# Mental and Emotional Health within the Context of Further Education – The Role of Transformational Training

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## Abstract

*This is a small-scale action research project, conducted between 2019-2022, undertaken at a College of Further Education. The college is in the Southwest of England and has undergone a significant transformation to include four campuses, spanning a large geographical area. The college offers apprenticeships, full and part-time programmes, and an outstanding SEND provision for students aged between 14-19. The selection of topics for the study arose from a pressing need for policy change across the FE sector, to meet the increasing needs of student mental and emotional health. As an Advanced Practitioner in mental health and wellbeing, I was able to immerse myself in the context of FE change agency and develop an impact training model to begin to achieve this goal, within a realistic and natural timeframe for FE, providing desirable clarity to the sector. The study predominantly utilises qualitative research methodology in accordance with my alignment to constructivism as a theoretical framework. However, quantitative descriptive statistics are included to provide holistic depth and insight into the rich descriptions provided. This mixed-method approach ensured a demonstration of impact and progress, specifically the confidence and knowledge of FE staff. Thematic analysis allows for the experiences of staff undertaking the training model within the setting to be contextualised and to explore to which FE roles mental and emotional health support should belong. This enables the prescribing of key elements that a whole college approach should incorporate. A diverse range of both pastoral and academic staff demonstrated, via the means of interviews and a focus group, that their significant belief was that mental and emotional health support in FE cannot and should not solely be the role of designated pastoral staff. This research concludes with significant and original recommendations to other FE institutions wishing to embed education-based mental health support and a MHL role. Additionally, this research provides working examples and recommendations for the transferability of a training model to instill a whole college approach to mental and emotional health.*

## 1. Introduction

The researcher designs and implements an authentic whole college model of mental and emotional health training with a universal and targeted approach as a result of prolonged engagement within the sector and study college. The college operates from four campuses and encompasses a large geographical area offering full and part-time study for 14-to 19-year-olds. Participation in FE has almost doubled since the 1990s [4]. However, funding per student between 2018-2019 fell by 27% [10]. As funding decreases, there is less to be spent on mental health initiatives and this is a critical rationale for the formulation of a genuine whole college training approach to mental and emotional health that equips all FE staff, not just pastoral or support staff.

Hughes et al. [27] recommend that the educational sector should deliberate and define the role of the academic in responding to adolescent mental health, yet there remains a lack of policy guidance for institutions regarding how to create this initiative. FE colleges urgently require a hybrid training framework, incorporating academics within a college-wide approach. This approach should note the origins of the constructivist perspective that highlight the individuality of knowledge construction and interpretation. Academics should be provided with a clearly defined approach that provides a less ambiguous description of their role and boundaries. Various mental health campaigns are describing a fundamental need for change throughout the educational sector regarding its dealings with mental health. Thus, there is a responsibility to provide further research based, sector relevant educational models that culminate in evidence-based practice to urgently inform policy. It is unlikely that brief, static mental and emotional health training programmes delivered in isolation are sufficient to encourage learning journeys or meet the increasing requirements set out to align mental health with education. These do not encourage proactivity, but reactivity. This research addresses and suggests realistic solutions to these critical challenges. There is limited investigatory research available about this topic and research critically fails to define a whole college training approach for the FE sector. Specifically, no FE Mental Health Leads have researched from within to provide a research solution to what is deemed a mental health crisis. A disparity arises in the current literature and the training model within this current research contributes to the field to provide a realistic and original suggestion to one of the most prominent challenges within the sector.

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Over the past ten years, the mental and emotional health and wellbeing of young people has received increasing attention worldwide [28]. There is a widening field of literature, compiled by policy makers and educationalists, to make sense of the numerous Government initiatives and recommendations regarding emotional health and wellbeing for today's educational institutions. However, whilst the target of integrating mental and emotional health with education is a superordinate goal for educators and mental health professionals alike, there is minimal agreement on the optimal methods to package staff training or integrate supports within education to achieve these goals today [3].

The most glaring lack of research concerns the FE and Post-16 sectors. Ongoing research demonstrates it to be a marginalised sector over fifteen years on from Elliot's 1996 research [26]. It is not uncommon that this sector is omitted [12] within research literature. FE has long been an under-researched, under-understood and under-valued part of the education system. The FE News [12] suggest that the sector needs to engage in collective learning, building not only its wealth of knowledge and expertise, but the capacity of its working members to research and innovate. Literature arising from the FE sector has decreased in recent times, and, as a consequence, the sector is not well represented in comparison to its counterparts of school and higher education institutions [27]. When contemplating the management of the mental health and emotional wellbeing of adolescents, we must consider, as researchers, that FE presents an exceptional challenge to both adolescents and mature students within the FE environment. This challenge is different from that presented by traditional school journeys and higher education. It is challenging to locate recent research dedicated to mental health within FE. DfE [9] published a research summary report into the mental health provision in both schools and colleges, giving colleges recognition and inclusion as part of a wider systems approach in promotion and prevention of mental health within education. Critically, they note that the priority attached to mental health in education establishments is dependent upon the institution's perceptions of mental health need. This highlights an urgent need to explore perceptions of staff throughout education to understand how they perceive mental health because this will undoubtedly influence support. Although significant, the research has a response rate of only 17% for colleges.

