

TRAINING NEEDS IN THE FURTHER EDUCATION SECTOR – MENTAL HEALTH TRAINING

A report of survey-based research into the training needs of people who work in post-16 education and training organisations in England with learners who may have mental health issues

BMG RESEARCH



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EXECUTIVE SUMMARY

Introduction

The specification for this study – an offshoot of a major survey of the training needs of staff in the FE sector – asked:

- What is the extent of the mental health training completed by individuals?
- What is the extent of future mental health training demanded by individuals?
- What kind of mental health issues among learners most require support and what kinds of training would best meet this need?

This report includes a variety of information which bears directly or indirectly on these questions.

The extent of the mental health training completed by individuals

- 16% of FE sector staff undertook training and development related to mental health in the last year.
- Teaching, learning, or classroom assistants were the group of staff which was most likely to undertake this form of training.
- Mental health training was more likely for staff in colleges and Local Authorities.
- Most institutions were content with the volume of mental health training, in the sense that only 5% of institutions said they would like to have provided more.

Demand for future mental health training

- However, a fifth of individuals (21%) working in the sector said they would like mental health training in the next year (this average proportion being higher, at 32%, amongst teaching, learning, or class room assistants).
- Demand was higher amongst individuals working in Colleges, Local Authorities, and the voluntary sector than amongst those working in private sector training companies.

What mental health training is required?

- The *key driver of demand* for mental health training is the perception that mental health issues amongst learners are becoming more frequent.
- There was no clear-cut preference for the *method of delivery* of mental health training – formal training via lectures, small group methods and online training each had their supporters and their detractors.
- Similarly, there was no particular *theme of mental health training* which stood out as being in high demand. Various contributors to the research identified training needs relating to anxiety, eating disorders, bipolar disorders, stress, and so on.
- Most institutions believed that mental health training was an *institution-wide need*, rather than one which was confined to particular groups or types of staff.
- Neither institutions nor individual respondents believed that it was particularly important that mental health training should lead to a *qualification*.
- Willingness to *pay* for mental health training was limited by budget constraints.

- Both institutions and individuals saw a wide range of *benefits* from mental health training. Key benefits were increased staff confidence in dealing with learners with mental health difficulties, a better service to learners, and enhanced course completion rates.
- Some institutions also noted that this training could promote a safe and secure learning environment.
- Key *barriers* to the provision of more mental health training are of lack of funds, the difficulty of finding staff time to train, and doubts about the nature and relevance of available provision.
- Institutions' and individuals' views on the *likelihood of necessary mental health training taking place* were mixed. Some thought it likely that it would happen, but others were doubtful or thought it unlikely.
- Institutions would welcome *support* to increase the likelihood of their supplying the training. This support could be of various forms but centred on mechanisms for sharing best practice, research findings, information, and resources.
- Individual respondents would also value support. In this case, responses focussed on support which would overcome the barriers they perceive to their training – increased funding, ways of getting cover whilst in training, and an increase in the availability of relevant and accurately-marketed provision.

Overall, a final discussion section proposes that:

- Demand for the mental health training of FE staff is likely to rise in response to increasing numbers of learners with mental health issues.
- The sector is in broad agreement on mental health training: as to the benefits of such training; that it does not generally have to lead to qualifications; that provision needs to overcome widespread cost and time barriers; and that external support to overcome these and other barriers would be generally welcome.
- However, the research reported here on mental health training does not have sufficient capacity to recommend the particular themes or modes of mental health training which would best match a detailed pattern of demand from the sector. Further, more specific, research and market testing would be required to enable that.

CHAPTER 1: INTRODUCTION

Purposes of the study

A substantial survey-based research study undertaken on behalf of the Education and Training Foundation (ETF) has examined the training needs of managers and staff of the post-16 Further Education (FE) sector in England. This study involved 481 structured telephone interviews and 50 in-depth interviews with training providers, and an online survey of 2,366 individuals working in the FE sector. The study has been reported elsewhere.¹

However, as well as examining the training needs of the FE sector workforce in general, the research also allows a particular examination of the training needs of those staff in the sector, identified by their responses to questions in the wider research (as above), who may need to support learners with mental health issues in the course of their work. The results of this examination are set out in this report.

Method of the study

Evidence for this examination of the training needs related to mental health is drawn from two sources.

Firstly, in each of the surveys of individuals and institutions, a small number of questions were asked which examined whether or not training related to well-being and mental health had been undertaken by staff and whether there was demand for this kind of training in the near future.

Secondly, in those surveys, respondents were also asked if they would be willing to take part in a further in-depth interview. Responses to this question were used to select small groups of institutions and individuals who had both consented to this follow-up interview and had reported in their initial interviews that they thought further training related to mental health issues, either within their institution as a whole or for the individual respondent, would be valuable, or that they had previously undertaken training or development related to mental health. These groups then took part in a further in-depth interview centred on mental health issues.

