



Project report



Improving mental wellbeing in colleges through physical activity

Introduction

Concerns around mental health and wellbeing are increasing throughout education settings. Whilst the Government has started to address this in schools, limited support has been identified for colleges.

The average college has 185 students with disclosed mental health conditions. In addition to this 81% of colleges have reported having 'significant numbers' of students who have undisclosed mental health difficulties (Association of Colleges, 2017).

Sport and physical activity is effective in improving mental health and wellbeing, particularly for people with depression as well as anxiety (Royal College of Psychiatrists, 2017). Activity can be used effectively in both preventative programmes and as interventions.

The Government strategy [Sporting Future](#) and Sport England's strategy [Towards an Active Nation](#) recognise the role of sport and physical activity in improving mental health.

This project was focused on using physical activity as an intervention for students with mental health issues or low levels of wellbeing. Fifteen colleges participated in the intervention, identifying students that needed support and were open to trying physical activity to improve their mental wellbeing.

Activities

The colleges were given autonomy around the activities to be delivered to suit the needs of their students as well as utilise what facilities and resources were available to them.

The interventions used a range of different activities to engage the students and several colleges focussed on working with each individual student to find an activity that they would enjoy and create a 'bespoke' offer, supporting them into options in the college or local community.

Individual activities seem to have been most popular, particularly the gym and boxing. Some staff members attributed this trend to a lack of confidence stopping the students from engaging in group activities. Colleges which were able to provide private space or facility access for these activities referenced how important this was to many of their students.

Methodology

Each participant was asked to complete the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and one additional question about their activity levels. The SWEMWBS is a short version of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Warwick Medical School, 2015).

The WEMWBS was established to monitor mental wellbeing in the general population and evaluate interventions which aim to improve mental wellbeing. The SWEMWBS uses seven statements about thoughts and feelings that are positively worded with five response categories. The responses are interpreted into a score which shows the individuals' levels of mental wellbeing.

The surveys were completed before the intervention and again after three months of activity. Interviews were conducted with nine staff members and 15 students from four colleges involved in the intervention.