Research conducted by the Education and Training Foundation (ETF) [11] suggests that a large proportion of educational establishments believe mental health training is an institution-wide need. A substantial survey-based research study examined the training needs of managers and staff of the 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 within the FE sector. The ETF [11] note a critical finding from their research study; demand for mental health training was higher amongst individuals working in colleges, in parallel with the increasing mental health issues amongst the 16-18 age group [2]. This study is encouraging due to its sample of FE colleges; however, this work identifies and describes vital requirements of the sector staff but does not conclude with a methodology or a training model to meet this need. A significant volume of research conducted in the field of mental health and FE explores the wellbeing of students [29] and does not elaborate sufficiently about the requirements of teaching staff in engaging effectively with the mental and emotional health challenges present in young people. This is problematic when we consider that current research, such as Mallon and Smith [23]consider mental health challenges to now be natural components of modern educational life.

Warwick et al. [29] research, although now dated identifies salient factors for FE improvement and notes that whilst good practice was emerging, it was not widespread. It is interesting that in 2008, Warwick et al. [29] note that a single approach for FE colleges is not the answer to solving the challenges presented. Additionally, there are similarities between their research and the 2015 Public Health England whole school approach. Staff development is highlighted by both as a key factor. In the seven years between these two significant pieces of research, minimal research has addressed staff development in terms of models or training that consider staff wellbeing whilst equipping staff for the contextual challenges of FE mental and emotional health. Warwick et al. [29] highlight FE colleges and a need for individualisation, a common theme of action research within education suggesting that modern research must consider elements such as transferability [17] instead of generalisability. The study includes, at some level, 362 participants. This mixed methods study invited participation via a variety of methods including, surveys, semi-structured interviews, and a focus group.

## 2. Methods and Research Design

Pascale [20] maintains that, to understand a situation, we must understand the meanings that the situation holds for the participants, not just their behaviours. This study is grounded in extracting the meaning and experiences of training in parallel with the nature of the topic of interest which is entirely individual and unique to each human being. Every human possesses mental and emotional health and our experiences of it are entirely subjective; it is also

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fluid and can move daily according to continuum models of mental health. Therefore, our needs and understanding of training will differ but will also need to align with organisational resourcing and priorities. This research pursues access to the developed meanings that participants bring to the training experience, and which will encompass the cultural worlds from which those individual perspectives and beliefs are formed.

According to Lincoln and Guba [17], research may produce many constructed realities that can be studied holistically and investigation into these multiple realities may raise more questions than it answers. There are many realities present within this research, such as the multiple realities of academic and pastoral staff, that have been constructed by participants from their meaning schemas. Within this research, a series of interviews raises numerous questions for participant focus, which then inform the direction of the final consolidatory focus group. From the focus group arose significant recommendations for each FE context to contemplate upon implementation of the training model. One of the primary aims of this research is to provide practice recommendations and, it is likely, due to the complexity of the research field, that this exploratory research will provide a model for consideration and adaptable use, but also raise pertinent questions for policymakers to consider and provide a platform from which further significant research can be generated. This research follows an educational action research model, with the idea of bringing about educational change amongst the wider college community. Action research is typically described as both a cyclical process and a participatory undertaking. Traditional descriptions of action research note that there will be three or four cycles of action and that research will be a democratic process, concerned with developing practical knowledge in the pursuit of worthwhile human purposes [5]. For the purposes of this research, action cycles occur prior to the implementation of the model and are integral to the naturalistic context of FE. Action cycles also occur in pilots and actively within implementation during training sessions. This research model does not aim for generalisability, recognising the unique FE context but instead utilizes the criteria from Lincoln and Guba [17] to achieve transferability. Context heavy descriptors are utilized to allow FE colleges to decide upon the level of transferability.

### 2.1. Action Cycle 1: Pre- Implementation fact - finding, problem formulation and action planning – Context

This cycle is critical to the numerous elements of this study including the selection of literature, formulation of the training approach and contextual significance. This action cycle fulfils a significant element of what Lincoln and Guba [17] deem to be prolonged engagement. To be wholly informed as a researcher in educational policy, it is important to approach the debate of mental and emotional health support within FE holistically and with knowledge of the FE context locally and nationally. Therefore, action was taken prior to implementation and design of the training model to notice and know as much about the problem as possible to inform the subsequent action cycles. This phase is problem formulation or noticing a problem [24]. This cycle includes a survey distributed to understand staff perceptions of the role of mental health training within FE.