The group of 7 **institutions** comprised 2 general Further Education Colleges, 1 specialist Further Education College, 1 education provider within a local authority, and 3 Independent Training Providers (ITPs).

The group of 9 respondents who responded on an **individual** basis included: a curriculum manager for vocational courses in a Local Authority's Adult Learning Service; a Learning Support Officer in a second adult learning service; an advanced teaching and learning coach in an FE College; a lecturer in an FE College; a self-employed private tutor; a welfare co-ordinator in a Sixth Form College; an outreach worker in a Family Learning Service; the Director of programmes in a large ITP; and the Vice-Principal of an Adult and Community Learning provider.

¹ Training needs in the Further Education sector, BMG Research for ETF, April 2018

This report

The remainder of this report is structured according to the three questions which were used to specify the study:

- What is the extent of mental health training completed by individuals?
- What is the extent of future mental health training demanded by individuals?
- What kind of mental health issues among learners most require support and what kinds of training would best meet this need?

CHAPTER 2: ANALYSIS

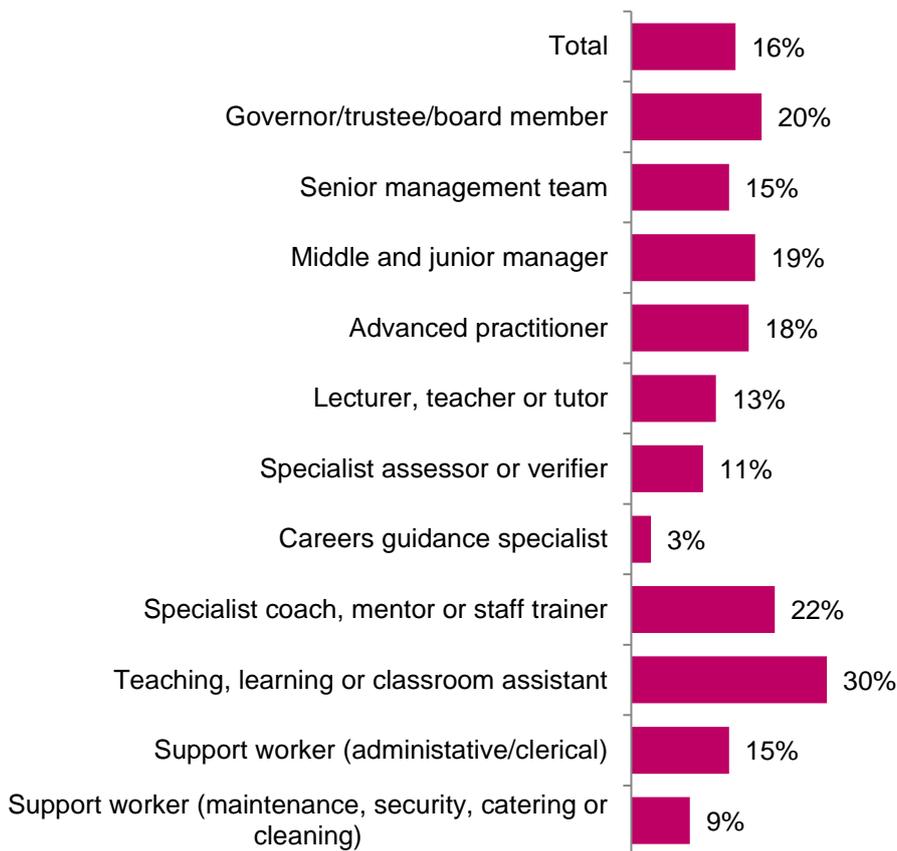
What is the extent of mental health training completed by individuals?

A first figure (Figure 1 following) shows that 16% of FE sector staff undertook training and development related to well-being and mental health in the last year.

This indicates that mental health-related training was, in terms of its frequency of supply, a moderate priority for the sector. In a list of around 20 types of training, 8 other types of training (in leadership and management, teaching and classroom competences, soft skills, administrative procedures, and others) was more frequently supplied.

Figure 1 also shows that the group of staff most likely to receive mental health training was teaching, learning and classroom assistants who were around twice as likely as average to receive this form of training.

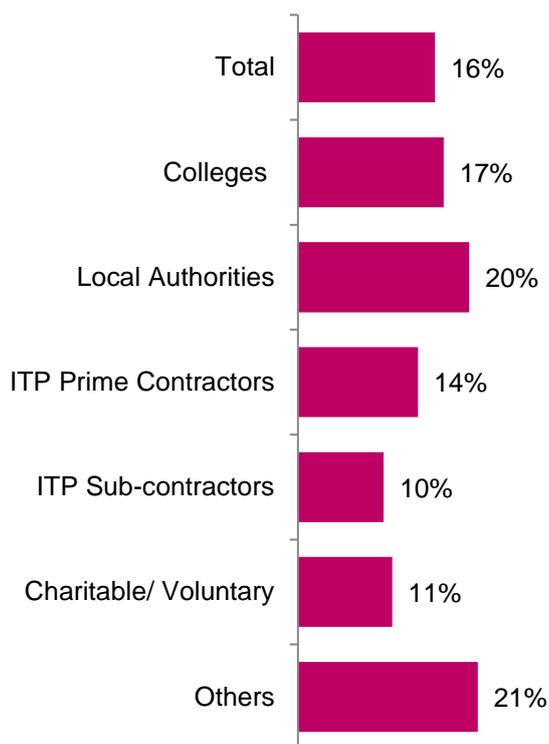
Figure 1: Individuals who undertook training and development in the area of well-being or mental health in the past year – per job role