Results

Quantitative

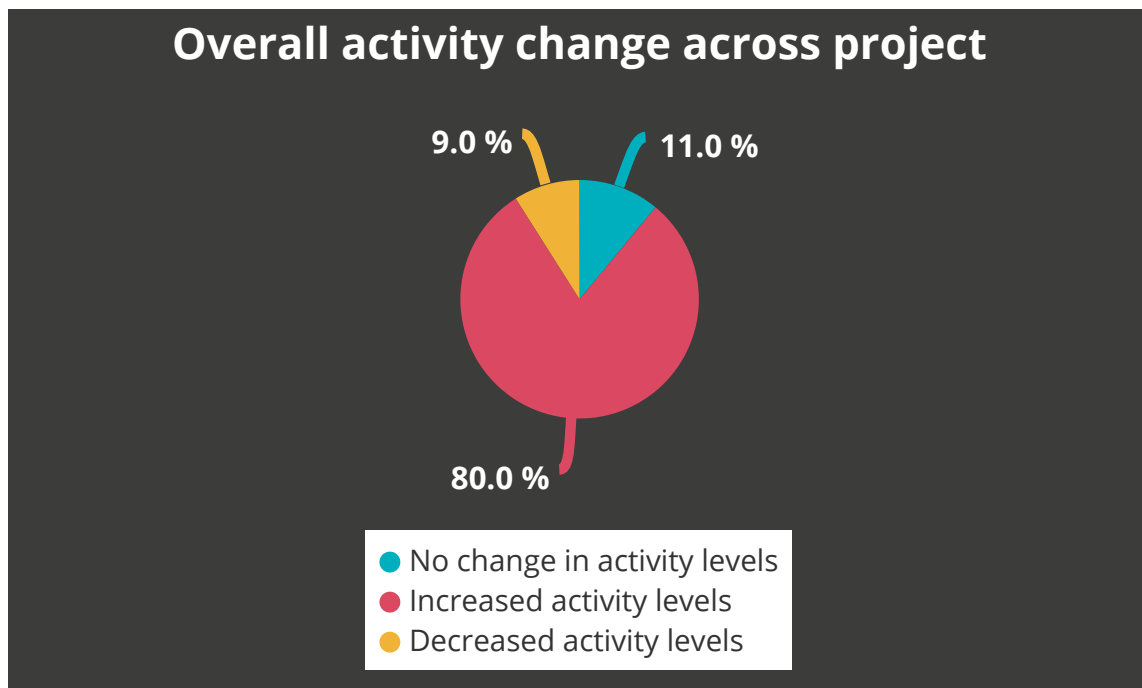
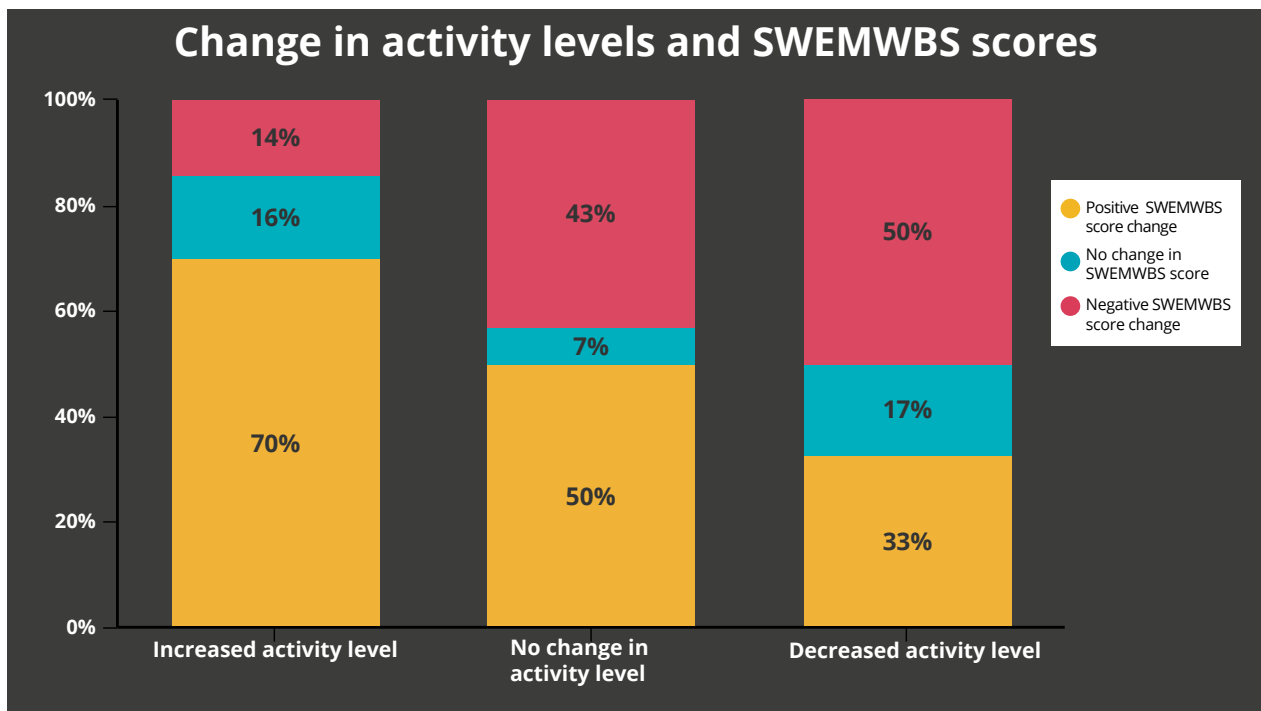
The findings from the SWEMWBS have shown that by increasing their activity levels by at least one day per week, participants' wellbeing increased significantly.

In addition to this the results showed that reducing activity levels had a negative effect on wellbeing.

- 70% of participants who had an increase in activity levels had a positive change in their SWEMWBS score
- Amongst participants with a decrease in activity levels, 33% of participants showed a positive change in their SWEMWBS score versus 50% who had a negative change in score.

The average wellbeing change of respondents was:

- +3.13% for positive activity change participants
- +0.79% for no activity change participants
- -0.25% for negative activity change participants



Inactivity

Participants were asked the following question regarding their activity levels, "In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?". Participants were categorised as inactive if they answered zero or one days of activity.