### 2.2. Action cycle 2: Pre-implementation trial of Mental Health First Aid

Having reached fundamental decisions about my value judgements and significant reflective activity in the first action cycle on discussions within policy groups, this action phase begins to fulfil some of the action required for solutions. Reflections from the first action cycle inform that MHFA aims to improve knowledge and confidence; key factors cited by colleagues as contributing towards ambiguity. Therefore, a pilot trial of MHFA was conducted. This was designed to acquire insight into the impact of this training and to assess how actions as a trainer would be perceived by an FE cohort. A pilot or trial highlights logistics that are significant in the implementation of this training model prior to data collection. This allowed critical reflection space and an opportunity to make adaptations before finalising the complete model. Of principal interest was whether staff would be interested in undertaking this training, considering the intention is for MHFA to be a mandatory element of the training model. Initial evaluations pre-implementation provided a snapshot of the impact of the training and allowed for changes to the delivery method, environment and where necessary, the course materials.

### 2.3. Action Cycle 3: Development and delivery of training programme

As a mental health professional and qualified trainer, I design and deliver a proportion of the training within this model. MHFA is nationally recognised and standardised training offer that therefore does not require design. The action is my role as a trainer and ability to deliver the material according to the principles of transformative learning theory [19] which are crucial to affective (mental and emotional) education. I act within the training in terms of the mode of delivery, case studies, video selection and presentation to ensure that the widest opportunity is provided for participants to discuss

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and reflect through mechanisms of discourse, interaction, and communication. Awareness of language makes the process accessible to participants and they can develop enough understanding to become co-researchers in many situations.

Having reflected on the progress of this study during the first two action cycles, I maintained substantial awareness that Transformational Learning (TLT) was the preferred mechanism to allow staff to refine meaning schemas and perceptions. With these principles in mind, I designed the second universal training programme of emotional literacy, based upon prolonged engagement and cultural knowledge of FE context. This programme takes action to promote self-awareness of emotions and to self-regulation and communication skills, adhering to the principles of TLT. Action cycle two allows an in depth understanding of how to create a TLT environment from reflections of pilot training. The above actions enable reflective decision making to recognise the content with the most change potential and relevance to FE. Each action cycle informs the next through a process of direct collaboration and researcher reflection; each cycle is a scaffold from which to plan and create subsequent action. Training for FE cannot be designed without the benefit and value of discussions with FE sector colleagues and without a pilot trail of MHFA to test the principles of transformational learning.

To understand the research methods within this study, it is useful to first identify the training model to appreciate the reasoning for the choice of the research and data collection methods. The intention is to gather data at every level of from problem formulation, to the universal and the targeted training to understand the impact on participants and its potential for solution within FE. Two training offerings provide an adequate baseline level of knowledge for all FE staff to increase confidence to provide basic levels of emotional and mental health support to students (and staff); regardless of a job role. This paper focuses on data from the Universal training, incorporating participation in MHFA adult two-day course and Emotional and Cognitive literacy training (two-hour workshop). Targeted training is optional and voluntary, incorporating workshops delivered by specialist staff with a focus upon different areas of mental health and emotional wellbeing. Examples include Anxiety, Stress, Social media, Loneliness, Self-Esteem, and Low Mood. Typically, the duration of these workshops is two hours, and they are delivered online due to Covid-19. These workshops allow for collaboration and interaction to facilitate and generate problem-solving skills.

Five opportunities for MHFA training were offered to staff and 30 sessions of emotional literacy training between September and April (2021). Targeted workshops ran between these months in tandem with the mandatory training, linking to my affinity with the naturalistic paradigm [17]. Post training, participants completed an evaluative survey measuring two central areas: confidence and knowledge. The evaluation is designed to capture any transformational journeys of participants on the training course, aligning with the purpose of this research.

The evaluative survey measures confidence and knowledge data and these findings are important to the research questions. However, it is acknowledged within this study that this evaluation can only provide a measure of participants confidence and knowledge increase immediately post training, which is a limitation.

The evaluation does not have the scope to measure the participants implementation of the training and does not capture confidence and knowledge increases as they occur in practice [7]. Additionally, it must be noted that the statistics captured within this evaluation can be in relation to the instructor. If the course is delivered in an engaging manner, it is likely that participants will rate higher scores. This can be recognised as the halo effect, a cognitive bias in which participants can be heavily influenced by idealised views of a person that extend to any action they take. Due to these limitations, emphasis is placed upon the pairing of descriptive statistics with qualitative data from the interview and focus group method. These methods have the ability to inform the study about participant practices post MHFA (approximately six months) using examples. The emphasis within this study rests on the rich descriptions and experiences of the participants to suggest meaningful solution to the FE sector and explore the MHFA training offering. This study maintains interest in whether MHFA is a useful universal training tool to begin aligning mental health with FE. The MHFA evaluative survey within this study is utilised as a reflexive measure to gain a progress measure immediately post-training, it does not indicate whether MHFA is appropriate in subsequent practice. To capture these experiences, thirteen participants contributed to semi-structured interviews and a focus group. Before the focus group, participants identified key themes that they felt were prominent for discussion and for FE to consider in the implementation of a training model. With this inductive approach, themes are strongly linked to the data set and may bear little relation to the specific questions asked of the participants. In this study, the inductive approach is a key reason for the emergence of numerous significant recommendations to the FE sector. The suggested recommendations extend further than training and this is one of the strengths of this approach. The themes for focus group discussion are as detailed below:

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a) The role/importance of a MHL within FE

b) Methods of delivery/teaching for mental and emotional health training

c) MHLs within the educational context

d) Transformational learning/ Journeys of change

e) Job role/boundaries within a whole college approach i.e., academic/pastoral

## 3. Results and Findings

From the five cohorts of Mental Health First Aid training, participants reported at least a three-point increase in both confidence and knowledge suggesting that MHFA assists in confidence and knowledge transformation. The question requests that respondents answer in relation to their own personal confidence in supporting a mental health issue and therefore relates to each participant's own individual learning transformation because of this course. It must be noted that participants will hold their own perceptions of confidence and knowledge and respond according to their own individual meaning. This is a limitation of this evaluative tool as there is no standardised suggestion for participants as to what constitutes confidence or knowledge. The strength of this evaluation is that no interpretation is required by the researcher, therefore, the scores provided are adequate representations of participant experience immediately after training and demonstrates elements of positional reflexivity.

Emotional literacy training was delivered during the data collection phase to all college staff. All staff were informed prior to the training that it would inform this research. 203 staff completed the evaluative survey post training, and all provided informed consent. The survey was designed by senior teaching, learning and assessment managers with significant experience of collating feedback on CPD. These questions were designed to ensure parity with the MHFA evaluation and to measure any increase in knowledge as a result of training. The questions request that participants score knowledge before and after out of ten.

Table 1. Emotional Literacy Transformations

| | |
|---|---|
| Q. On a scale of 1-10 how much did you know prior to training about Emotional and Cognitive Literacy? | 5.56 (average) |
| Q. On a scale of 1-10 how much do you know after the training about Emotional and Cognitive Literacy? | 8.1 (average) |

The following questions were designed to explore the impact of the training with regards to the more specific elements, such as practice and pedagogy and the five main principles [13] of emotional literacy.

Table 2. Emotional Literacy Explorations

| | Yes | No |
|---|---|---|
| Q. Do you feel more confident that you are more aware of the 5 key principles of emotional literacy? | 184 (91%) | 19 (9%) |
| Q. Do you feel you have developed your ability to understand your emotions, listen to others and empathise with their emotions, and the ability to express emotions productively? | 187 (93%) | 16 (7%) |
| Q. Do you think this training will impact your pedagogy/daily interactions? | 170 (84%) | 33 (16%) |

Braun and Clarke [6] state that there is no one ideal framework for conducting qualitative research. What is of importance is that the framework and methods match what the researcher desires to know and that they can acknowledge these decisions. In this study, thematic analysis does not attempt to explain patterns that have previously been identified but to explore new themes regarding the experience of those undertaking training in FE. Therefore, the views of the participants are interpreted with respect to their context and experiences. Within this research, I conduct thematic analysis in accordance with Lincoln and Guba's [17] standards for rigour, and I follow Braun and Clarke's [6] six-step method. The final thematic themes are presented in Table 3.

Table 3. Thematic Analysis Themes

| |
|---|
| 1. Staff wellbeing and support |
| 2. Delivery methods of training |
| 3. Universal and targeted approach |
| 4. Clarity of job role/boundaries |
| 5. Emotional literacy- transformational learning |
| 6. MHFA- Impact |
| 7. Continuation of training model |
| 8. Awareness/Confidence |
| 9. Lockdown and Covid -19 |

Some direct quotes from the thematic analysis are as follows:

*"What we need is the support to feel like we are getting it right, and also the support for us when you do hear something*."

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*"There needs to be something universal and something for those who wish to buy in more, it's not going to be for everyone. It depends on people's life situation; they may not be in the best place to explore mental health and emotions any further than the universal layer".*

*"It is important for everybody; I think if everybody has a responsibility for a young person then they need to have complete responsibility for that young person. If that person is in your classroom and they're in your care, then you have a responsibility for them. If they'd fallen over and cracked their head on a desk, you'd be responsible for them, so I don't see this as being any different."*

"*You could say that mental health is like safeguarding and you are being trained in something that would prevent a possible safeguarding issue. Safeguarding is everyone's responsibility and mental health is no different".*

These findings extract rich human experience and present the story that creates the final practice recommendations. The interview and training process explores and provides significant themes concerning the implementation of a whole college framework and naturally scaffolded the discussion in the focus group. The discoveries were constructive and demonstrate a significant period of transformation for most participants.

## 4. Conclusions and Recommendations

A proportion of the literature and policy suggest a whole school or college approach to mental and emotional health [21]. Organisations have adopted this terminology and language and interpret this model according to student intervention but with minimal wider consideration of the terms universal and targeted. Significantly, existing research does not consider that pre-existing whole approaches for schools are not fit for purpose in an FE context. Whole approaches are frequently purposed for schools, with colleges included and the current research now suggests that this is not appropriate or effective. More concerningly, these approaches do not prescribe a recognisable training schedule required to preserve staff wellbeing and meet what Maslow [18] deemed to be conditions for psychological safety. There is not enough guidance provided within FE sector policy on a whole college training model that embeds emotional and mental health. Mental health is no longer a separate entity to education, it is ingrained in the everyday rituals of FE communities and present in every person. Colleges require specific guidance and direction of how to create these models and this is provided by the conclusions within this research.

