Bury College

Vicariously supporting the mental wellbeing of students: A Report on Action Learning Sets

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Commissioned by Bury College

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Background:

In October, 2015 a meeting was held at Bury College, The Beacon Centre, with Joanne McKenzie (Curriculum Director of Health, Care and Public Services and Safeguarding Lead), Sue McAndrew (Reader [Mental Health] University of Salford) & staff who undertook a pastoral role within the college. It was in her role as Safeguarding Lead that Joanne arranged the meeting, her rationale being based on a growing number of students reporting mental health problems, including suicidality, to staff across the college.

Context:

Currently Bury College provides education and learning for approximately 11,200 students, from 16 years upwards. The Department of Health, Care and Public services support approximately 4,500 students, again from 16 years upwards. Whilst 5 staff have a pastoral role within the department, at the time of meeting there was only 2 part time counsellors making 1 WTE counsellor. This situation left those lecturers with a pastoral role dealing with many of the problems the young people were encountering, with an increasing number of students experiencing mental health issues.

The situation experienced by staff at Bury College is in keeping with what has been identified in current research. Globally poor mental health in young people is increasing. Poor mental health has been attributed to bullying, school problems, physical and sexual abuse, parental illness, bereavement and poor family relationships (Roose & John, 2003; Fox & Butler, 2007). For many young people these difficulties are often exacerbated by lower educational achievements, substance misuse, conduct problems and, due to stigma keeping their problems hidden (Patel et al., 2007). Likewise, epidemiological studies show that there has been a global increase in the incidence of adolescent self-harm during the last decade (Scoliers et al., 2009). It is suggested that around two thirds of young people presenting with self-harm are likely to experience depressive disorders, whilst adolescents demonstrating suicidal intent, and who have chronic recurrent illness affecting their mood, are at increased risk of repetition and thus suicide (Spirito et al., 2003; Green et al., 2011).

In the UK a package of proposals was outlined, initially in the Green Paper, 'Every Child Matters' (2003) and subsequently in the Children's Act (2005), in order to improve the mental well-being of children and young people. A central tenet of the Children's Act (2005) is a call for the integration of education, social care and some health services (Social Care Institute for Excellence (SCIE), 2009)). With regard to mental health services, it has been suggested that these would be more accessible in

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schools, colleges and/or local community based organisations where programmes promoting psychological well-being and preventing mental illness could be delivered (Fortune et al., 2008). A recent study involving young people who self harmed suggested school/college was an ideal place to address mental health issues within the context of a public health agenda (McAndrew & Warne, 2014). Additionally, a number of studies have recommended an independent counselling service, readily available to all children and young people within the educational system, would be of great benefit (Fox & Butler, 2007; Fortune et al., 2008; McAndrew & Warne, 2014). To achieve such collaborative working there needs to be a shift in thinking, approach and policy in the nurturing of, and responding to, young people in the education system.

During the meeting held at Bury College it became evident that there was a desire to develop staff knowledge regarding mental illness and, more specifically, how best to deal with mental health problems within the student population at Bury College. Following the meeting and further discussion between the Department of Health, Care and Public Services at Bury College and the University of Salford it was agreed 2 members of university staff, Dr Gillian Rayner and Dr Sue McAndrew, both of whom have a background in mental health nursing and counselling, would facilitate a series of reflective action learning sets. Four sets, each of 90 minutes duration, were commissioned to discuss the challenges facing staff regarding students' mental health problems and to explore the best ways of dealing with these issues. This would give opportunity to provide information on mental health issues, while at the same time offering staff a platform to discuss their concerns regarding students they have or are supporting, who they believe have mental health problems.

Aims of Reflective Action Learning Sets:

Provide opportunity for staff to come together to discuss their involvement with students who have mental health issues.

Provide staff with knowledge and support

Develop a culture of group support for the purpose of building capacity and capability with regard to the subject area.

Develop a quick reference tool for staff so they can confidently signpost students to where appropriate help is available.

The learning outcomes for those participating in the sets would include:

The recognition of common mental health problems

An understanding of some of the underlying complexities of mental health problems.

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Developing confidence in supporting people experiencing mental health problems

Gaining insight into therapeutic approaches

Increased knowledge regarding organisations who support people with mental health problems

Developing a forum for group supervision

Possible benefits to Bury College:

In achieving the above it was believed staff would develop more confidence in dealing with mental health issues and, as a consequence students would have the confidence to report mental health problems earlier and therefore get appropriate help at the right time. The impact of this would be improved mental well being for staff and students and the establishment of better resources for dealing with mental health issues.

