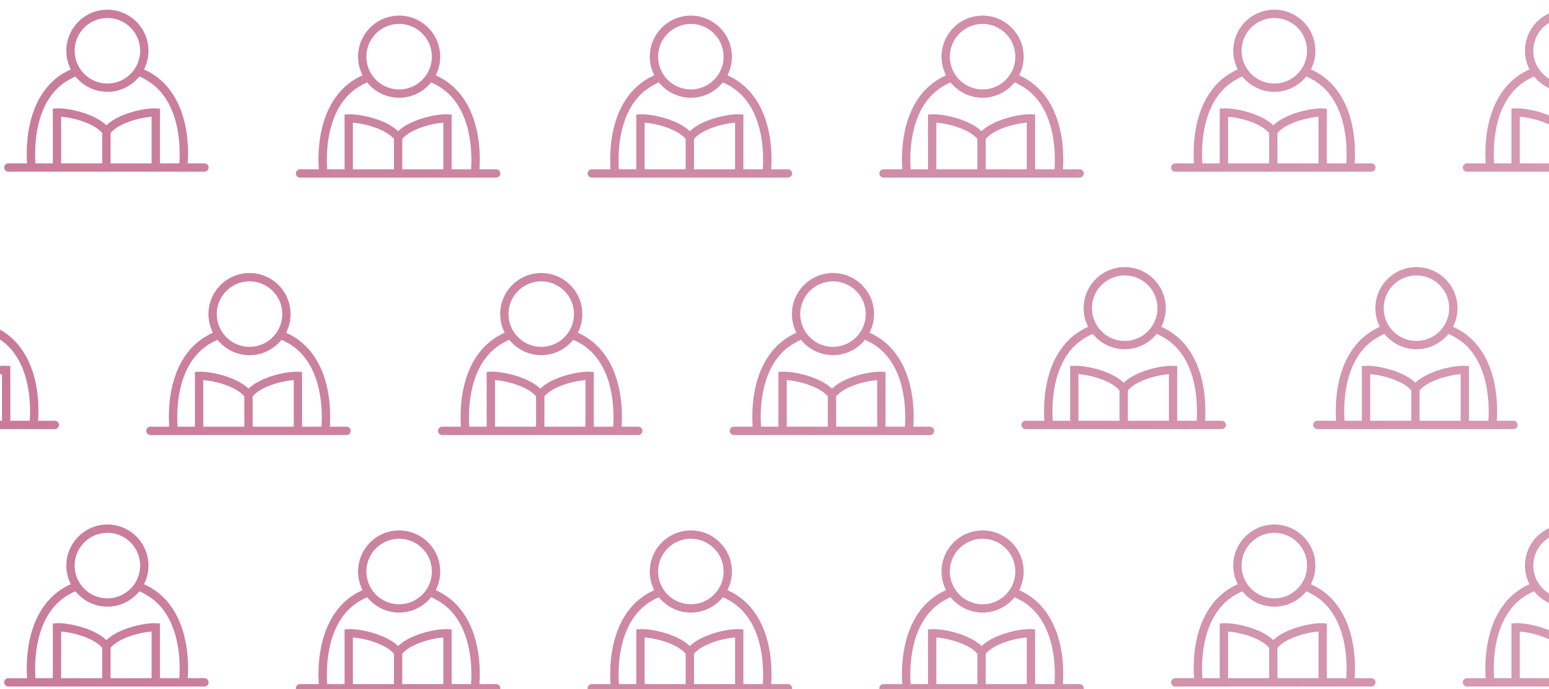
Colleges were able to pivot their services in response to the new ways of working that emerged as a result of the pandemic. This includes more online and telephone counselling. These are changes that are expected to remain within college provision, offered alongside more traditional face-to-face counselling.