This current research provides responses and conclusions to a void in the literature by suggesting that a whole college training approach to mental and emotional health support includes the following key elements:

i. A universal and mandatory training programme for all staff (Key element one).
ii. A targeted and voluntary training programme for all staff (Key element two).
iii. An identified MHL with working knowledge of FE to oversee and facilitate (Key element three).

The responds to the ETF [11] need for training that is required by more than just one group of staff in the provision of an institution wide, transferable model. In addition, the model presented in this study answers the concerns that maintaining a whole college community should be fostered to target the issue of non-disclosure. Woodhead [31] notes that this responsibility is not just one group of staff, but a whole college. This is further agreed by Sunderland [25] who notes that the effect of one trained staff member can be like that of a trained therapist if a whole community is trained. Cox and Macdonald [8] similarly suggest that a paradigm shift is required; the shift being that all staff must receive training. They argue that this is now a fundamental purpose of education and that the MHL role is too big for just one person. This study is now able to further this literature by suggesting key elements to refine the MHL role to ensure boundaries are applied and to suggest possible mechanisms and operationalisation of training a whole college, adaptable to organisational priority and circumstance.

This study proposes that a whole college training model includes context appropriate training to deliver basic knowledge of mental and emotional health. This training should be mandatory for all staff. No current literature recommends any mental health training programmes be mandatory for FE colleges and considering the complexity and challenge of adolescent mental health, this is a critical requirement. It is no longer realistic or feasible that mental health training is not mandatory for educational staff. In their 2021 update to the original 2015 guidance, PHE suggests that school and college staff undertake psychological first aid, an online training programme. Without a mandatory stipulation attached to it, it is questionable whether staff would prioritise this training or be aware of its availability. It is timely that training is mandatory and given similar priority to safeguarding. The current research agrees with the premise of Mallon and Smith [23] who suggest that mental health and suicide prevention are now an inevitable part of modern education. Mallon and Smith's [23] offering is critical, focusing specifically on suicide in FE and

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HE, something that the authors claim is a key component of FE today. There is a critical requirement for mandatory, universal training within FE and as books now exist for specific suicide prevention, research must address this, and FE must consider compulsory training. At the time of thesis submission, a new training offering has been released by MHFA England specifically for suicide interventions and the current study college are implementing this training for staff, recognising its importance to the sector and the young people and staff within it.

The implemented universal programmes are appropriate for FE as mandatory training. These are MHFA (Adult 2 day) and emotional and cognitive literacy (2-hour workshop). The results gathered from this training suggest significant impact with increases in confidence and knowledge amongst staff for every training cohort. Due to Covid-19, this training was conducted online, following the MHFA guidance and utilising the online classroom. This widens the applicability of MHFA as a universal offering as staff are not required to allocate two consecutive days for the face-to-face training but can opt for four live sessions over two weeks using the online method. This means as a universal offering, colleges can equip many more staff with these skills. It is clear via examination of qualitative data that MHFA removes ambiguity of how to respond to mental health challenges of students and that this is a valuable contributory factor in confidence increases. Referring to Jorm [16] this training removes inconsistency amongst definitions of what constitutes mental health and mental ill health. The first content of MHFA training is a continuum model to enable differentiation between mental health and mental ill health. This assists a common issue identified for students with mental ill health; the fact that extenuating circumstances are often suggested due to a lack of knowledge. Exploration of the continuum approach allows for the removal of stigma and encourages participants that mental health is constantly fluid and changing over time; it is not linear. MHFA has received criticism for the onus that it may place on educators and the current study suggests that staff did not feel that the emphasis was placed upon them, however, this critique is recognised and specific operationalisation measures, such as supportive peer groups, are suggested. Additionally, the current study begins to expand on minimal research literature concerning MHFA as a training tool within education. Most of the literature conducted about MHFA has been fashioned by its creators and therefore the knowledge from the current study is a useful base from which to conduct further explorations of appropriateness within the educational sector.

A commonality of language must be achieved by education. The current study suggests that the fundamental mechanism to achieve this is context appropriate training for all staff. MHFA and emotional literacy within the current study training model allow participants to explore language that is neutral and acceptable and language that is judgmental. A high proportion of staff who participated were not aware of neutral and acceptable terms that can be used to describe mental health conditions and had never been provided with an opportunity to learn this. This study encourages what Weare and Nind [30] describe as a greater understanding of terms by providing staff with a non-judgmental training environment to address language that may not be complementary to mental ill-health. This is an example of new information enabling the refining of meaning schemas [19].

MHFA is an opportunity to reflect on mental health concepts and experiences; this must be provided to achieve a whole college approach. MHFA refines meaning schemas and beliefs, encouraging clearer understanding. The skills provided in training contribute to gaps in prior research as staff are equipped with enough knowledge to begin taking responsibility for and encouraging mental health disclosures. This promotes early intervention and a proactive whole college approach. With the above significant positives in mind, FE colleges adapting and utilising this model must exercise appropriate caution in executing the logistics of staff cohorts for this training; participants within this research note potentially sensitive situations if face to face training includes sensitive discussions between colleagues without positive interpersonal relationships in place.