Possible benefit to university

In terms of benefits to the university, working collaboratively with Bury College would enhance the reputation for working with local communities and provide opportunity for establishing new placement/s for our students who are undertaking counselling/psychotherapy courses.

Action Learning Sets

Four Action Learning Sets were commissioned, each being scheduled to last 90 minutes and with 10-12 members of staff agreeing to attend the sessions. Session 1, held on 20th October, 2016, was set up as 1 group, giving staff opportunity to discuss their needs and expectations of being part of the group and how best to use the remaining 3 action learning sets. It was agreed the following action learning sets (10th and 24th November and 1st December, 2016) would initially be run as 2 separate groups, Dr Gillian Rayner facilitating one and Dr Sue McAndrew the other, with staff from Bury College allocating themselves equally to either group. The 2 separate sets would last for 60 minutes at which point the 2 sets would come together for the final 30 minutes to consider mechanisms for dealing with their own, as well as others, mental wellbeing. A short description of what took place in each group session follows.

Action Learning Sets – Session 1, 20th October, 2016

Ten members of staff took part in session 1, 3 of whom stating they had a pastoral role within the department. In terms of what each participant wanted from the action learning sets, the following 3 overarching themes were established: (1) Exploration of appropriate and effective ways of supporting students with mental health issues; (2) learning how to look after own mental wellbeing; and (3) increasing knowledge with regard to specific mental health problems, such as anxiety and suicidality. Under each of these themes a number of related topics were identified (see Table 1).

Effective ways of supporting students	Looking after own mental wellbeing	Increased knowledge of mental health problems
Support for students who are off site (apprenticeships)	Managing own feelings	Dealing with anxiety
Effective support strategies	Avoiding over involvement	Learning about different mental health problems
Confidentiality	Supporting each other (colleagues) when stressed	Knowing how to deal with self harm and suicidal behaviour
Differing theoretical approaches	Protecting self when disclosure occurs	
	Learning to switch off	

Table 1 – Overarching themes and related topics

Discussion:

The discussion that took place during the 1ˢᵗ action learning set took account of the following:

Balancing the role of college lecturer and recognising students' fitness to study, the former having inherent pressure to ensure good levels of retention of students, the latter impacting on a moral obligation to students who are struggling.

The need to look at individual issues rather than 'bad behaviour' in class

Developing practical strategies, enabling staff to better respond to those who are experiencing mental health problems, especially anxiety.

The format of subsequent groups was established. It was agreed to divide into two groups for the purpose of discussing one or two individual cases in each of the next 3 sessions, with this aspect of the group lasting 50/60 minutes. We would then come together for the last 35/40 minutes to practice some of the interventions that might be used to help students, for example breathing exercises to reduce anxiety/panic attacks; mindfulness/compassionate minds, and transactional analysis (TA) for understanding communication. In addition, staff also stated they would like a visit by a Child and Adolescent Mental Health Service (CAMHS) to talk about their role and to have a workshop for staff focusing on hints and tips when working with young people who have mental health problems.

Action Learning Sets – Session 2, 10ᵗʰ November, 2016

While session 2 started with the intention of using the agreed format, due to the small number of attendees at the start time of the group it was decided, by the facilitators, to remain as 1 group. One member of staff talked about a student who had been suicidal and was eventually admitted to psychiatric care and the support the member of staff had provided for the student. In supporting the member of staff when discussing this particular student, the facilitators focused on what went well, what more, if anything could have been done, and what the staff member was left with in terms of their own emotional wellbeing.

While a supportive discussion took place between all those attending the group, this became disrupted when other members of the initial group came in late due to other commitments they felt obliged to deal with. Whilst nothing was said at the time of the group, feedback following the session indicated that a number of those attending found the disruption of people coming late *'off putting'* and *'detracted from the seriousness of case the person was presenting'*. There was agreement from outside of the session that staff needed to be ready to participate at the allotted

time and, if late they would not be allowed to attend the first part of the group, but could return for the final 35/40 minutes. It was also agreed that regardless of numbers the first part of the session would be run as 2 small groups as previously agreed.

During the final part of the group the facilitators gave a handout on physiological effects of anxiety, informing the group of how over breathing as a result of being anxious leads to changes in the body. Group participants were asked to hyperventilate to experience what it felt like and then talked through how to calm the breathing and dissipate the bodily symptoms in the immediacy of the situation. They were also told of how breathing into a paper bag aids this process and how they can teach people to use this approach discretely when anxiety levels are rising. We agreed during the latter part of this session we would discuss the use of mindfulness at the next session.