Sample base: Total (2184), Governor/trustee/board member (34), Senior management team (297), Middle and junior manager (455), Advanced practitioner (66), Lecturer, teacher or tutor (685), Specialist assessor or verifier (188), careers guidance specialist (22), Specialist coach, mentor or staff trainer (54), Teaching, learning or classroom assistant (120), Support worker – administrative/clerical (150), Support worker – maintenance, security, catering or cleaning (23).
Q14. Thinking about the training and development you have undertaken in the past academic year, did any of it have the following aims?

A further figure shows that Colleges and Local Authorities (Local Authorities particularly) were more likely to supply mental health training than private sector and voluntary sector providers (see Figure 2).

Figure 2: Individuals who undertook training and development in the area of well-being or mental health in the past year – per organisation type

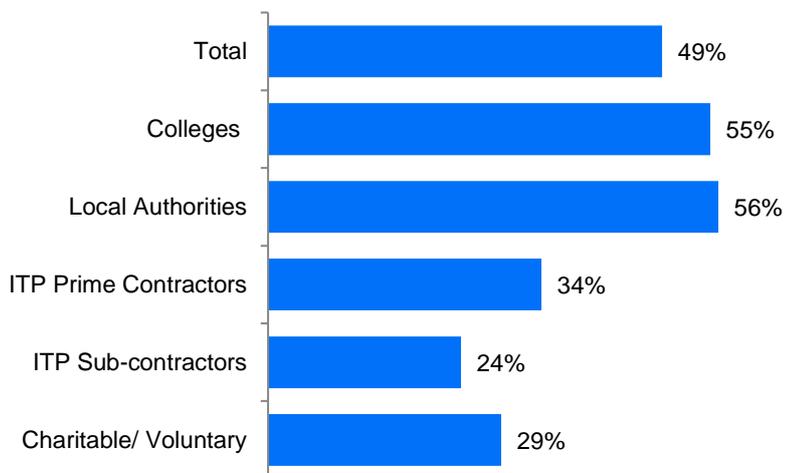


Sample base: Total (2184), Colleges (1022), Local Authorities (479), ITP Prime Contractors (193), ITP Sub-contractors (67), Charitable/Voluntary (106), Others (126).

Q14. Thinking about the training and development you have undertaken in the past academic year, did any of it have the following aims?

This analysis was confirmed in the survey of institutions which similarly showed (see Figure 3) that Colleges and Local Authorities more frequently supplied mental health-related training; in these cases, more than half of institutions in these sub-sectors did so.

Figure 3: Organisations that have supplied training in skills in the area of well-being or mental health in the past academic year

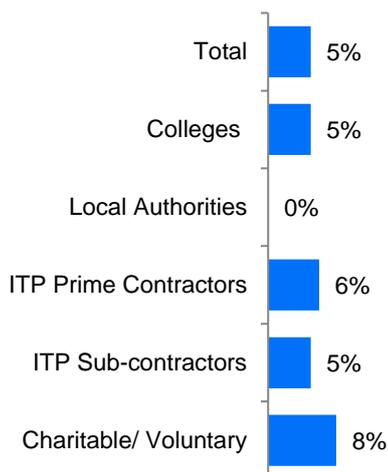


Sample base: Total (473), Colleges (107), Local Authorities (43), ITP Prime Contractors (119), ITP Sub-contractors (89), Charitable/Voluntary (62).

Q11, Q11a, Q11b, Q13. Which types of improved competence or areas of knowledge has your training and development sought to enhance or develop in the past academic year?

It appears that most institutions were broadly satisfied with the amount of mental health-related training they supplied in the last year. Whereas, for example, 18% would have liked to supply more leadership and management training, 16% would have liked to supply more training in the teaching of maths and English, and 14% would have liked to supply more training related to the use of digital technologies, only 5% of institutions thought that they under-provided training related to well-being or mental health (see Figure 4).

