

**“You become a person again”:  
situated resilience through  
mental health adult and  
community learning**  
Short Research Report

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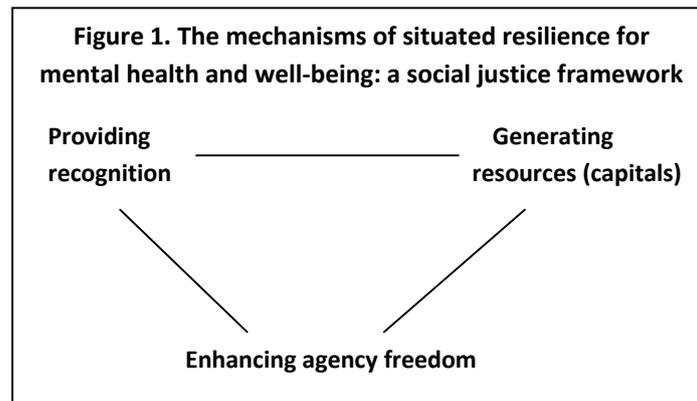
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## Background

This study explored whether and how targeted mental health adult and community learning (ACL) impacts upon the mental health of those who take part and the processes through which this takes place. It involved focus groups with adults attending ACL that is targeted for mental health, much of which is delivered in partnership with mental health agencies, and tele-discussions with practitioners (tutors and a tutor organiser). Courses previously or currently attended by focus group participants included literacy and numeracy, ‘self help for life’ and personal development (covering issues such as confidence building and assertiveness). Drawing on Amartya Sen’s Capabilities Approach, ‘mental health’ was understood in terms of what you are able to do, be and achieve and how you feel (Lewis, 2012). This links to the notion of ‘mental well-being’, which includes “subjective wellbeing (how we feel about ourselves and our lives), social wellbeing (relationships and connections) and sense of meaning or purpose” (Friedli, 2011a: 13).

## Findings

The research evidenced a range of ways in which targeted mental health ACL impacts beneficially upon the mental health of those who take part. These effects clustered around 3 main, inter-related themes: providing recognition; generating resources (capitals); and enhancing agency freedom. These are illustrated in the diagram below.



The above diagram illustrates the interactive processes, or mechanisms through which the effects of the learning on mental health took place. They involved the individual and collective development of capabilities (opportunities and choices arising from environmental conditions) and capitals across social, political and cultural dimensions. The learning and its social element

provided direct benefits while participation in ACL also facilitated other opportunities, i.e. enabled wider capability development.

Together these processes were theorised as generating ‘situated resilience’ – resilience existing in and through social relationships. In this research this was in the context of life adversity and challenges for many participants which included: recognition denials (e.g. feeling devalued or disparaged, lack of understanding from others of the social causes and experiences of distress, social stigma); experiences of inter-personal violence and abuse while growing up and/or as adults, including domestic violence, especially for the women; problems with alcohol use; and poor educational experiences.

The study found that the ACL was helping to provide recognition, the sense of being a worthy and valued person, through generating feelings of connectivity for the adult taking part, socially (inter-personal relationships), emotionally (bonding to others and appreciating that feelings and experiences are shared) and culturally (‘collective consciousness’ through reading, exchange with others and learning about mental health awareness). The building of different ‘capitals’ included: social and emotional (personal feelings, relationships and community co-operation and trust); cultural (knowledge, learning); spiritual (a sense of connection or belonging and of meaning and purpose); identity (a socially and personally valued view of oneself); and ‘human’ (knowledge, skills, competences and qualifications which enable economic participation). Generating friendship and social connectivity, or social and emotional capital, was often mentioned as the most important, but unexpected, outcome of involvement in the ACL, while all of the different forms of capital inter-related and converted into one another.

These capitals and forms of recognition linked to the enhancing of adults’ agency freedom, the capability to act purposefully to advance one’s chosen goals and values as an element of a person’s effective power (Sen, 2010). This freedom was recounted in relation to five themes: taking part in social life; speaking out; standing up to violence and abuse; collective action and participation in political life; and generating educational and vocational capabilities. The function of the ACL in breaking isolation and enabling social participation was reported as being of significant value for mental health in itself and was also helping adults to overcome an initial barrier to wider capability enhancement. Significantly for mental health too, the targeted provision in the area of ‘self help’/‘personal development’ was found to be creating supportive spaces in which people were able to break silences on key issues in the context of mental health which are surrounded by stigma and

shame: domestic violence, problems with alcohol use and suicide attempts. This speaking about socially taboo issues in an environment of mutual support and trust was recounted as being extremely important for helping people experiencing distress to improve their emotional well-being.

These processes appeared to vary for differing social groups and so to be having an impact on tackling mental health inequalities. Most notably, breaking isolation and generating social support was found to be a particularly significant benefit for older participants, while agency freedom in terms of speaking out on and standing up to violence and abuse was of particular importance for the mental health of women participants, many of whom had experiences in this area.

