Mental Health Review Journal

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The Beneficial Effects of Mainstream Education for Individually Supported Students with a Mental Health Diagnosis - a review.

Abstract:

Objective: To focus on the findings of a review of the Learning Advice Service which provided mainstream learning opportunities and individual support to people using mental health services. The service was decommissioned after 15 years due to service reconfiguration and cost-cutting.

Methods:

Semi-structured Interviews were carried out with members of the Learning Advisor's caseload who faced significant mental health challenges and who were supported in mainstream learning. The interviewer was a researcher with no affiliation to Adult Mental Health Services and no connection to the clients, who also transcribed and analysed the interviews. This ensured there could be no personal or positive bias. Their experiences were reviewed in the context of the usefulness of the service in enabling recovery and facilitating social inclusion.

Conclusions:

The service enabled individuals facing significant mental health challenges to gain access to Adult, Community, Distance and Further and Higher Education facilitated by individual advice, guidance and support. They were able to broaden their sense of identity beyond that of someone using Mental Health Services and to widen their social and educational base. Further research is certainly indicated as current practice has moved away from mainstream inclusion to discrete provision with associated limitations.

Keywords: Mental Health, Social Inclusion, Recovery, Education.

Introduction:

Considerable research exists which suggests that education has a wide range of beneficial outcomes for adults other than the acquisition of qualifications and experience leading to inclusion in the labour market. Whether learning is acquired in community education (informal education with a range of delivery approaches in local classes) or in further and higher educational settings (Feinstein et al., 2008; Field, 2009) benefits such as 'well-being,' 'discovery' or 'inclusion' have been identified by the authors of these papers as positive outcomes for participants. There has been much less research into the effects of education for those adults who use mental health services. The small pockets of evidence that do exist are mainly from research in the U.S. and tend to be specific to the college systems operating there (Mowbray & Megivern, 1999; Bybee et al., 2000). In 2009 Members of the Nottingham Institute of Mental Health's Managed Innovation Network for Education including a researcher, the Learning Advisor and a student using the Learning Advice service, had conducted a survey of mental health service staff, including Occupational

Therapists and Support Workers on the subject of the perceived barriers to education faced by those they support (Atkinson et al., 2009). The results showed that a number of staff members who were in a position to influence, encourage and motivate the individuals with whom they worked had low expectations of their patients/clients ability to sustain interest, motivation and participation in learning. The following comment by one staff member was particularly striking: 'Where is the evidence that there is a great demand for better access to education by service users?' In the light of this comment, a review of the experiences of people using mental health services in relation to learning with the support of the Learning Advice service, and also of the efficacy of the service itself, was undertaken. Its purpose was to discern how individuals themselves felt about their experiences, what support they felt was useful, whether they saw any links between learning and their recovery process and what they saw as the barriers to successful learning. The Learning Advice Service was located within the now decommissioned Wellbeing and Social Inclusion Service, and provided advice, guidance and support for people using Adult Mental Health Services who wanted to participate in mainstream education rather than services specifically designed for people using mental health services. It comprised one practitioner qualified and experienced in delivering information, advice, guidance and educational counselling. The Learning Advisor was also experienced in teaching across a range of subjects and levels. The service aimed to explore and identify in collaboration with potential students their learning goals and to facilitate their access into mainstream learning opportunities. The venues included Adult and Community Education in community settings, Voluntary Sector courses, local Colleges of Further Education, the Workers Educational Association, Universities including The Open University and other Distance Learning providers. Highly individualised support was given, provided by the Learning Advisor in collaboration with NHS professionals including support workers, therapists, occupational therapists, as well as staff employed by the learning providers. The service also explored wider student needs including financial aid, one-to-one tuition, peer groups/support groups, transport, note taker assistance, childcare and other relevant issues. for example confidence, learning difficulties and disabilities and social anxiety.

Methods:

The methods used by the Education MIN included a survey of the views of participants about their prior experiences of education, their current educational experiences and their relevance to recovery and social inclusion, their views on the usefulness of a discrete Learning Advice service and their views on the barriers and benefits they felt they faced. Twenty participants from the Learning Advisor's caseload took part in semi-structured interviews, which were transcribed and analysed thematically by a researcher with no connection to Adult Mental Health Services and no prior knowledge of the cohort. This ensured that any positive bias was avoided. The participants included 12 women and 8 men with a mean age of 36.4(youngest 21 years of age, oldest 61 years of age). They had all faced multiple barriers in their previous attempts to access mainstream adult learning (mean 5.6), which they had now overcome to a greater or lesser extent. A policy of 'first-to-respond, first-to-be-interviewed' was implemented until all twenty individuals had been interviewed. This number was judged to be feasible in the time available as well as being a representative proportion of the Learning Advisor's average caseload of 48. While this was necessarily a small cohort reflecting staffing and funding constraints, it would be possible to apply the methods used to a larger study if the will, staff and funding were made available. All students had major diagnoses. These included the Schizophrenias, Depression, Dissociative Identity Disorder, Bipolar Affective Disorder, Borderline Personality Disorder, and thus experienced significant challenges in their lives. We did not seek ethical approval for this review as the data was completely anonymous, any resulting use of the data would not bring about distress or