Figure 4: Organisations that would have liked to see more training in the area of well-being or mental health



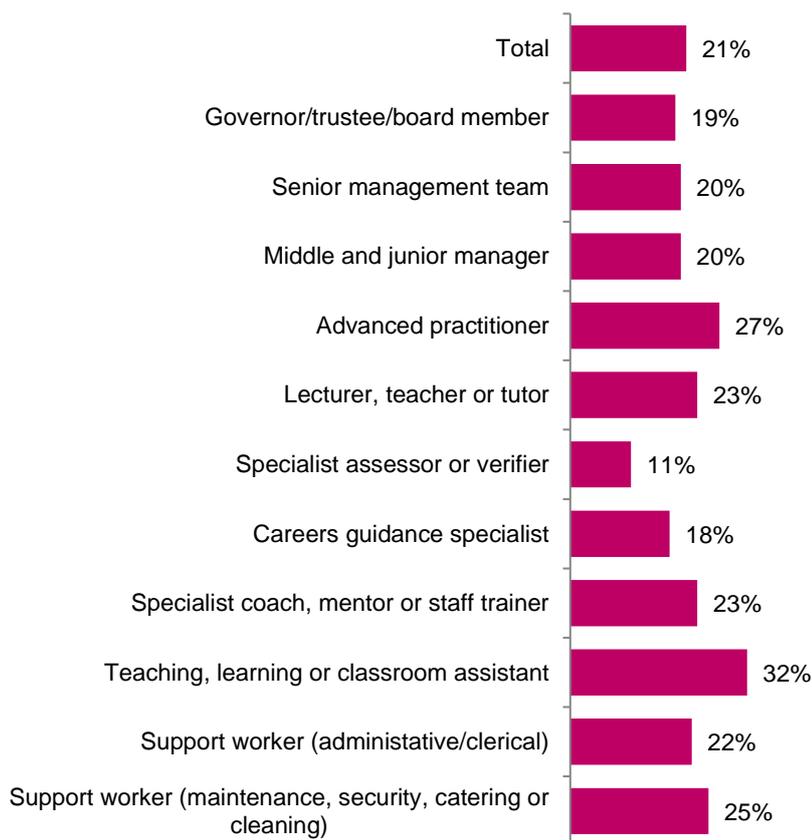
Sample base: Total (347), Colleges (77), Local Authorities (36), ITP Prime Contractors (88), ITP Sub-contractors (61), Charitable/Voluntary (49).

Q34. Which forms of training and development would you like to have seen more of? Please think about the competencies that we talked about earlier.

What is the extent of future mental health training demanded by individuals?

However, looking to the future, a fifth of individuals working in the sector would like to receive more mental health-related training. Demand was again strongest amongst teaching, learning and classroom assistants but was present in all categories of FE sector management and staff (see Figure 5).

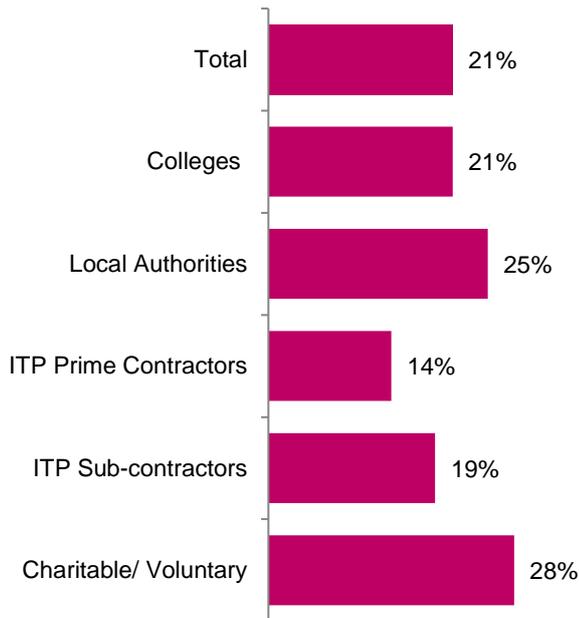
Figure 5: Individuals who would like more training in the area of well-being or mental health in the next year by job role



Sample base: Total (1594), Governor/trustee/board member (24), Senior management team (194), Middle and junior manager (346), Advanced practitioner (61), Lecturer, teacher or tutor (525), Specialist assessor or verifier (142), careers guidance specialist (14), Specialist coach, mentor or staff trainer (43), Teaching, learning or classroom assistant (75), Support worker – administrative/clerical (86), Support worker – maintenance, security, catering or cleaning (20).
Q29. What forms of training or development would that be?

Demand for mental health training in the near future was also present amongst staff in all types of training provider, with this demand being stronger in Colleges, Local Authorities, and voluntary sector providers than in private sector providers (see Figure 6).

Figure 6: Individuals who would like more training in the area of well-being or mental health in the next year by the organisation type they work for



Sample base: Total (1594), Colleges (753), Local Authorities (332), ITP Prime Contractors (156), ITP Sub-contractors (53), Charitable/Voluntary (79), Others (97).

Q29. What forms of training or development would that be?

What mental health training is required?

Introduction

As above, quantitative surveys of institutions and individuals supplied some statistics on demand for mental health training. Qualitative research, a total of 16 in-depth interviews with individuals and representatives from institutions, supplied more detailed insights into the nature of that demand.