Action Learning Sets – Session 3, 24th November, 2016

Session 3 followed the agreed process using the first part of the session to divide into 2 groups, with staff being self selecting regarding which group they went into. It was also agreed that late comers would not be allowed into the group, but could join for the final part of the group. Numbers in each group were small, with people trying to join the group part way through the session. The format was adhered to, whereby a member of staff in each group presented a student who exhibited mental health problems they had supported. At the end of the allotted time we came together as one group and undertook an activity focusing on compassion and the compassionate self. While we had talked about 'mindfulness', one of the facilitators believed it would be more useful to introduce the group to 'compassionate self', as this would facilitate the development of a strategy that was useful for protecting their own mental health, as well as that of others. Compassionate self is based on Gilbert's (2010) work and the Compassionate Mind Foundation. Participants were asked to create a compassionate image and then reflected upon it. For some members of the group this brought back emotive memories and we briefly discussed how events in the present can raise memories from the past that have emotional attachment. We explained this within the context of Freudian theory, whereby events in the here and now can be emotionally linked to those in the pre or unconscious. This led to the introduction of TA and how this theory is based on Freudian theory, but is more accessible in applying it to here and now situations. Use of the compassionate image was discussed further and group participants considered bringing this to mind on a regular basis as a useful way of increasing self-compassion.

Action Learning Sets – Session 4, 1st December, 2016

Again in session 4 we split into 2 groups for the initial part of the session and members of staff in each group discussed a student they had supported. As this was the final occasion for meeting more time (approximately 45 minutes) was given over the final part of the session where we met as one group. This would allow time for evaluation of the sessions as well as building on the previous session, particularly Freudian theory, and introducing the group to TA as a way of exploring their communication processes with students. Seven members of staff attended this session and we did discuss TA and how it might help them to explore the interactions they have with students and how these can be changed to be more effective. References were given with regard to useful text if wanting to learn more about this theory. In addition, staff were given a resource tool which they could use to initiate signposting for student with mental health problems. There was consensus that it would be useful if all staff could have a copy of the resource tool. Towards the end of the session staff were asked to complete an evaluation of the sessions (appendix 1) and a short questionnaire (appendix 2) to establish if their original needs had been met.

Evaluation of sessions

The evaluation forms comprised of five open-ended questions. The questions and a sample of the answers given for each, are given below.

Q1 – Was the content of the sessions what you expected? Please state if there was anything more you would have liked.

Didn't know what to expect (3); it was what I expected (2) 1 person said no, but clarified this as being a positive. Other comments included:

"Would have liked more strategies to deal with personal stress"

"Would have liked a plan of what would be covered in the 4 sessions"

"Preferred work in small groups as better for discussion"

"Would have liked more knowledge of theories of how the brain/mind works"

Q2 – Did the style of delivery meet with your expectation?

All 7 respondents liked the style – with 3 highlighting the sharing of ideas and experience, small group discussions, applied theories and resources offered being useful.

"Thought it was really useful to share ideas and experiences in small groups"

"No real expectations but enjoyed the delivery"

"I benefitted from the various styles used"

Q3 - What have you gained from the sessions?

Three of the staff felt reassured by the sessions that their approach in responding to students with mental health problems was appropriate. Others stated they had gained;

"Awareness of how complex and common mental health issues are in students"

"Tips on how to deal with different symptoms"

"There is support out there for us as well as students"

"Better understanding of how mental health affects students and staff"

"Made me reflect on my own practice and how I approach issues"

"Ideas for supporting students and staff with mental health issues"

Q4 – If further sessions were to be arranged what would you like in terms of content and delivery?

This question elicited a range of answers, including;

"Specific themes rather than open discussion, although this was good to start off with"

"Case studies and how to deal with them" – 2 people requested use of case studies.

"More info/strategies on dealing with eating disorders and victims of assault (physical and sexual)" – 2 people wanted this, one person also specifying knowing more about obsessive compulsive disorder.

"How the brain works and theoretical approaches"

"Support in how to manage my own stress"

Q5 – Please identify sessions that you feel you would like in the future.

Only 4 people answered this question, with the remainder believing they had already answered this in by addressing Q4. The 2 questions do appear to be asking similar things. Of the 4 who did answer Q5 suggested the following:

"Being brought up to date resources, changes in law, etc."