damage to the individuals concerned, and no individual interviewed could be identified by their comments. Letters explaining the project and its purpose were sent to everyone on the Learning Advisor's caseload, with a tear-off slip and stamped addressed envelope for return if the recipient wished to be interviewed about their experiences of learning. A senior researcher and University of Nottingham/NHS staff member agreed that informal verbal consent was sufficient for those interviewees who did not feel able to complete the forms but were keen to be included. Interview questions were constructed by members of the Education MIN including experienced researchers, the Learning Advisor and a participant in learning who also used Adult Mental Health Services. Interviews were then conducted by an experienced interviewer trained in interview techniques as part of his degree-level study with no affiliation to the service and no knowledge of the interviewees. The Learning Advisor, who has qualifications in Counselling, Advice and Guidance and advanced interview skills also advised on interview techniques. Interviews were held at the International Community Centre, a neutral Voluntary Sector space where possible although two of the students expressed a wish to be interviewed at home. The Learning Advisor was asked by three of the interviewees to be present during their interviews. These students had major diagnoses and experienced many challenges which meant they felt unable to be interviewed alone by a stranger, but nevertheless were keen to participate and considered they had something useful to say. The Learning Advisor did not participate in the sessions other than as a familiar and reassuring presence. The questions asked did not refer to the students' working relationship with the Learning Advisor; rather they related to the learning experience, the usefulness of a dedicated service bridging the worlds of mental health and education, and any perceived barriers to learning. Most (15 of the 20) interviews were audio-recorded with the student's permission, and the remainder were recorded manually in accordance with the student's wishes.

All the interviews were then transcribed independently for qualitative, thematic analysis. The approach to analysis taken was to count instances of themes found previously in research by Atkinson et al (2009). We anticipated three major topics in relation to education for people with mental health problems: Contributions to Recovery, Improvements to Sense of Self and Barriers to Involvement. These were elicited from the questionnaire which explored the participants' past and present learning experiences and their future hopes and goals regarding learning experiences but was not directly tailored to the deductive themes. Some examples of the questions are:

Can you tell me a bit about what you remember from primary/secondary school, whether you enjoyed it, whether you found it difficult?

Do you think there's any more the course providers could do to get you involved – for example, publicity, or anything else you can think of?

Have any of the courses you've enrolled on have paperwork inviting you to say if you have a disability, and how you feel about that?

Do you feel your mental health has had an effect on your learning, and if so, how?

Results:

The students were all engaged in mainstream education. Their access was facilitated by the service and they were individually supported by the Learning Advisor. The courses included

part-time degree level study with the Open University in the subjects of Humanities and Health and Social Care, a distance learning Diploma course in Interior Design, a part-time Fine Art degree with Nottingham University and a full-time degree in Genetics with Nottingham University. Other students attended colleges and community venues for courses in Literacy and Numeracy, Horticulture, Creative Writing, Personal Development, and Construction. Many of the students interviewed shared experiences of problems they had encountered during their early education which they felt directly related to their mental health and a significant number (over 55%) reported bullying or failure at school. For many these experiences had a significant effect on their current attitude to learning.

Three deductive themes emerged from the interviews. These were:

1. Contributions to Recovery:

'All I was, was a professional psychiatric patient. I didn't have anything positive and I quite liked the idea of using my brain again for purposes other than self harm' - Female (30-34)

All respondents said that education provided something to focus on as a source of enjoyment; it helped improve their social lives (90%) and their future prospects (70%), as well as simply keeping them busy (70%). In addition, half of those interviewed said that their educational experiences had directly improved their understanding of their own mental health, with 35% reporting actually being able to 'move on' from their mental health issues as a result of their adult learning.

2. Improvements to Sense of Self:

'I still hate maths, but the fact that I was able to do it, is a massive achievement for me...it made me feel like it was worth keeping going. It gave me the confidence to try other things' - Male (30-34)

The sense of self improvement and sense of identity among most (65%) of the participants was manifested as feelings of achievement through having been able to succeed at something which increased their self-confidence. Over half the respondents identified the development of a new sense of identity acquired through learning that allowed them to feel 'normal' and 'integrated', and to see themselves as 'students' rather than 'mental health service users' or the more pernicious 'users'. These effects were seen as mainly due to the reassurance and encouragement received from education providers, workers, friends and family over the course of their studies.