Greater frequency of mental health issues amongst learners is the key driver of the need for mental health training for FE staff

Institutional perspectives on the drivers of mental health training

Discussions with institutions showed that motivations to supply mental health training are mainly driven by societal change, such that their learners are increasingly affected by mental health issues.² This is placing demand on institutions and their members of staff to develop a deeper understanding of the mental health issues that learners are facing and an increased ability to support learners with those issues.

“We have reported more and more mental health issues with our learners, and more and more staff are saying that they need better understanding of how to support those learners with mental health issues. More understanding of the issue themselves - the actual conditions - but also how they might be able to support them, how they might be able to refer them to help” (FE College).

“More and more people are coming out of school suffering from mental health issues. We feel that we are not equipped to deal with it. Over the last few years we have seen a big jump in the number of girls who aren't equipped like they would be before” (FE College).

One organisation, which provided training for emergency response personnel, also observed that the pressure of such work also generated mental stresses on staff:

“All staff are ex-emergency service and so there are some PTSD issues. I suffered from PTSD myself. The training that we do deals with high pressure situations and it's about teaching the learners how to handle these... We work quite closely with them, through training, to help them understand the psychology and to cope with the stresses and the strains of what it is that they're actually being tasked to do” (ITP).

Individual perspectives on the drivers of mental health training

Individual respondents similarly observed a growing level of learner need for support with

² This perspective is supported by a survey of FE Colleges by the Association of Colleges which reported (in February 2017) that 85% of Colleges had had an increase in students with disclosed mental health issues in the past 3 years.

mental health issues, thus driving the need for mental health-related training:

“A lot of the learners we get on outreach courses have mental health difficulties – most of them are job-seekers, there's a lot of anxiety and depression” (Learning support officer, Local Authority).

“Mental health is becoming a bigger issue. It's difficult currently due to the lack of training to be able to offer support to learners... I've seen a change in learner issues and a large percentage of learners are suffering from some form of mental health issue” (Teaching and learning coach, FE College).

One respondent reported that he felt unprepared for dealing with young people with varied mental health issues including attention difficulties, disengagement from education, low aspiration and self-esteem, anxiety, and depression. He would like more awareness of the issues that they face, and training in how to deal with these issues.

“Training in how to defuse a difficult situation would be good. I sometimes come away feeling I've failed to engage them...About a third of my caseload have anxiety or depression - a condition preventing them from achieving and mixing. I feel significantly unprepared with that, and untrained to deal with that sort of behaviour” (Self-employed tutor).

Another respondent noted that mental health training needed to be guided by evidence as to what forms of training were needed, and that support for mental health needed to incorporate suitable venues and access arrangements, and would need to focus on the wider strategy and the collaboration with other groups supporting these individuals such as the NHS, DWP and Mind rather than simply being about individual staff members' ability to handle certain difficulties:

“We recognise that people with mental health do have barriers just in getting to venues, even in getting into the classroom once they're in the venue. They do need to be in an environment that is quite welcoming and informal, and in quite small groups” (Director of Programmes, ITP, prime contractor).

A further respondent noted a highly practical reason, to enable the release of funding, for more mental health training:

“If the learners don't complete the courses the organisation doesn't get paid, so it's in both the ACDL's and learners' interest to complete” (Outreach worker, Local Authority).

Formats of preferred training

Institutional preferences for formats of training

Respondents from institutions had varied views on the way in which mental health training for staff would be best delivered. Some institutions prefer online training due to accessibility, particularly for part-time staff, cost and the issue of releasing staff for the time needed for face-

to-face training.

However, others, while recognising the benefits of online training, suggest that face-to-face training is required to provide a greater depth of understanding of mental health issues. One respondent suggested a combination of the two should be employed, with an e-learning package supplementing an initial face-to face training session:

“Online training but with the more serious mental health issues face-to-face training would be more beneficial so that those being trained could ask more detailed questions” (FE College).

Individual preferences for formats of training

Individual respondents also had varied views as to how mental health training would best be delivered. Some prefer mental health training to be embedded within initial teacher training, whilst others prefer dedicated face-to-face training where best practice can be shared, or lecture based training. The preferred format seems to depend on the individual’s learning style, rather than factors related to the topic, but peer support is a popular element of the format:

“I would prefer face-to-face training in small groups where people can share ideas and talk about strategies that they have tried. Help each other using best practice ... As mental health is more of a delicate topic it needs to be dealt with correctly. I feel that other methods such as online learning or a lecture style format wouldn’t be suitable (Lecturer, FE College).

“I prefer a formal classroom training rather than something online with a small group. A lecture style where you could go away, prepare your own case study, come back and discuss. Peer support is a big thing and a support structure” (Self-employed tutor).

Themes of preferred training

There is more agreement, however, amongst institutions and individuals about the themes that they would like this mental health training to cover. Most mentioned gaining a deeper understanding of the mental health issues that learners could face, in order for staff to be able to identify them more easily, pinpoint the most appropriate sources of external support and provide assistance internally.