"Different types of mental health issues with case studies for each and signs and symptoms"

"How to support staff"

In addition to the above, some staff voiced the need to find out more about drug and alcohol misuse and they also briefly discussed the need to have a system in place whereby students experiencing problems could be 'flagged' so that their 'other' lecturers could take a more empathic approach towards them. It was considered that students could have different coloured flags depending on how much empathy or support they may need. Therefore all lecturers would not need to know the detail, but that the student was experiencing emotional issues/distress.

Meeting identified needs

At the first session staff identified 10 needs that they were hoping would be met by the 4 sessions. At the end of the session they were asked to complete a tick box questionnaire indicating if each of the 10 needs had been 'met', 'partially met' or 'not met'. Please see Table 2 for composite results.

No.	Identified Need	Not Answered	Not Met	Partially Met	Met
1	Explore how we deal with student issues	1	0	1	5
2	Think about the ways in which we support students	2	0	1	4
3	Consider alternative ways of supporting students	1	0	3	3
4	Supporting students and protecting their confidentiality	2	0	1	4
5	Learn more about anxiety/depression/ suicidality	1	0	5	1
6	How to manage our own feelings	1	0	5	1
7	How to avoid becoming over involved	1	1	3	2
8	How to protect self from what is disclosed – learning to switch off	1	0	5	1
9	How best to support staff who feel the strain and stress	1	1	5	0
10	Practical tips for dealing with stress	1	0	3	3

Table 2: A composite of whether or not the 10 identified needs were met.

Limitations

The limitations of this project revolve around time and consistency. Time is related to staff not being able to keep protected time for the sessions and arriving late and/or missing sessions. It is often difficult within organisations to identify a time staff can commit to within their normal working day. For staff participating in these action learning sets, their work commitment appeared to be such that it can be unpredictable in terms of addressing the needs of students as and when they arise. This also has bearing on consistency, or the lack of it, as missing sessions or turning up late impacts on group dynamics. For undertaking action learning sets whereby group members are asked to share their experiences within the group, changes within the dynamics can be prohibitive. While a number

of considerations were made when planning the sessions, for example not running them during the main holiday period, not having them at the start of a term when new students are settling in, problems regarding time and consistency remained.

Conclusion

It would appear from the feedback staff attending the Action Learning Sets did gain valuable insight into mental illness, how to provide support to students who experience such problems, and strategies for looking after their own mental health. Clearly there is a desire for more information through direct learning from organisations dealing with specific mental health issues common to young people, for example CAMHS, Drug and Alcohol teams and eating disorder units, and via problem based learning using case studies.

In addition to what is outlined above, both Bury College and the University of Salford will benefit from this collaboration via student placements. Placements for students undertaking one of the counselling/psychotherapy courses will have opportunity to do a placement at Bury College. This will improve capacity for those students who need more formal input for their mental health issues, and if used flexibly could enable the provision of group supervision for staff, particularly those who have a pastoral role.

Recommendations

Nurture further collaborations through student placements to build counselling capacity and support for college lecturers.

Distribute resource tool handout to all staff.

Invite organisations who focus on mental illness to deliver short sessions on a specific problem and their role in providing support to young people and those frontline staff working with young people on a daily basis. For example CAMHS, drug and alcohol services.

Provide all staff with a flow chart indicating where they and/or their students can access support for mental health issues.

To consider how a system could be put in place whereby students who are experiencing mental health problems can be identified in confidence in order for their lecturers to adopt a more empathic stance. (Flag system)

Develop a plan whereby case studies can be used to facilitate learning among staff about mental health problems.

Develop a programme of strategies for promoting own mental wellbeing

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Appendix 1

Evaluation of Four Sessions on Mental Health

1. Was the content of the sessions what you expected? Please state if there was anything more you would have liked.	
2. Did the style of delivery meet with your expectation?	
3. What have you gained from the sessions?	
4. If further sessions were to be arranged what would you like in terms of content and delivery?	
5. Please identify sessions that you feel would be helpful in the future	

Appendix 2

Questionnaire: Meeting original needs

No.	Identified Need	Not Met	Partially Met	Met
1	Explore how we deal with student issues			
2	Think about the ways in which we support students			
3	Consider alternative ways of supporting students			
4	Supporting students and protecting their confidentiality			
5	Learn more about anxiety/depression/ suicidality			
6	How to manage our own feelings			
7	How to avoid becoming over involved			
8	How to protect self from what is disclosed – learning to switch off			
9	How best to support staff who feel the strain and stress			
10	Practical tips for dealing with stress			

Please feel free to make any further comments below on any aspect of what we have (or have not) done within the 4 sessions.

Many Thanks Gill and Sue

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