Wellbeing and self-awareness of emotion is significant. Literature explored suggests staff wellbeing to be a paramount consideration, and this training has dual benefit with staff participants noting that they can identify their own emotions and consequently understand when their own mental health requires attention. This is a critical skill; lecturers are role models that can be transformed by developing relationships. However, this can only occur if staff are equipped with an opportunity to reflect on their own meaning schemas and to understand and label their own emotions to assist in emotional interpersonal relationships with learners, as is the case during this research. This integral point was published fifteen years ago, and FE must now recognise that these skills and training opportunities are critical to education and implement the programme for all staff. If lecturers are role models, which they often are for young people, they are also role models in mental and emotional health, not solely classroom behaviour. Warwick [29] notes that stigma can be challenged beyond the formal classroom by learning about emotional intelligence. A two-hour mandatory training on the key principles of emotional literacy allows staff to become

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significantly adept active listeners with empathy towards themselves internally and others externally. Rich data demonstrate a journey of transformation and a significant reflection period. Staff express adapted frames of reference post-training to diversify support dependent on their emotional frame. This indicates that via this model of training, staff can differentiate not just to academic ability, but to integrate a transformed emotional focus. This allows for the promotion of psychological safety and inclusion within classrooms, contributing to creating safety as described by Maslow [18].

Weare and Nind [30] suggest that a universal and targeted modality is appropriate for a whole-school approach. This is accurate to a certain degree. The current study data demonstrates this approach to be effective, however, the salient point must be recognised that whole school does not automatically translate to whole college due to significantly different contextual needs of staff and students. The key differences must be recognised within a training programme and FE colleges must no longer be an addition to material purpose for schools. The current study develops new knowledge for Weare and Nind's terminologies and specifies the universal and targeted training for FE. This current research promotes the concepts of a universal and targeted approach, but the key difference is the focus on staff. Weare and Nind [30] consistently explore these theories as part of a whole school approach and there is good evidence to demonstrate their potential. However, these terms need to conceptualise the staff who serve as role models within the college; interacting and forming interpersonal relationships with students and each other. A college community and a genuine whole college approach makes mental and emotional health everybody's business.

Adi et al. [1] agree that both universal and targeted approaches have their place and can be stronger in combination with one another and others argue that a redressing of the balance is required, with greater attention paid to the targeted approach. This research presents an original proposition. Universal training is the vehicle that allows staff to understand themselves, to empathise with students and to openly converse about mental health with students, reducing the need for external referral and reducing the challenge of non-disclosure. If colleges create and implement a targeted approach in addition, this allows for an upskilled community with embedded skills to become disseminated throughout FE curriculums, creating truly inclusive environments in terms of mental health and wellbeing. Staff opting to participate in targeted training can be significantly upskilled to mobilise new and innovative roles such as mental health coaches in curriculum areas and this is an avenue for further research exploration.

In conclusion, this research agrees with literature that stipulates a universal and targeted modality. However, for the provision of originality and regeneration, it provides further necessary specifics for colleges to construct a whole college model. This research suggests that the concept of the 'whole' approach requires reinvention into a systemic approach accounting for contextual adaptability. The terms universal and targeted are preconceived terms suggested by previous, somewhat outdated literature [30] and are open to interpretation. Many 'whole' approach models, such as PHE [21] suggest elements that contribute to the wider approach and this current research suggests that each element such as "staff development" [21] should be specified according to context. A whole college approach cannot just refer to its students and short-term prevention measures. There is a significant requirement for the inclusion of staff because of Covid-19 when it is likely that approaches to both learning and working will need to change to account for experiences of grief and trauma during the pandemic.

The current study concludes that suggestions for training such as the updated PHE [21] model are no longer sufficient and do not provide clarity and structure for FE staff. To remove ambiguity colleges, require a visible whole college training approach. Research literature previously labels mental health support within education as the "elephant in the room" [14]. The current research hypothesises that this is only the case due to factors such as ambiguity and lack of direction and understanding because of minimal training within staff roles. There is minimal guidance provided to staff concerning the boundaries between mental health support and their academic roles. Danby and Hamilton [14] agree with this premise noting that relevant and good quality training is vital if staff are to effectively support learner's need. The provision of MHFA provides an evidence-based framework of how to respond to mental health challenges and participants expressed resulting boundaries dividing what support they could and could not provide. This extends work evidencing that staff critically need the "how" and the "when" and a step-by-step procedure. This removes ambiguity and confusion and, more importantly, provides professional boundaries that do not conflict with job role and intended purpose as college staff. Mandatory training defines job roles in the very process of being mandatory; it makes mental health a community responsibility and schemas are created that reflect this. Additionally, the training model eliminates what Hughes *et al* [15] report as inadequately prepared staff. Hughes *et al.* acknowledge the salient point that staff may not agree to an extra dimension of pastoral care within their role. This research argues that staff do acknowledge the role of FE in mental health support but require adequate training preparation. This