‘Situating resilience’ was thus produced and sustained through capitals and capabilities operating at multiple, interacting levels: individual (gaining knowledge, skills, a valued self identity and other resources as part of personal capital); group (mutual support, camaraderie and generating trust and friendship); community (generating a sense of community within the group and, through location in community venues, enhancing connectivity to the wider community), and social structural (institutional support for the programmes). In these ways, the mental health ACL was found to be creating the contextual affordances for resilience (Edwards, 2007). It was helping to expand capabilities and functionings (‘being and doings’– the realisation of capabilities) (Sen, 1999) for participants in a range of areas related to mental health. Through helping to mobilise resources, the provision was supporting the capability for mental health and well-being within communities and to improve the quality of people’s lives.

## **Conclusions**

The study contributes towards a body of research on the ‘wider benefits’ of learning, particularly that which has shown the positive effects of community-based adult education on mental health for those who have experienced adversities which have impacted upon their lives (Hammond, 2002). It also contributes to research on social recovery in the context of mental health and on social approaches to mental and emotional distress, which includes consideration of mental health inequalities (e.g. Tew 2005, 2011a).

Connecting to recent work on mental health, resilience and inequalities (Friedli, 2009; 2011a and b), the research shows the importance of social interaction for mental health and the inter-relationship between mental health and capabilities and functionings in a range of life domains. It demonstrates

how “mental health is both a consequence and a cause of inequalities” on dimensions encompassing gender, age and social class, and how poor mental health can reinforce inequalities (Friedli, 2011a: 13). The research resonates with policy-related discussions of how the impact of inequalities on mental health arise from an “erosion of the scaffolding of mental wellbeing – respect, dignity, self esteem, identity and justice” (Friedli, 2009: 30), being made to “feel of no account”, lack of understanding and the undermining of social connections (Friedli, 2011a: 14; Marmot et al, 2010; Wilkinson and Pickett, 2010). It illustrated how, in the face of this, 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.

### **Implications**

This research has implications for policy, provision, practice and research in the areas of ACL, community development and mental health. These include:

#### **Policy**

- The relevance of human rights and social justice frameworks for social policy in the areas of mental health and ACL.
- The important role of ACL in addressing educational, social and mental health inequalities.
- Since capitals and capabilities, including those in the area of social participation, interact and convert into one another, it is counter-productive to the generation of ‘human capital’ for economic productivity for ACL policy to place a narrow, simplistic focus on an employment and skills agenda.
- The need for government policy to recognize that mental health ACL programmes have important beneficial outcomes for mental health, particularly for those facing marginalization or social isolation. In these contexts, the provision can help tackle a range of social problems including domestic violence and alcohol misuse as well as unemployment and contribute towards community resilience.
- The relevance of a community development ethos which is collective in orientation and responds to what communities need and want (NIACE, 2010) to ACL and to mental health ‘improvement’ and services provision. However, there is a need to ensure the views of “local communities” are not stifled by those of business and local government (see BIS, 2011) and to avoid a homogenizing view of ‘community’.

- The significant value of involving members of the public in delivering ‘mental health improvement’. This can help ensure the utilisation of community resources for mental health promotion and service delivery but needs infrastructural support.
- The importance of recognizing the valuable contribution of ACL tutors to meeting social policy objectives.
- The potentially useful framework of community resilience ‘assets based’ approaches for connecting work in the areas of mental health and ACL (see e.g. Foot, 2012; Mguni and Bacon 2010; Wilding, 2011), although these shouldn’t replace efforts to reduce inequalities, and government policy should avoid a narrow economic interpretation of the purpose of building community resilience (see BIS, 2011: 14).
- The requirement for mental health policy and services to be developed away from a medical paradigm and from an emphasis on individual pathology towards a social model of mental health and distress if they are to be responsive to people’s needs.

### **Service provision and evaluation**

- As stigma and shame surround the social problems which attend mental distress (and mental distress/‘illness’ itself), and this is often accompanied by silences and denial (McKie, 2006, 2011), there is significant value for community mental health and well-being to creating supportive spaces for people to speak out about these problems (e.g. domestic violence).
- The emphasis of ACL on the theme of mental health (e.g. ‘self development’, ‘self help’) should be on mutuality, social connectivity and the collective generation of knowledge within a critical framework. Critical social perspectives which include consideration of issues of gender, power and oppression should inform the content of mental health ACL. These can help meet the need for critical spaces for people to come to shared understandings of life experiences impacting their mental health (Lewis, 2007; Patiniotis and White, 2011; Staddon, 2009; Tew, 2011b; Williams, 2005). Such provision has an important part to play in ‘social purpose’ adult education.
- Service responses to mental health issues based around social support, friendship, collective understandings of the social issues impacting mental health and a ‘whole person approach’ in which people’s mental health needs are addressed in the context of their lives (Friedli, 2011a) are most helpful.
- There is a need to be sensitive to issues of gender and domestic violence in the context of mental health ACL (see HM Government, 2010; McKie, 2006).