“Our staff want an understanding of what the conditions actually are: what is anxiety disorder? What is an eating disorder? What is bipolar disorder? So that they can then have an understanding of the condition itself, what might cause the conditions, what are the sources of helps and support, how you might be able, as an individual, to help and support somebody who has those issues. What are the conditions?” (FE College).

“I’d like to know how better to support learners who have got anxiety in class to know how to help and calm them... Just knowing how to support those people better, so they can get the most out of the class they are in and can work more effectively” (Learning support officer, Local Authority).

The extent of training needed

Most institutional respondents felt that mental health training was a widespread need, extending to all or a significant proportion of staff. However, in at least one case the size of their institution would make providing this training a real challenge. Another institution believed that training a small number of staff would be sufficient, as those staff members could provide advice and best practice to others in the organisation when necessary:

“We need to make the whole team much more aware of mental health generally so that everyone recognises and understands how to develop coping strategies concerning stress, how to manage some of the work-related pressures. There isn't a category of people that don't need that training, or reinforcement of knowledge and understanding” (FE College).

Should mental health training lead to qualifications?

Most did not believe that it was necessary for mental health training to lead to qualifications. They felt that the knowledge and understanding of the issues involved and the skills necessary to handle these difficulties were the fundamental requirements.

“I don't think there's a need for that level of formality. We require awareness-raising levels of training, particularly about developing communication skills, awareness of characteristics people can demonstrate if they have severe forms of mental health issues. Understanding how to recognise and work with people with those conditions” (ITP).

“I feel this wouldn't be necessary and feel that the subject matter will change so much going forward as the understanding of mental health continues to develop” (Teaching and learning coach, FE College).

Paying for mental health training

Whilst the need for mental health training is recognised by institutions and individuals, most admit that the cost of this training can be prohibitive, with institutions generally being willing to pay for some, but not all of the training and looking for ways to maximise the value of training by cascading it to a wider group of staff internally:

“It would depend on the cost. We do pay for training, but we would send fewer people if there was a cost. If it was cheap, we would probably have a lot of people do it. If it was expensive, we would send one and they would cascade what they learnt” (Curriculum manager, Local authority).

One FE College however, relies on internal and free training to meet these needs:

“We run our own in-house course on mental health awareness and are able to use our own staff to provide training. We have also accessed free mental health training through organisations like MIND. We are accessing training, but not paying for it ... if you sent me an email saying, 'would you like to pay £600 for a 10-place course on mental health' the answer would be no, I don't have the money in my budget for that” (FE College).

The benefits of mental health training

The perceived benefits of further mental health training, both to the organisation and to the individuals involved, are varied, but can be summarised into five main themes: increased staff confidence and performance; a better service and environment for learners with mental health difficulties, leading to improved learner well-being; better outcomes for learners in terms of retention and pass rates; improved organisational performance ; and improvements in the safety and security of the learning environment.

Staff confidence

Some institutions recognised that further mental health training would result in a deeper understanding of mental health issues of relevant staff, and therefore increase their confidence to deal with these issues. This was also recognised by some individuals, where it was linked to better job performance.

“It would give the staff more confidence and comfort at work when they need to identify individuals that are at risk” (FE College).

“I’d be able to deliver my job better so that I am not walking in to offer something that I know is never going to work” (Outreach worker, Local Authority).

Improved learner service and well-being

Others saw the benefit to the learners, with this training meaning that a better service could be provided to learners, including referrals to other support services, and that this would ultimately mean students are happier and more satisfied.

“It would also benefit the person who is suffering from the mental illness. I fear that many will go through life not seeking help thinking that what they are going through is normal and help is unattainable. Sometimes a simple nudge saying, ‘Do you want to speak to someone’ can be a great help for that person” (FE College).

“It will lead to happier students because they will have the support they need internally” (Specialist FE College).

Learner retention and outcomes

Some linked this increased staff knowledge or level of service and support to learner outcomes and retention.

“If improved knowledge and understanding of a member of staff enables a learner to maintain that contact with that course and complete that course I suppose it would have an impact on completion rates and on success outcomes” (FE College).

“It’s a holistic approach. If you can support someone with mental health issues they are more likely to stay in college and achieve their qualifications, which is then going to go on and support economic growth in society” (Vice Principal, Local Authority).

Improved organisational performance

A few even linked this increase in learner retention and outcomes to improved performance for the organisation, either through helping them to better meet their targets and recoup

funding for those learners who may not otherwise complete their course, or through improved reputation of the provider.

“Improved outcomes for our customers, improved wellbeing for our customers, improved number of contracts we deliver, company reputation, quality of training. It will improve quality but also the sustainability of the work that we're doing” (Director of Programmes, ITP prime contractor).

“It would raise our profile as a training provider with people who've got mental health issues. It could demonstrate that we're offering total inclusivity” (ITP).

Safety and security of the learning environment

Safety and security of the learning environment was also mentioned by a few respondents, including techniques for de-escalation, safeguarding and effective planning to ensure staff and learner safety.

“Part of this is linked to individuals' levels of vulnerability. It could be akin to protecting and safeguarding individuals. A lot of training is delivered 1-to-1, so we must make sure staff are safe and secure” (ITP).