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research demonstrates that adult attitudes can be transformed if the environmental conditions are facilitated to create optimum conditions. Many wellbeing interventions in schools and colleges currently focus on the student alone, this research proposes an alternative perspective. Namely, specification and direction of the personal and professional development of the staff in the field of mental and emotional health. It is no longer sufficient for policy makers to suggest that this is an important component of a whole school or college approach; it is time for components to now become clearly defined and understood within the sector. A focus upon staff, not just students, promotes messages of autonomy, wellbeing, clarity of job role and early intervention skills. This training model utilises college staff as authentic role models that lead by example; it is a dual process because without the holistic approach of the academic/student relationship, change is unlikely. Academic staff must be provided with the opportunity to construct and redefine their meanings of mental health, build new frames of reference and develop emotional self-awareness. In doing so, they create a new language and dimension of mental health literacy. Additionally supportive to this positionality is the research literature [22] that noted critically over ten years ago how teacher perceptions are vital in supporting mental and emotional health within schools. Additionally, emotion literature frequently informs that every aspect of human activity is accompanied by emotions and that emotions are responsible for behavioural actions. Thus, training that encourages a transformational learning journey towards authentic frames of reference and emotion identification is central to successful change implementation and culture change in FE environments.

Previous research has not considered that affective education (mental and emotional) should differ significantly from traditional classroom education and requires a diverse approach. Training that explores emotions and mental health does not lend itself to the taught instruction method. TLT is an appropriate delivery mode for this type of training as it allows participants to openly discuss topics and challenge preconceptions through means of critical reflection and discourse rather than a taught methodology of learner and knowledge. This mode of delivery allows refinement for the social meanings (our own meanings built from experience) of mental health as participants are encouraged and able within the universal training to discuss stereotypes and preconceptions that could be informing their frames of reference. This requires a safe space for participants to discuss potentially controversial stereotypes. This study provides the opportunity to reflect on concepts and experiences. It is likely that a lack of knowledge correlates with a lack of confidence and social participation is often a factor to increase confidence. TLT environments provide the conditions for social participation to occur; we often create new constructions based on communication with others. Universal training provides numerous opportunities for collaboration and interaction. Qualitative data within this research expresses the benefits of this. Mental and emotional health training should provide, at the minimum level, the following opportunities as stipulated by TLT.

i. Elaborate upon existing frames of reference (discussion time provided in both MHFA and emotional literacy to challenge existing ideas).

ii. Learn new existing frames of reference (knowledge elements of training).

iii. An environment that encourages group cohesion, participation, and psychological safety.

Training within this model actively encourages discussion and feedback exchange between participants and, due to the nature of this type of training, this is one of the most successful elements of this research study. This research provides a framework to ensure that every single member of the FE community has access to high quality, evidence-based training that provides them with the autonomy to shape the ambiguities present in mental and emotional health support roles. This research is entirely original and can provide significant additions to the Government proposed training of 2021 in that it focuses on training entire college communities to provide authenticity to the term "whole college approach" genuinely making it everybody's responsibility, much like safeguarding, not just one senior MHL. The findings from the implementation of this model demonstrate the value of utilising whole college communities to provide a collaborative and meaningful whole college approach that provides clarity and focus to the inclusion of mental and emotional health support in FE. The experiences and rich descriptions provided during this research demonstrate that as a group of FE staff, participants were prepared to be vulnerable and open to the exploration and learning of new meaning schemata for the improvement of mental and emotional health policy, providing an important response to this critique of transformational learning theory whilst pioneering inclusivity. A further crucial significant conclusion of this work is that over the course of a traditional academic year, beneficial progress can be achieved in empowering staff and instilling confidence in the mental and emotional health agenda. A fundamental strength of this research, and its substantial originality is situated within the authentic, holistic understanding of the necessary mechanisms to embed mental health support in FE. It is not realistic, as proposed by policy makers, to instill one senior MHL without enabling them in the mechanisms of how to create a

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whole college training approach. As demonstrated throughout, mental and emotional health is complex, and a reductionist approach will not achieve the desired goals of policy makers. This whole college holistic training model can create togetherness, authenticity and a shared focus for mental and emotional health that supports a senior MHL in their role, rather than them being solely responsible. This project concludes upon a statement made at the beginning of this research and in recommending a whole college FE training model, acknowledges the very fact that colleges are different.

## 5. References


[1] Adi, Y., Killoran, A., Janmohamed, K., and Stewart-Brown, S. (2007). Systematic Review of The Effectiveness of Interventions to Promote Mental Wellbeing in Primary Schools: Universal Approaches Which Do Not Focus on Violence or Bullying. National Institute for Clinical Excellence, London. https://www.ncbi.nlm.nih.gov/books/NBK73674/ (Access Date: 20 April 2019).

[2] Association of Colleges (2021). Mental Health in Colleges report. https://www.AoC.co.uk/mental-health-in-colleges-report. (Access Date: 24 August 2021).