Relationship with the NHS

The survey data and the qualitative interviews both paint a picture of students at college dealing with quite severe and complex mental health needs. This situation is exacerbated by the sense that colleges are, in effect, plugging gaps where students cannot access support from statutory services. This means that sometimes students are often signposted directly to their college support by GP surgeries in lieu of receiving NHS services, but it can also mean that there is nowhere for students to go once they have received support from college or, indeed, when they need more specialist services. As noted above, this is placing college staff in an unenviable position whereby they either have to provide support that they are not equipped to deal with or potentially leave a student without any support.

This was part of a broader discussion about what is a reasonable duty of care for colleges to provide their students. What is a reasonable level of support for students to expect from college services, and, particularly with regards to complex, severe and enduring needs, when should the NHS be providing these services. Within the qualitative section the challenge around this is apparent particularly in light of the different relationships between colleges and health boards; with some examples of positive pathways (as outlined in the above case study) and others more challenging. This has created a disparity across the sector which requires a sector wide response.

This issue is compounded by the lack of sustained funding for mental health and wellbeing support within the college sector. Many of these services that are already stretched and plugging gaps, are likely to be reduced or removed completely if continued funding is not received.



Recommendations

Recommendation 1:

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

Recommendation 2:

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

Recommendation 3:

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

Recommendation 4:

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

Recommendation 5:

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

Recommendation 6:

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

Recommendation 7:

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

Recommendation 8:

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

Recommendation 9:

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

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

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

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

Governance and methodology

Governance and methodology

Research Advisory Group

A Research Advisory Group (RAG) was established to provide oversight to this study. The RAG comprises of staff working within wellbeing in Colleges and the College Sector in Scotland. There are 10 members representing the following institutions:

- Colleges Scotland
- The Robertson Trust
- College Development Network
- National Union of Students Scotland
- Glasgow Clyde College
- University of the Highlands and Islands

The group is chaired by Jon Vincent, Principal and Chief Executive of Glasgow Clyde College.

The RAG provided input, both practical and methodological, throughout the life of the project. This has ranged from support with updating the survey to reflect the college environment, helping with promotion of the survey, shaping the interviews and identifying interviewees and providing insight for the final recommendations. The RAG will continue to be involved in future analyses and dissemination of findings.

Learner Advisory Group

A Learner Advisory Group (LAG) was also established. This group was recruited through the Colleges Scotland Vice-Principals Group which was asked to approach students who were engaged with student mental health. This group comprised of 10 members from the following institutions:

- Ayrshire College
- City of Glasgow College
- Edinburgh College
- Forth Valley College
- Glasgow Kelvin College
- Perth College – UHI
- New College Lanarkshire
- North East College Scotland
- Scotland's Rural College
- West College Scotland
- West Lothian College

The group is chaired by Ellie Jamieson, Student President, Ayrshire College.

The LAG provided input and guidance to ensure that the survey was relevant for college students, testing the survey for content and length and helping with promotion.

LAG members were remunerated with a £50 voucher per half day for their time.

Ethical considerations and methodology for quantitative survey

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

Quantitative survey design

Our primary aim of this survey, as outlined by Outcome 1, was to investigate the current state of student mental health and wellbeing. We used validated measures where possible. The other aims were to examine a range of protective and risk factors that may impact on student mental health and wellbeing. To this end a number of questions about friendships, relationships, general health, membership of student societies, coping mechanism (both positive and negative) and adverse life experiences were asked.

The survey was designed to take no longer than 15 minutes and consist of mostly closed questions. This was to increase the chance of initial, and sustained, engagement from participants. This is not, and was not designed to be, an exhaustive study on all factors that can impact student mental health and wellbeing. The questions included in the final survey were informed by our RAG and LAG groups.