Barriers to mental health training

Most institutions and individuals interviewed in depth identified barriers to mental health training taking place. Cost and lack of staff time were mentioned by a large proportion of respondents. For individuals especially, there was the feeling that this training would need to be done in staff's own time and that it would not be paid. Others identified the issue of allowing staff time away from their core responsibilities:

“As a not for profit organisation, the cost of training is a significant barrier. While we are told about certain courses that are available, these are out of their range in terms of budget” (Specialist FE College).

“Tutors generally would not be paid to attend training. They have a certain amount of mandatory training that usually incorporates safeguarding. For anything else, tutors would have to come in their own time and would not be paid. It would have to be something they wanted to do” (Learning support officer, Local Authority).

“The usual barriers of time and money. Staff find it hard to find the free time, taking themselves away from their core responsibilities. It can be costly to get people to come in and run the training” (Lecturer, FE College).

Some institutions and individuals also reflected on the limitation of current provision, particularly the lack of speciality to the sector and the circumstances and requirements that are particular to the sector.

Institutions also saw the limited quality or suitability of courses as a barrier:

“While there are courses available, I feel that not only are they more expensive, but they might not fit with our learner profiles” (Specialist FE College).

“It can be quite hard to get the right thing. Courses are either too general, often just about being aware of people with mental health difficulties in everyday life, or they are

too specific - lots of detail about a specific health issue" (Learning support officer, Local authority).

"The biggest barrier I find at the moment is that the training available locally is too much of an introduction and things that I already know so that it doesn't feel very worthwhile going on them. It's usually aimed at people working with young people, and from the local authority, so schools, youth offending teams, youth service and so forth, but it's not specifically aimed at people working in FE" (Welfare co-ordinator, Sixth Form College).

The likelihood of mental health training taking place

Institutional views on the likelihood of training

Institutions gave mixed responses as to the likelihood of further mental health training taking place. Some thought it unlikely or uncertain because of the inadequacy of courses or funding limitations.

Other institutions were more positive, and are either putting plans in place or hoping that they will be in a position to engage with more training further down the line:

"We hope to be in a position to engage with more training around mental health issues within the next 3-6 months" (ITP).

"It's reasonably likely. We have already had some mental health training in the last few years. We had a session delivered by the NHS for the staff on work life balance. Also had a course in mental health awareness which was optional but is repeating again this year" (FE College).

Individual views on the likelihood of training

Individual respondents also shared the same mix of 'Yes', 'No' and 'Possibly' responses in respect of the likelihood of their undertaking mental health training in the foreseeable future. Some doubtful responses again focussed on time and cost barriers, as well as the limited specificity and relevance to a particular individual's job role:

"It's probably not very likely - mostly because of time and cost, but also [because] it's of limited relevance" (Learning support officer, Local Authority).

Other individual respondents suggested that training was likely:

"Yes, as we have requested some training. This is training on signposting and making the staff aware of the support systems available to the learners who are suffering from mental health issues. It also acts as an overview of the types of mental health issues that are out there and what they are likely to deal with" (Lecturer, FE College).

Need for support

Finally, institutions and individuals who were interviewed in-depth identified forms of support which they believed would be helpful in increasing the likelihood or volume of the mental health training they undertake in future. Responses differed, with no clear recommendation of support that would meet the needs of all organisations or individuals. For institutions suggestions were generally about greater access to information, either in the form a repository, or individuals that they could call upon for support. For individuals the suggestions were a little more practical and focussed on how to find the right courses, pay for them and find the time to attend them.

Institutional views on need for support

For **institutions**, this included the suggestion of an ETF online course:

“If there was a mental health awareness online course provided free by the Education and Training Foundation that we could offer to staff that would be great, that would be additional training that we would do” (FE College).

Another institution focussed on the availability of good practice and information-sharing:

“Anything to read, case studies looking into how different organisations have coped with it. Webinars are quite good, especially when we don’t have the time to go out and do face-to-face training. Sharing of best practice. I have found 'Future learn' really useful because even though you are doing online learning you are in contact with lots of other people via the comments that they leave” (Specialist FE College).

One institution pointed to the need for an identified personal contact within the provider of mental health training:

“Having a contact for the organisation that delivers the training, that offers support and guidance rather than our staff having to figure it out by themselves. Ideally this person would be part of a charity or a recognised organisation” (FE College).

And another believed a central research and information resource would be valuable:

“What I’d like to see is a central bank of research information that training organisations like us can tap into. We can offer our experiences and ideas, crowd-sharing” (ITP).

Individual views on need for support

Individual respondents suggested a wide range of forms of practical support which would include their likelihood of training. These included:

- Greater clarity as to the content and prospective benefits of courses
- Improved relevance of courses

“If the courses were more relevant, then there would be more attraction towards taking them on” (Learning support officer, Local authority).

