

# “You become a person again”: mental health and community learning

## Research Briefing, May 2012



### Aim of the study

To explore whether and how targeted mental health community learning, (much of which the WEA delivers in partnership with mental health agencies) impacts upon the mental health of the students who take part and the processes through which this takes place.

### Background

The study was led by a researcher from the University of Leicester and took place during summer 2011. It involved:

- five student discussion groups (36 students in total) who had recently been on WEA literacy, numeracy and personal development courses and
- a teleconference with three tutors and a tutor organiser working in targeted mental health courses.

The theories and ideas which helped inform the research include:

- The ‘capabilities approach’ (Sen, 1999, 2010) which understands mental health in terms of what you are able to do, be and achieve, and how you feel (Lewis, 2012).
- Recognition theories concerned with the value afforded to people.
- Theories of capitals (resources which help you get on in life).
- Social inequalities, including class, gender, age and ethnicity, are associated with mental health inequalities (Marmot et al, 2010).
- Mental health is “both a consequence & a cause of inequalities” (Friedli, 2011).
- In wealthy countries, inequalities of respect may impact most on well-being (Friedli, 2009).

“You see yourself outside of the illness. I’m not just the illness.  
I’m a person as well ... you become a person again really don’t you?”

“Being in this group, you know we’ve all got problems and we all understand each other.”

“For me knowledge is important cos the more I have, the more able I am to face life.”

“I have the right to have an opinion ... it just makes you feel bigger, taller if you like.”

### Findings

The positive effects of targeted mental health community learning can be looked at through three interrelated themes which contribute to ‘resilience’:

#### Recognition

- The learning, interactions and relationships provided social and personal recognition for students.
- Students said the experience increased their self-worth and self-respect and, linked to this, their ability to achieve things.
- The tutor was very important in creating an informal, non-pressurised and social atmosphere, with an ethos of care and equality.
- Students described a ‘whole person’ approach to learning as helping with their recovery.
- Mutual understanding in the groups provided a ‘safe space’ of trust and a non-judgemental attitude for people who had withdrawn from social life to start to re-engage and to reconnect with others.
- Classes provided space to share experiences and understandings of emotional distress or trauma. In particular for women, the breaking of silences on domestic abuse and recognising this as a gendered social problem rather than merely a personal issue was helpful.
- A sense of achievement and progression, helped through the external recognition of certificates and awards was beneficial for mental health.

#### Generating resources (capitals)

The learning helped to develop a range of inter-related capitals:

- Social and emotional: friendship and social connectivity was often mentioned as the most important, but unexpected, outcome. The collective nature of the learning was an essential element of this.
- Cultural: gaining knowledge, sparking of interest and enthusiasm for learning, and sharing this learning and experience with family & friends.
- Spiritual: a sense of connection or belonging and of meaning and purpose.
- Identity: a socially and personally valued view of oneself.
- Human: the knowledge, skills, competences and qualifications which enable economic participation.

## Findings continued

### Enhancing agency freedom

Agency refers to the ability to choose and to act. Students described the following benefits:

- Taking part in social life: leaving the house, meeting new people, helping with everyday activities such as shopping and using public transport. Reducing isolation was particularly important for retired people, women with caring responsibilities and those for whom social and emotional stresses had impacted their lives.
- Speaking out: confidence in group situations, 're-finding' social skills, developing critical questioning.
- Standing up to violence and abuse: reconciling the experience through sharing it with others or leaving abusive relationships.
- Collective action and participation in political life: students gave examples of increased confidence resulting in taking local community action.
- Generating educational and vocational capabilities: overcoming previously negative experiences of formal education, making plans to progress to other learning and undertaking voluntary work.

### Conclusions

Community-based adult education can have positive effects on mental health, particularly for those who have experienced adversities which have impacted upon their lives. It can help to address mental health inequalities. The erosion of respect and self worth is a key issue here (see Friedli, 2009). Community learning programmes which confer respect and recognition and which promote social connectivity and a collective ethos can be highly valued and make a significant contribution to improving mental health and well-being.

**Author:** Dr Lydia Lewis, Research Fellow, School of Education, University of Birmingham, Edgbaston, Birmingham B15 2TT. E-mail: [l.m.lewis@bham.ac.uk](mailto:l.m.lewis@bham.ac.uk)  
Edited by Claire Nussey, Strategic Policy Officer, WEA.

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**Full report:** Available from Lydia Lewis (contact details above) or Claire Nussey: e-mail: [cnussey@wea.org.uk](mailto:cnussey@wea.org.uk); tel. 0117 9166518.

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## Implications for mental health adult community learning

- It is important to provide supportive spaces for breaking silences on socially taboo issues surrounding distress e.g. domestic violence, problems with alcohol use.
- Aim to develop mutuality and social connectivity and collectively to generate knowledge within a critical framework.
- Critical social perspectives which include consideration of gender, power and oppression should inform the curriculum. These can help people to come to shared understandings of life experiences impacting their mental health and contribute to 'social purpose' adult education.
- Ensure sensitivity to issues of gender and domestic violence.
- Mental health awareness/'literacy' can be helpful but to be empowering needs to be informed by sociological explanations.
- A community development approach to developing provision in consultation with communities is likely to be effective.
- The provision can facilitate citizenship through encouraging the building of the inter-linked social and cultural capital that supports the generation of political capital and participation in political life.
- Partnership working between the mental health, women's and adult learning sectors can help to address the social problems associated with emotional distress.
- Access needs to be improved, including for young people.
- Mental health impact assessment can be used to demonstrate the 'social returns' of investment in community learning.
- Ensure that the nature of targeted provision and the social capital it generates does not inhibit progression to other, mainstream educational opportunities, particularly for women. This raises an evaluation question for providers as to how they are defining, supporting and evidencing progression.

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