Three validated scales were used in the survey:

- The 10-point ACEs scale – The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and wellbeing.
- The Patient Health Questionnaire-9 (PHQ-9) – The PHQ 9 is the depression self-administered module from the PRIME - MD diagnostic instrument for common mental disorders. It is an open access screening instrument for depression regularly used within health and social care settings and general population surveys.
- The 7-point SWEMWBS scale - The Warwick-Edinburgh Mental Wellbeing Scales[4] were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

Other questions in the survey mirror questions within other large data collections in both Scotland and the UK. This will allow for general population comparisons and comparisons with similar studies conducted with students elsewhere. The surveys used for this have predominately been the Scottish Health Survey, the NUS

4. The Warwick-Edinburgh Wellbeing Scale or [WEMWBS] was developed by the University of Warwick in conjunction with NHS Health Scotland, University of Edinburgh and the University of Leeds. ©University of Warwick, 2006, all rights reserved.

Think Positive survey and the Northern Ireland Mental Health Youth Prevalence study. Careful consideration was taken in the design of this survey to ensure that participants were not unduly upset by participating, and to allow valuable data on sensitive topics to be collected.

The survey was tested for both content and length by our LAG and by a separate Pilot Group. The Pilot Group participants were remunerated with a £15 voucher for an outlet of their choice.

The survey was anonymous, insofar as no personal identifiers such as name or e-mail address were asked in the survey. Students domiciled in Scotland were asked to provide a postcode to allow for Scottish Index of Multiple Deprivation (SIMD) analysis; these postcodes were stripped from the data set after being converted by the SIMD toolkit. The prize draw was made available at the end of the survey in the form of a link to another survey so that survey responses were not linked to an e-mail address in the prize draw.

Quantitative survey participation consent

All respondents started the survey by reading the participant information page. This included: information on the purpose of the survey, the survey sponsor, the information being collected within the survey, and how the data will be analysed, used, stored, and destroyed. This page also detailed that participants' involvement was voluntary, and students could withdraw from the survey at any point during completion and that they had the option to skip some questions. Also included on this page, were the e-mail contact details of the researchers to allow participants to ask further questions. There were several content warnings within both the consent sheet and the survey, which detailed available support.

After presenting the participant information sheet, students could then proceed to give their consent to participate in the survey. Giving their consent then allowed the participant to proceed to the survey questions. Upon completion of the survey there was additional signposting and direct links to supports provided by individual institutions.

Quantitative survey data collection

A self-selecting sampling approach was used in this study. This ensured the highest number of students could be reached in the time available. An overall communication plan was created in conjunction with Colleges Scotland and the RAG to reach as many students as possible within the institutions. It was agreed that the most effective method of generating responses was an all-student e-mail from a central communications team. Colleges sent all-student e-mails but it did not have the full impact expected.

The survey was live from 24 February 2022 to 23 May 2022. After consultation with teams from the RAG we elected to have

the data collection period open for longer and to target promotion within individual colleges, rather than launching to the sector as a whole. However, all students were responding to the same survey link meaning that any student from any institution could answer at any point during the data collection period.

There was an incentive of £150 of voucher prizes available per institution; three £50 vouchers per institution.

The survey was distributed via SmartSurvey.

Quantitative survey response rates

Overall, there were 2,086 respondents to the survey. This figure equates to a 1% sample of the Scottish college student population[5]. There were responses from most colleges in Scotland and the breakdown per institution is detailed in the Demographic section of this report.

This number has been defined by the number of respondents who consented to take part in the survey and told us which College they attended; both questions were mandatory at the start of the survey. If a respondent did not consent and did not select a college then they were routed to the end of the survey. The figure of 2,086 has been used as the base to calculate response rates to the other questions. Tables outlining the response rate for each section of the survey are provided in Appendix a.

Quantitative survey analysis

The survey data were collected on a secure SmartSurvey account. Once the data collection period had closed the data were downloaded from SmartSurvey and cleaned on a combination of Excel and SPSS. As part of the cleaning process any identifiable information such as IP address was stripped from the data set. After postcodes had been converted into the relevant SIMD data they were also stripped from the data set. Once the data were cleaned, they were then deleted from SmartSurvey as per our ethical guidance.

