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Promoting student well-being: Are you better than you think?

Dr Pete Robertson, Associate Professor & Programme Leader for Career Guidance in the School of Applied Sciences at Edinburgh Napier University, outlines proactive approaches that careers services can adopt to respond to the challenges of supporting students with anxiety and mental health issues. Here, he suggests that career interventions could have a more enduring impact on student well-being than stress management interventions.

Young undergraduates are in the age range where neuro-biological maturation is not yet complete and the first onset of mental health conditions most commonly occurs. They move from the structured and familiar institution of school to an unfamiliar environment. They may be living away from home for the first time and encountering the need to secure housing, manage money and feed themselves. They have lost a peer group and must forge new friendships. They may be attempting to form their first serious romantic/sexual relationships and experiencing rejections or break ups. They will very likely experience assessment-related stress, and perhaps also unfulfilled expectations. The transformation of student finances has placed additional emotional and economic pressures on students, who may be driven to work long hours. So, students may be exposed to a number of mental health risk factors. Greater openness about stress or mental health conditions may help to ameliorate problems, but tends to increase demand from support services.

How can career services respond?

Referral

The most basic response is to refer distressed students to student counselling or medical services. Some argue that it is professional to recognise the boundaries of our expertise, and to protect individuals from job-seeking pressures when they are not ready. I would argue that this is true only up to a point. If taken too far, this could disadvantage some students; they have a right to access the service and to seek jobs. The most unwell may benefit from referral, but getting symptom-focused help can run in parallel with getting career-focused help. Referral should not be a defensive move by the adviser. Research suggests that the issues students go to career services with are broadly similar to those they take to their counselling services.

Staff awareness training

All career advisers, indeed all services, would benefit from training to raise awareness of mental health and stress issues. Mental health first aid training goes a step further to equip people to respond to service users experiencing distress. This increases the advisers' confidence that they can cope.

Quasi-therapeutic career coaching

Some recent approaches to career coaching adopt techniques developed in a therapeutic environment. These include elements of Cognitive Behavioural Therapy (CBT), which draws on logic to manage irrational thinking, or Acceptance and Commitment Therapy (ACT), which incorporates mindfulness approaches. These can be used with individuals or in a group setting. Typically, these approaches require some specialist training for safe use. The aim would be to reduce worries or

pessimism from a paralysing level to a moderate, tolerable level that becomes a motivating pressure to act positively.

Psycho-education

Careers services could offer psycho-educational input to support students. This means teaching or training to help them understand stress and manage mental health conditions. Programmes can include the provision of health information and quasi-therapeutic counselling. By virtue of their access to young people at key pressurised transition points, career services may be particularly good platforms to offer this support. Hopefully, skills gained in this way by students may be retained for future challenges and transitions.

Are we missing something obvious?

These activities represent ways to respond to concerns about student stress, but if we focus entirely on special measures, we miss a more important point. I would contend that career services are already routinely reducing stress in their student populations, but it is something services get little or no credit for. Career guidance is not a therapy, but it can still promote positive well-being (Robertson, 2013). In fact, it may do so as well or better than some therapeutic interventions for two reasons. Firstly, individual career guidance has some similar features to therapeutic counselling, so to that extent it is likely to have a similar effect. A student receives attention from a supportive helper and has the opportunity to express their concerns. Joint problem-solving takes place, which increases hope that a solution can be found. Achievable goals are identified. A sense of personal agency is strengthened when an individual is equipped to implement the necessary steps toward the goal. All of these factors are associated with improved well-being, at least in the short run. Secondly, career guidance promotes access to work and study opportunities. These provide structure to a person's life, meaningful activity, a valued social identity and access to income. These are the factors that underpin sustainable well-being. Thus career interventions may potentially offer a more enduring impact than a stress management intervention.

So what?

Services should certainly equip themselves to support students with stress issues. They should also recognize they are already promoting well-being through 'business as usual' activity. Thinking about how to articulate this contribution to university management may be time well spent. We have a positive message to give about the potential for career guidance to contribute to well-being. We need to see student well-being as an important outcome and seek pragmatic ways to capture it for measurement. Without this, we cannot evaluate and improve services, or provide evidence of their effectiveness. For further exploration of the implications of mental health issues for career guidance practice, see my article Robertson (2011).

References

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