Adult education, mental health and mental wellbeing

Engaging or continuing to engage with formal education in adulthood has long been seen as being beneficial to learners in a number of ways (Schuller *et al.*, 2004; Field, 2009). These include the obvious social ones– classes are good ways to meet others with similar interests – and economic benefits including enhanced knowledge, skills general employability are often cited as being important too – the encouragement to 'learn to earn'. Benefits to mental health for those involved have also been identified for adult learners. In an important survey of the research in these pages nearly ten years ago, John Field reported that we could claim 'with some confidence that the current evidence base shows clearly that learning does impact positively upon well-being' (2009: 187). More recently, the Mental Health Foundation (2011) reported data demonstrating such benefits to older learners, notably health improvements including helping ward off dementia, and contributing to a reduction in depression, anxiety and loneliness.

However, as Field noted, the 'negative consequences of learning for well-being' have generally been less investigated (2009: 175). Writers such as Waller *et al.* (2011) have highlighted the potential damage to existing relationships sometimes experienced by adults returning to formal education as lifelong learners, and there can often be a hidden 'downside' in terms of mental health and well-being for adults re-engaging with formal learning, perhaps especially for younger adults in full-time higher education. This is particularly true for those who have moved away from their family home to study.

Young adults have often suffered mental health problems during their transition through adolescence into adulthood. For instance, an estimated three quarters of British adults with mental illness first experiencing symptoms before the age of 25 (Thorley, 2017). And as commentators such as Louise Honey (2018) from the UK Student Minds mental health charity (http://www.studentminds.org.uk/) has suggested, whilst entering higher education can mark the start of an exciting new life stage or 'journey', many young adults struggle with the initial transition from school or college into university. The fact that this has been highlighted as a concern in the Netherlands (Matthews, 2018), Australia (Ross, 2018) and Canada (http://teenmentalhealth.org/) amongst other countries points to a widespread phenomenon in the developed world.

The UK university system is not alone then in undergoing a major exercise of self-reflection in terms of the mental well-being of its two million plus students following an apparent increase in incidents of self-harming, engaging in 'risky behaviours' including drug taking, and most disturbingly, several high-profile student suicides highlighted in the media. One reputable British newspaper (The Guardian, 2018) has recently called rising concerns around student mental health issues 'a crisis' for the university sector, and an Institute of Public Policy Research (IPPR) report last year suggested a fivefold increase in the proportion of students in the UK disclosing a mental health condition to their institutions (Thorley, 2017). And it is not only higher education: a recent survey found two-thirds of Further Education colleges reporting numbers of students experiencing mental health difficulties had 'significantly increased' during the past three years, whilst three-quarters believed there were 'significant numbers of students who had undeclared mental health difficulties' (Maudsley, 2018).

Universities UK, the body representing HE institutions in that country, which funded the IPPR report, has established a taskforce to look into student mental health and well-being, and it is safe to assume that most if not all UK universities and those in many other countries are looking closely at their practice around student support structures in light of these disturbing figures. As Assistant Director of Universities UK John du Purey (2018) recently suggested, '(E)very student suicide is tragic, devastating for family and friends and with profound and far-reaching impacts across wider

communities of students and staff. It is hard to imagine anything more immediately testing for university leadership'; none of us would dispute that sentiment.

The actual numbers of UK full-time student suicides are disputed, with Hong Kong based researcher and public health campaigner Edward Pinkney suggesting the 2015 total was 163 (Pinkney, 2018), compared to the recent IPPR report which suggested it was some 20% lower at 134. What is not in dispute however is the fact that this is a significant worry for the sector as well as for students, their families, the media and the public at large. Every university wants to do their best to alleviate such disturbing events, not just for the individual concerned and their immediate friends and family, but also for the potential damage to institutional reputation; no university would want to be considered 'uncaring'. This is doubtless especially true at a time when the sector is under close public scrutiny in terms of the salaries and expense accounts of its senior managers and the value for money provided to students in return for the significant tuition fees they have to pay.