3. Barriers to Involvement:

Two main barriers emerged from the data: fluctuating mental health was most commonly identified (75% of individuals), especially anxiety, which affected attendance. The second (65%) was lack of funding for courses, exam fees and materials due to changes to funding in mainstream education:

'For the computer course I had to pay, just administrative fees, like twenty quid I think it was. I mean that was a consideration for me when I did the courses too because I didn't have a lot of money to pay out at the time - Male (30-34)

Some perceived barriers were at least partially subjective, including participants' fears which included whether they should disclosetheir 'disability' or not (35%):

'They didn't have that on that enrolment form, they had do you have a disability or not and I ticked, it didn't say anything about mental health, there wasn't a broad spectrum like there normally would be' - Female (30-34)

'[I]t said do you have a disability on the form. It did say somewhere you don't have to answer this I think. And I remember filling the disability in and then at the interview being asked do you mind telling us what your disability is. I mean that was probably because I haven't got an obvious one and I said mental health and there was a little bit of shock you could see it' - Female (60-64)

Only one new theme was found in the data: overcoming adversity in order to remain in education. Seventy per cent of those people interviewed described difficulties they had faced when participating in the educational experience, for example needing a mentor to be with them constantly when they worked, and being socially excluded as a result. Overcoming adversity was alluded to 35 times within the interviewing process. One student came to feel that her life's worth was entirely dependent on the marks she received for pieces of work. However, through personal determination and with help from a tutor this student was able to recognise other factors such as her more general performance over the previous weeks. Specifically, the most common cause (mentioned in around 60% of cases) was stress or frustration as a direct result of the course requirements (assignments and classroom hours): I did a maths course, ¦which was a bit hard for me, because I'm not so good at maths - Male (30-34)

In addition, 55% of participants described how their early experience at school and college (prior to re-entry after referral to the Learning Advice service) had been unsuccessful for reasons either relating to their mental health or life problems, and in the resulting difficulties in how others interacted with them.. In addition, bullying was mentioned by several individuals:
'Had a small amount of bullying when I was about 14 which made me hate school for a while' -Female (60-64)
'Lack of confidence. Due to bullying at secondary school' - Male (20-24)
It was found that many of those interviewed relied on the Learning Advice service for two particular reasons. One was that the service provided an avenue to facilitate their return to mainstream education from within Adult Mental Health Services (75%). The other was that the service provided a source of ongoing support and advice (70%). This latter was mentioned frequently. Additionally, it became clear that the flexible manner in which support was delivered was integral to its success:
'When I had to write essays, I used to get a bit worried about that and put it off, procrastinate, whereas this course now I've got [my Learning Advisor] to give me a kick up the bum so to speak, to get me going again every time I let it lapse' - Male (30-34)
Proactive therapists such as Occupational Therapists were occasionally mentioned as alternatives that came closest to fulfilling the Learning Advisor's role.

Discussion

'Recovery' itself is difficult to define as it is often a very personal goal for individuals in different circumstances and does not necessarily refer to a lack of symptoms (Atkinson and Reynolds, 2010). It is understood that it is closely related to social inclusion (Jenkins et al., 2007), and goes hand-in-hand with social inclusion in lessening the stigma associated with mental health (Link, B.G. and Phelan, J.C. 2006). Learning environments and experiences are useful areas in which to explore the experience of students who also use mental health services, and have a diagnosis as part of their identity, in the contexts of learning and recovery. The educational environment appears to demonstrate a route whereby mental health recovery and social inclusion may be facilitated. One of the reasons for this might be

the regular nature of the learning experience; another may be the flexibility in the day-to-day 'performance' required. For example, it is often possible to be highly sociable one day but then completely focus on work the next in an educational environment and for this to be fully accepted. This acceptance is part of the process of social integration whereby the label of 'mentally ill', 'patient', 'client' or the more pernicious 'user' is replaced by 'student' or 'learner'. Many of the participants in this review led quite sedentary life-styles and so having learning added into their regular schedule provided both a direct activity for them to engage with as well as a something to plan their day around. Often participants would arrange to meet friends in town or walk back from the location of their educational activity via local amenities. Participants also required quite specific facilitation in order to obtain some of these benefits. This occurred in a high number of cases and was individually provided (most frequently through the Learning Advisor) with caring and situation-responsive support. In order to offer maximum support to a wide range of learners in a variety of different learning environments by only a few people a highly flexible approach is required for examples those needing more robust encouragement, as well as those who prefer a 'softer-touch' approach. A number of important points emerged from the data. These included the need for clearer information from learning providers, particularly in order to enable students to overcome some of the practical difficulties of being involved with education whilst experiencing mental health problems. The ambiguity of questions such as 'do you have a disability?' and how it related to mental health was highlighted by participants. They suggested that more information could be provided about the possible consequences of disclosure. Advertising also appeared to be poorly distributed to those who experience mental illness and as a result there had been a consensus that education was out of reach until someone had taken the time to demonstrate otherwise. Once participants had gained access to education impressive resilience was shown in determination to stay the course. The interviews, then, cast light on the experiences of people who wanted to move into adult learning and who also used mental health services. Diagnosis influences individuals' sense of themselves, while perceived failures in the past can affect students' confidence in educational settings and militate against their taking advantage of educational opportunities. These factors have implications for the ways in which opportunities are presented. It suggests that challenging yet supportive environments, where deadlines are flexible if possible, where opportunities for socializing exist but are not mandatory and where exam arrangements can be flexible, for example providing private rooms, are particularly useful. More traditional education formats such as large group teaching and crowded exam rooms were less popular. E-learning and distance learning may also have advantages for people who have had negative experiences of conventional education.