[3] Atkins, M.S., Hoagweed, K.E., Kutash, K., and Seidman, E. (2010). Toward the Integration of Education and Mental Health in Schools. Adm Policy Mental Health. 37. pp 1-14.

[4] Belfield, C., Farquharson, C., and Sibieta, L. (2018) 2018 Annual Report on Education Spending in England: Executive summary. Institute for Fiscal Studies.

[5] Bradbury, B., and Reason, P. (2005). Handbook of Action Research. Concise pbk edition ed.: Sage Publications.

[6] Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

[7] Cook. A., Keyte. R., Sprawson. I., Matharu. A., and Michail. M. (2022). Mental Health First Aid experiences- a qualitative investigation into the emotional impact of mental health responsibilities. Preliminary report.

[8] Cox, P. and McDonald, J. M. (2020). Analysis and critique of "Transforming children and young people's mental health provision: A Green Paper": Some implications for refugee children and young people. Journal of Child Health Care, 24(3), pp. 338–350.

[9] Department for Education. (2017). Supporting Mental Health in Schools and Colleges.

[10] Education Policy Institute [EPI]. (2018). Written evidence from the Education Policy Institute (SGP0007). Retrieved from Health and Social Care Committee, UK Parliament website. (3rd January 2021).

[11] Education and Training Foundation. (2018). Training needs in the Further Education sector- mental health training. www.et-foundation.co.uk/wp-content/uploads/2018/12/training-needs-in-the-further-education-sector-mental-health-training.pdf (Access Date: 2 January 2020).

[12] FE News. (2021). Building an FE Research Community of Practice. https://www.sixthformcolleges.org/1412/blog-6/post/37/what-colleges-can-do-for-their-students-mental-wellbeing-right-nowases/66412-building-an-fe-research-community-of-practice. (Access Date: 21 April 2021).

[13] Goleman, D. (1995) Emotional Intelligence. Why It Can Matter More Than IQ.: Bloomsbury Publishing.

[14] Hamilton, P. and Danby, G. (2016), 'Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being', Pastoral Care in Education. 24 (2) pp.90-103.

[15] Hughes, Panjwani, T., and B. (2018). Student Mental Health. The Role and Experiences of Academics. http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/180129_accessible_version_student_mental_health_the_role_and_experience_of_academics_student_minds.pdf (Access Date: 5 September 2019).

[16] Jorm, A. (2012). Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health. The American Psychologist. 3 (67), pp. 231-243.

[17] Lincoln, Y.S., and Guba, E.G. (1985). Naturalistic Enquiry. 1st ed.: Sage.

[18] Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50(4), pp.370–396.

[19] Mezirow, J. (2009). An overview on transformative learning. In Knud Illeris (ed.) Contemporary Theories of Learning: Learning Theorists- In Their Own Words. Routledge.

[20] Pascale, C. (2011). Cartographies of knowledge: Exploring qualitative epistemologies. Thousand Oaks, CA: Sage.

[21] Public Health England. (2015). Children and Young People's Mental Health Coalition. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_healt_and_wellbeing.pdf (Access Date: 7 January 2020).

[22] Reinke, W. M. (2011). Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers. School Psychology Quarterly, 26(1), pp. 1–13.

[23] Smith, J. (2021). Preventing and Responding to Stud-ent Suicide: A Practical Guide for FE and HE Settings. Edited by Mallon, S. and Smith, J. Jessica Kingsley, London.


 | DOI: 10.20533/ijcdse.2042.6364.2023.0581 

[24] Smith, R. and Rebolledo, P. (2018). A Handbook for Exploratory Action Research.: British Council.

[25] Solvason, C. and Elliott, G. (2013). Why is research still invisible in further education. Journal of Learning Development in Higher Education. Plymouth, UK, 0(6) (23 March 2021).

[26] Sunderland, M. (2021). Schools, colleges and universities are essentially now front-line services. https://www.fenews.co.uk/exclusive/schools-colleges -and-universities-are-essentially-now-front-line-mental-health-services/gesanduniversitiesareessentiallynowfrontlinementalhealthservices–FE News (Access Date: 10 Feb 2022).

[27] Thorley, C. (2017) Not by degrees. Improving student mental health in UK Universities. Institute for public policy research. https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf (Access Date: 3 Septem -ber 2020).

[28] Waller, R., Hodge, S., Holford, J., Webb, S. and Marcella, M. (2018). Adult Education, Mental Health and Mental Wellbeing. International Journal of Lifelong Education 37 (4) pp 397-400. [4]

[29] Warwick, I. (2008). Supporting Mental Health and Emotional Well-being Among Younger Students in Further Education'. Journal of Further and Higher Education. 1, pp. 1-13.

[30] Weare, K., and Nind, M. (2011). Mental Health Promotion and Problem Prevention in Schools: What Does the Evidence Say?'. Health Promotion International . 26 pp 29-69.

[31] Woodhead, E., Chin-Newman, C., Spink, K., Hoang. M. and Smith. S. A. (2021). College students' disclosure of mental health problems on campus, Journal of American College Health, 69:(7), pp. 734-741.

 | DOI: 10.20533/ijcdse.2042.6364.2023.0581 