Student self-harming and suicide have unfortunately always taken place, but the apparent recent increase in incidents is cause for concern for all involved. Pinkney (2018) suggested the figure for UK full-time student suicides was as low as 97 in 2007, and nearly twice that at 183 in 2016. Commentators including Bathmaker *et al*. (2016) and Thorley (2017) have suggested that factors contributing to the increase in student mental illness could include social media and the system of student finance and funding, with fear of potentially large debts being accrued during the course of study. These add to pressures such as the desire to get a 'good degree' to differentiate oneself from other graduates, and the requirement to find appropriate employment upon graduation against increased competition following the expansion of the university sector in recent years.

Although they only work with students legally classed as adults in terms of their age, universities have a duty of care to those who study with them, particularly since most of those who do are young people living independently and away from their family, often for the first time. Mental wellbeing is a major public health issue, with as Pinkney (2018) highlights, the World Health Organisation advocating continuous and systematic monitoring and surveillance of such health-related data, to allow for the appropriate planning, implementation and evaluation of public health practice.

As Pinkney (2018) suggested in his blog post on the subject, we need to be sure to get accurate figures regarding the numbers affected by student mental health issues, and in particular the more serious elements of it notably self-harm and suicide. Educators and student support services, and both local and national policymakers alike must decide how to allocate resources to address student mental health in an informed manner based on accurate data. Students and their families too also need to be able to make knowledgeable and proportionate decisions about going to university, and how closely they ought to be monitored and supported by university services and families alike.

In terms of what universities can do to tackle this increasingly important issue, the move by individual institutions and national sector wide organisations such as Universities UK and the Australian Higher Education Panel to make this a strategic priority are welcome. Institutions need to ensure a greater degree of 'joined-up thinking' on the issue, with enhanced staff training, student welfare and wellbeing services, and more opportunities for academic and support staff to discuss concerns regarding individual students. Thorley's (2017) IPPR report suggested a student premium paid to local General Practitioner medical services with large numbers of undergraduate patients to acknowledge the additional challenges this may cause, and also a Student Health Fund to support greater collaboration between education institutions and health practitioners. It also supported the idea of a digital Student Health Passport to improve the continuity of healthcare for students moving between home and university. The Institute for Employment Studies (IES, 2015) report made a

couple of further recommendations we believe the sector should support too, namely that universities should not just do all they can to encourage disclosure of mental health concerns by students, but also that programmes to enhance well-being and mental resilience should be trialled and evaluated to better understand how best to support the needs of our mentally vulnerable young adults.

If we see the issue of student mental health and wellbeing as being one of social justice, with appropriate support systems necessary to ensure full participation in educational opportunities offered by a given society we are perhaps more likely to act to ensure that it happens. Mental illness can strike anyone from any background, and the consequences can be catastrophic to the individuals concerned and those nearest to them. It is more than an irony – it is a scandalous contradiction – that while we know adult learning is good for mental well-being, for many young adults in further and higher education quite the reverse is true. We should, as Field wrote ten years ago, 'envision a lifelong learning system that takes well-being as its primary raison d'etre' (2009: 189).

As academics and practitioners we have a humane duty to ensure that our institutions and the wider sector is doing all it can for our vulnerable young people during the potentially traumatic time of transition into higher education. In order to achieve this, we need to conduct – and governments and educational institutions need to promote – research examining how 'advanced' societies have managed to construct an education system that plays havoc with the lives of so many young adults. And if we are not to alienate them from education through the remainder of their lives – as poor experience of school is so often said to be a factor in the socially unequal patterns of participation in adult learning – we need research on how to make our adults' education more humane. We know as John Field (2009: 177) reminded us a decade or so ago that 'if adult learning already affects people's life chances directly, it can also affect them indirectly by enhancing their well-being'; the reverse is also true as the tragedy of self-harm and suicides at universities confirm, and it is our duty to act accordingly.

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