- The core importance for mental health of social and emotional capital situated within community relations (or ‘situated resilience’) means that mental health ACL programmes need to provide on-going support.
- Training in generic skills in the area of mental health awareness/’literacy’ can be helpful but to be empowering needs to be informed by sociological explanations.
- The interdependence between a range of capitals, capabilities and functionings for adults means that ACL should embrace a wide curriculum.
- Using ‘therapeutic learning’ in mental health ACL as a springboard into subject based learning can help to enhance adults’ capabilities.
- The nature of emotional distress means that it is better to be flexible over requirements for class sizes in mental health targeted courses. Furthermore, the value of social interaction for participants in these courses means that small class sizes can be beneficial.
- Following a community development approach, mental health ACL programmes should be developed according to consultation with communities (NIACE, 2010), with attention to inequalities of ‘voice’ in this process and evaluation of contributions towards planning decisions (e.g. by proposed community learning trusts; see BIS, 2011) within a critical social justice framework (Coote, 2010; Lewis, 2012; see also Lewis, 2007, 2009).
- ACL 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.
- There is considerable value to partnership working between the mental health, women’s and adult learning sectors to address the social problems associated with emotional distress or ‘mental illness’.
- There is a need to improve access to mental health ACL as a valuable source of support for those experiencing distress, including young people. Increasing local availability would help access as would social prescribing or community referral (Friedli, 2009).
- Mental health impact assessment, informed by the capabilities approach (Cooke et al, 2011), is likely to be a valuable tool for demonstrating the ‘social returns’ of investment in ACL.
- While mental health ACL can provide vital social support for adults, there is also a need to ensure that the nature of targeted mental health ACL 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.

## Practice

- Achieving positive outcomes in mental health ACL requires the cultivation of a conducive learning environment and supportive relationships with adult learners. The skills and approach of tutors are key to achieving these outcomes.
- In the context of mental health ACL, a humanistic, ‘student-centred’ approach to teaching and learning is appropriate and effective for supporting the needs of adult learners.
- ACL can be made effective by practitioners embracing a collective, shared approach to the ‘co-production’ of knowledge, skills and other assets with adults.
- Since practice in the area of mental health ACL can involve a significant amount of emotion work for tutors, access to an organisational support network is beneficial.
- Although the information can be useful for monitoring and planning purposes, asking about people’s mental health backgrounds at the point of enrolment can be incongruent with efforts to dispel mental illness identities, and there is a need for clarity about the purpose for tutors of gaining information about the mental health status of learners.
- Encouraging ‘voice’ among groups of adult learners is helpful in the context of mental health. It helps to build confidence and a sense of agency, or self efficacy, and capabilities in the areas of social life participation and collective action, all of which help generate resilience.
- As social contact and participation are beneficial in themselves and help generate the resources for resilience, particularly for those experiencing social isolation, it is important to support this capability through building in a social dimension to mental health ACL classes. This helps in the production and mobilization of collective assets in community contexts. It can help to create space for people to discuss experiences, including those surrounded by fear, silence and shame, in an understanding group context (see Cotton and Lewis, 2011; McKie 2006, 2011).
- Training in the area of mental health can be helpful for tutors working in both targeted and non-targeted provision (e.g. family learning). It can help raise awareness of key issues relating to mental health which can then inform practice. Useful content includes social perspectives on mental health and distress, including gender awareness, inequalities and their link to factors impacting mental health such as domestic violence (Burman et al, 2002; Tew, 2002, 2005, 2011a; Williams and Watson, 1996), and issues of identity construction. The involvement of adult learners or people with experience of using mental

health services in training can be valuable for developing understanding of the lived experience of emotional distress or ‘mental illness’. Research such as that reported here may also be useful to inform the development of training.

## **Research**

Useful areas for further exploration include:

- The function of the course content/ subject matter compared to the social interaction element of ACL in terms of the mechanisms through which it generates resilience in the context of mental health and well-being, and how this may vary according to people’s social locations.
- Critical examination of mental health ACL in the context of issues relating to the medicalisation of learning and wider debates about the ‘therapeutic turn’ in education, considering implications for the political ethos and aims of ACL.
- Mental health ACL and issues of identity, stigma and shame.
- The ways in which ACL can help to address the significant social and health-related problem of domestic violence.
- The development of training, support and networking for tutors and tutor organisers.

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## **Disclaimer**

The views expressed in this report are those of the author and do not necessarily reflect those of the University of Leicester or the WEA.

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