- 61% of participants were classified as 'inactive' at the beginning of the intervention.
- 90% of these participants were active after three months
- 65% of the participants that changed from inactive to active saw a positive change in their wellbeing.

Qualitative

While the quantitative evidence shows a positive correlation between activity levels and mental wellbeing we recognise that there will have been other influencing factors. The students are also likely to be receiving support from mental health professionals and the intervention will have complimented that support and empowered them to self-manage their mental health problems.

Interviews were conducted with 15 students involved in the intervention to get a better understanding of their perception of whether the intervention helped their mental wellbeing. The students that were interviewed were all very positive about the intervention and their comments supported the evidence that engaging in activity improved their wellbeing.

Student interviews

Students identified the following outcomes as result of the intervention:

- Increased confidence
- Improved attendance
- Relief of pent up anger, frustration or stress
- Distraction from academic work and pressure
- Escape from difficult home life
- Clears the mind
- Made friends – particularly with others in a similar situation to themselves
- Fun and enjoyment
- More positive mood
- Increased energy
- Helps with forming routine
- Satisfaction from meeting short term goals.

Several of the outcomes the young people identified can be attributed to improving wellbeing including stress relief, making social connections and doing something enjoyable.

The five ways to mental wellbeing outlines five actions to improve personal wellbeing. Being active is one of these but participants also referenced outcomes that relate to two of the others; connecting with others and learning new skills, which suggests that there are wider mental health benefits to being active.

The outcomes the students recognised impacted on their college life. By feeling more in control of their stress and mental health problems students believed they were more engaged in college and their attendance was improved.

The social aspects of making friends through the intervention also improved college life for students that previously felt isolated.

The students had a few minor improvements to suggest, including a wider range of activities and overcoming timetabling issues. Some of the students also identified that their mental health issues have been a barrier when they are going through particularly difficult times, however they have been able 'bounce back' and continue to engage with the intervention.

There were students that had been identified for the intervention that did not engage but there wasn't an opportunity to speak to them to understand why.



A common theme in the student interviews was about the difference that the staff leading the interventions or delivering activities made. Students seemed to trust staff who had spent time building relationships with them as individuals and were understanding of their mental health issues without judgement.

"Her being so friendly and welcoming made starting a lot less anxiety inducing."

"Her being generally understanding of the situation and not having to explain myself makes it a lot easier for me. Like if I'm having a bad day I don't feel like I have to make an excuse."

Staff interviews

The staff were also generally very positive about the success of the interventions, although a few mentioned that they were quite time consuming as the students needed an additional level of support.

Staff identified that quite often students will know that being active can improve mental wellbeing but won't know how or have the confidence to do it by themselves. Staff also recognised that because the students required extra support, when successful the impact and changes they saw were quite significant.

"It's having more understanding of where they're coming from and how difficult it might be for them. They might know the benefits of it but it's difficult to actually go and do it."

Staff recognised the following changes in students:

- Happier
- Increased confidence
- Change in attitude
- Recognition of the mental health benefits of activity
- Change in habits and lifestyle
- Calmer
- Higher attendance
- More relaxed
- More able to cope
- Made friends and therefore less isolated
- Improved communication skills
- Better concentration in class after activity sessions
- Less stressed before exams.

"He was happier in himself and a lot more confident."

"She came up to me and said, 'I haven't self-harmed in three weeks'."

Working with other staff within the college was identified as an important element to make the interventions effective. College structures vary but these relationships were quite often with counsellors, achievement coaches, wellbeing or safeguarding staff. Several of the colleges involved worked with these staff to refer students that would benefit from the intervention.

This process did have challenges which varied in each college, but it seemed to be more successful where there was good communication and understanding between staff. Other colleges worked with staff in the college to identify whole classes or curriculum groups that had low levels of wellbeing and worked with them as a group so not to single out individuals.

In addition to creating relationships within the college, building a rapport with the students was also highlighted as an integral element to the success of the intervention by both staff and students.

Staff commented that it was important to allow time to build these relationships and gain trust from the students.

“It’s all about getting to know that person, it’s all about building trust, a relationship with them so they feel confident.”

“It’s about interacting with them, getting to know them, making them feel as comfortable as possible.”