Analyses were run on both SPSS and R by different members of the research team. The descriptive statistics have been fully validated on both platforms to ensure robustness. All questions were analysed by age, gender, care-experienced, care-giving, estranged, food insecurity, sexual orientation, long-term health condition or disability and mental health diagnosis. To test for association a Kruskal-Wallis test was conducted, followed by post-hoc Dunn tests to test for significant difference. It is detailed in the appendices which test was used for which data. Effect sizes were also calculated – these will either be referred to within the text or be available in an appendix. This was also the methodology for the Protective and Risk Factors chapter, where all questions were analysed by PHQ-9 and SWEWMBS.

For the analysis throughout the report the data set has been treated as a whole with no data at individual college level presented.

5. https://collegesscotland.ac.uk/key-college-facts

Ethical considerations and methodology for qualitative interviews

Qualitative interview design

The primary aim of the interviews was to gain insight into current provision, both formal and informal, within colleges to support student mental health and wellbeing as well as views into barriers and facilitators to accessing support, the relationship between colleges and broader mental health supports (including third sector and NHS) and gaps in provision. The discussion guide was informed by the RAG and the LAG and provided opportunities for open discussion and reflection by the interviewee.

Qualitative interview participant consent

Participants were provided with information on the purpose of the study, what their involvement would entail, and how their information would be used, stored, and analysed in the form of a participant information sheet. This was made available prior to the scheduled interview. Contact details of the researcher were also included so that participants could ask further questions. To ensure this was understood, written consent was requested (either in-person, via a scanned signature, or typed signature). Where consent was given via a typed signature, we also asked participants to provide their consent via e-mail. Oral consent was also sought before the interview began.

Focus Groups

It was our original intention to have focus groups with students in groups we felt the survey may not reach, primarily care-experienced students, rural students, estranged students, students accessing support for learning, modern apprentices and ESOL (English studied as other language) students. Our attempts to secure participants for the focus groups were not successful, barring one modern apprentices group in early June 2022. We have elected not to represent this data in the report. There were challenges around ongoing COVID-19 restrictions and recruitment for the focus groups, particularly due to the timing of the study and the summer break.

Qualitative interview data collection

The interview data collection period was June 2022 to August 2022. Participants were recruited using snowball sampling. Colleges Scotland were our access point to staff members within their working groups. Participants were not remunerated for their participation.

Qualitative interview response rates

The interviews were conducted on a mixture of Microsoft Teams and Zoom. In total, eighteen participants were interviewed across one-to-one and group interviews. Please see the table below for this breakdown.

The interviews and focus groups came from the following institutions and organisations:

- **Ayrshire College**
- **Borders College**
- **City of Glasgow College**
- **Edinburgh College**
- **Fife College**
- **Glasgow Clyde College**
- **Glasgow Kelvin College**
- **Inverness College – UHI**
- **Newbattle Abbey College**
- **North East College Scotland**
- **Perth College – UHI**
- **Shetland College of Further Education – UHI**
- **South Lanarkshire College**
- **West College Scotland**
- **West Highland College – UHI.**

Qualitative interview analysis

Once the interviews were conducted, interviewee details were anonymised. Code names were allocated upon completion of the interview. Therefore, audio recordings and subsequent transcriptions were labelled with a generic code, for example 'Participant1'.

The interview data were analysed thematically via a coding framework by different members of the research team. Similar to the survey data, the interview data will be presented as a whole in this report and individual colleges are not identified in the text.

Limitations

Representation

A self-selecting sampling approach was used. This ensured that we could reach the highest number of students in the time available. All students were given an equal opportunity to engage with the survey but there was no onus on them to do so. This may have resulted in self-selection bias within the sample, insofar as those who wanted to engage with the survey have done so. Furthermore, this may in some way account for the high levels of question completion rates within the survey. As a result of the sampling method our sample is not representative of the entire college student population in Scotland. As such it was not viable to weight any data within the sample.

Due to sample size, we were not able to conduct sub-analysis on the ethnicity sample. There was no ethnicity other than White that had a high enough response rate to allow for any statistical validity.

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