The theme of resilience or overcoming adversity is not surprising. When describing the beneficial impact of the Learning Advice Service in facilitating their entry into learning, the interviewees felt their own resources and determination were reflected back to them and they appreciated these qualities anew. They were also able to objectively view their progress. The confidence that comes from knowing that one has confronted and defeated adversity is also a vital element in the recovery process. One of the implications for individuals, those who support them and also service providers (both mental health and education services) is that past 'failure' may with good effect be reframed as an example of 'survival', while overcoming barriers enables some people to build their sense of self-confidence in preparation for another foray into the world of education and beyond. These findings show that venturing into education may be a positive experience since it leads people into challenging situations and enables them to take risks leading to an expansion of their world and their aspirations. It

seems likely that this kind of personal development may then be generalized to other aspects of life.

The Learning Advisor's contribution proved challenging to analyse. Bonds of trust and acceptance were formed with those referred for advice, guidance and support. Self-belief was fostered and autonomy encouraged. These were an inherent part of the nature of the role. It is subjectively clear that with the flexible approach tailored to each individual, meaningful learning pathways were identified and progress facilitated. These included adapting to individual student's needs whether by directly working with someone who required individual support outside the formal learning environment, encouragement via email or text where preferred, maintaining contact during hospital admissions, and liaising with staff in learning and funding organisations. In such ways those students who wished to do so could remain in adult education with in order to maintain their studies.

Conclusion:

All participants reported a substantial number of benefits (mean 6.9) derived from the learning experiences they had participated in since their referral to the Learning Advice Service. Their participation in Adult Education was felt by these participants to have significantly assisted the process of their recovery and they felt they had demonstrated resilience and determination in overcoming the barriers they encountered. It would appear that these interviews confirmed the importance of education for this particular group of people who used mental health services, and illustrated that adult learning can play a positive part in the recovery process. Even perceived failures in educational settings can be construed as stepping stones to success. Indeed, terms such as success and failure can be interrogated as a means of building resilience or reviewing options and goals. The role of the Learning Advisor was found to be essential in encouraging some students to remain on their educational path, using a flexible and individually-considered, 'human-touch' approach. Overall, it was demonstrated that education can provide a robust yet accepting context in which individuals who may experience fluctuations in their mental health can still gain a renewed sense of personal identity outside mental health services, formulate and work towards an identified goal, and find meaning and enjoyment. Nevertheless, barriers remain for people using mental health services who want to participate in mainstream education and the current funding constraints within both the NHS and in learning organisations have had a massive impact in this area. We have not discussed here the practical and economic barriers to adult education for mental health service users which appear to be increasingly prohibitive, but these clearly have serious implications. Particularly evident is the disestablishment of the Learning Advisor's post under reconfiguration due to financial constraints within Adult Mental Health Services. Mental Health Support Services in local colleges have been cut drastically though there is some evidence that this is now being redressed. Such support still exists in Higher Education. The provision of education in a 'Recovery College' on Adult Mental Health Services premises is one way in which some obstacles to learning have been addressed, and the Nottingham Recovery College is such an example: a number of interviewees who attended courses there as well as in mainstream education gave it positive feedback. Such opportunities can be seen as in demand by people who might initially be reluctant to enter mainstream education, a reluctance which may be due in part to lack of encouragement, lack of support or lack of belief in their capacity to belong in such an environment. However, Recovery Colleges in a mental health setting remain an arm of the

mental health system, and are arguably less inclusive (and arguably do not necessarily reduce stigma) than community-based or mainstream adult learning with appropriate support.

Final recommendations would be to pursue further research into the value of mainstream education as a way to recovery and social inclusion. This might include a comparative study of the experience of students in Recovery Colleges, given that current practice has moved away from mainstream education to discrete provision, often on Adult Mental Health Service premises. These latter services, whilst laudable, may not offer the same opportunities for inclusion and indeed may create new barriers or perpetuate those that already exist. Certainly a wide range of mainstream opportunities should be made available, such as supporting access and on-course support, as well as embedding such support in future policies, thus indicating that education is as valid and important for an individual's life as, for example, employment.

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