- Ways of overcoming the lack-of-time barrier, and resolving issues in covering teachers:

“We have a really strong support network at this organisation, but I haven’t the time to actually engage with that support. Training over conference days across the organisation would be the only way we could fit it in” (Teaching and learning coach, College).

- Assistance with course costs:

“I’m self-employed, so support would simply be financial. I could not afford £600 for a course. If such training were offered by one of the mental health charities, you’d have a queue a mile long” (Self-employed tutor).

CHAPTER 3: CONCLUSION

As noted in the introduction to this report, consideration of the training of FE staff to respond to learners' mental health issues was just one part of a much wider assessment of training needs in the FE sector (though it was subsequently given additional qualitative focus in 16 in-depth interviews undertaken with representatives of FE institutions and with individual members of the FE workforce).

Thus, the statistical examination of the current scale of mental health training and of demand for future training is constrained to relatively few estimates related to these phenomena.

These estimates show that a little more than 1 in 6 members of the workforce (16%) received training related to learners' mental health and well-being in the year prior to survey, with the likelihood of training being highest amongst those people working as teaching, learning, or classroom assistants and as mentors. Thus, perhaps understandably, training was given most frequently to those people in the sector who are particularly focussed on the social and behavioural needs of learners rather than within occupations which have a primary managerial or pedagogical focus.

Whether the '1 in 6' proportion is generally regarded as sufficient is somewhat moot. Only 5% of institutions said in the survey that they would have liked to have provided more mental health training than they did.

On the other hand, a fifth of individual respondents (21%) said they would like more training related to mental health issues in the next year – a higher proportion than the 16% who actually received it last year. It may be noted that both the '5% of institutions' and the '21% of individuals' figures derive from questions which (unlike the question which delivered the '16% in the last year' figure) did not prompt either of these groups with a specific mention of mental health training. It may be that if 'mental health training' had been specifically prompted in the latter questions, the percentage of institutions saying that they would have liked to provide more last year and the percentage of individuals saying that they would like more next year would have been considerably higher.

Thus, though it is not certain that the recent level of training related to mental health issues was markedly below what the sector needs or wants, it may be reasonable to conclude that there is a significant continuing demand for this form of staff development.

This perspective is supported by responses of those institutions and individual respondents who contributed to in-depth interviews on the issue of mental health training. Most of these held the view that mental health problems are becoming more widespread in society, perhaps particularly amongst the young people who constitute the substantial majority of their learners, and that training to deal with this trend is becoming more important.

In this broad context, these in-depth discussions with these respondents delivered a range of additional insights. Because of the relatively small number of these interviews these insights may be regarded as instructive rather than as wholly conclusive.

However, on a number of points there was a broad agreement amongst the majority of respondents:

- Perhaps in line with the perception above, that learners' mental health issues are frequent and becoming more frequent, there was a belief held by most respondents that

mental health training was important for all occupational groups in the FE sector workforce rather than being a need which was focussed just on some specialist occupations (though the depth of necessary training might vary according to particular roles). There was also some recognition, however, that widespread all-workforce training would constitute a considerable challenge

- There was no widespread demand that the training should lead to formal accreditation or certification (even though the wider training needs assessment for the sector, of which this mental health report is an offshoot, shows that, in general, FE staff tend to value training rather more if it leads to a qualification). It seems that respondents were mainly focussed on practical assistance in dealing with a day-to-day issue rather than with formal recognition of skills and knowledge in this area
- Both institutions and individuals, in expressing their belief that more mental health training was needed, necessarily saw a range of benefits from such training, these extending from a better service for learners and increased staff ability to deal with sometimes difficult learners and situations, through practical outcomes such as increased learner and staff retention rates, to wider benefits to communities, the economy, and public welfare budgets
- The key barriers to the provision of mental health training perceived both by institutions and individuals were the costs of training to limited institutional or personal budgets and the difficulty of affording time to train. Additionally, some respondents observed that available training lacked quality or was generic rather than suited to their particular needs
- And, as a final area of broad agreement, both institutions and individuals would welcome support to increase participation in mental health training; though, from the institutional perspective the key requirement was for shared best practice and information whereas individuals were more likely to mention financial support or assistance in overcoming the 'time' barrier to participation.

However, whilst these various insights were widely shared between respondents in in-depth interviews, this research did not produce clear-cut evidence as to which particular types of mental health problems amongst learners should be the focus of mental health training nor as to the formats of training which would be preferred. In the first case, a range of problems including stress, eating disorders, anxiety and depression, low motivation and self-esteem, and so on were mentioned. In the second case, there were varied preferences for and against online training, small group training, conferences, formal classroom methods, webinars, and so on.

Essentially, the scale of this research was not sufficient to reliably identify the themes of mental health conditions which would be subject to greater or lesser demand from the sector or to specify the characteristics of delivery of training which would best meet FE workers' needs (beyond such points, as above, that training need not be directed at qualifications and should, of course, not be expensive). Estimation of demand in respect of these 'theme' and 'mode' of training characteristics remains a subject for further research and market testing.