“You’ve just got to be flexible, you have to be able to adapt, you have to be patient.”

“You’ve got to be somewhat of a friend as an instructor, so they can relate to you a lot more.”

“If you don’t have a connection with them it’s not going to work.”

Although disability information wasn’t collected from the participants, during the interviews staff members from two different colleges mentioned students with autism and how much the intervention had impacted them.

Research indicates that 70% of children with autism develop mental health problems (Mind, 2015) and it’s therefore important to ensure that students with autism and other disabilities have support and access to help them be active. However, staff did recognise that students with autism learning difficulties had problems in using the SWEMWBS scale and understanding the questions.

“It’s been perfect for some students, particularly with autism who are really struggling at a particular period and there’s a heightened part of their day that they’re really anxious.

It’s been a real eye opener, it can get them from a nine or a ten anxiety level down to a five where they can then go and get on with their day without it affecting their day.”

Challenges

A lot of the challenges identified by staff were external issues that they had little, if any, control over. Staff did mention that some students found it a challenge to be active when they were having a difficult time mentally. However, they felt that students were able to come back to the activity when they felt better which was an achievement.

“Students can turn up sometimes and if they’re not mentally prepared then you have to learn to say ‘ok look, but we’ll maybe do it another time and you give them the option. You’ve always got to be flexible and understanding.”

The barriers staff identified in engaging the students included:

- Exams or assessments
- Assignment deadlines
- Reluctance from students
- Referral process not fully understood by staff
- Timetables
- College staff not fully supportive of the intervention
- Where students exercised alone touching base with them was harder.

Summary

Overall the findings from this intervention show that physical activity can support students in colleges to improve their mental wellbeing. Being active is not the only solution to improving mental wellbeing and won't work for every individual but it can be effective when delivered with the right support.

The evidence also shows that there are wider mental health benefits to be gained from being active, including socialising and learning new skills. Based on the learning from the project we have created a list of key learning which should help colleges when trying to deliver physical activity and wellbeing interventions.

Key learning

- There is no 'one-size-fits-all' approach to engaging students with mental health issues
- Physical activity as an intervention won't work for every student
- It is important to think about the needs of the individual and to find the right activity for them
- Some students will not want to start with group or high intensity activity but will build up to this with support by starting with lower intensity activity such as walking
- Students with mental health issues will need additional support to increase their confidence to become active, e.g. they may need someone to meet them to before attending sessions or entering facilities
- Building relationships with the individual is vital to ensure success and make the student feel safe
- Work in this area can be time and resource intensive but it can have high impact on particularly vulnerable students
- Having the right staff to coordinate and deliver activities is important and was recognised as a successful element in most interventions. Staff need to be understanding of what the students are going through and the barriers that come with mental health issues
- Staff found training for a better understanding of mental health conditions useful
- Where possible students benefit from starting activity in private or quiet spaces, building up their fitness and confidence initially.

“Every student is different, every situation is different, every mental health issue is different so it's not a one size fits all solution.”

This report was published in October 2018

References

Association of Colleges. (2017, January).

<https://www.aoc.co.uk/sites/default/files/AoC%20survey%20on%20students%20with%20mental%20health%20conditions%20in%20FE%20-%20summary%20report%20January%202017.pdf>

Mind. (2015, October).

<https://www.mind.org.uk/media/3120340/autism-guide-web-version.pdf>

Royal College of Psychiatrists. (2017, March).

<https://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/youngpeople/exerciseandmentalhealth.aspx>

Warwick Medical School. (2015, June 16).

<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

Colleges involved

Thank you to the following colleges for their involvement:

- Barnet and Southgate College
- Bridgwater and Taunton College
- Chesterfield College
- City College Plymouth
- Derby College
- Doncaster College
- Hereford Sixth Form College
- North Lindsey College
- Oldham College
- Reaseheath College
- Tameside College
- Telford College of Arts and Technology
- Tyne Met
- Walsall College
- Wiltshire College.



Contact

🐦 [AoC_Sport](#)

© AoC Sport 2018
2-5 Stedham Place
London WC1A 1HU
T: 020 7034 9900
E: sports@aac.co.uk
W: www.aocsport.co.uk

