

Creating inclusive learning opportunities

Promoting access to learning and skills for people from black and minority ethnic communities who experience mental health difficulties

Briefing Paper

Yanina Dutton

Part of a series of NIACE briefing papers on mental health



Supported by

Care Services Improvement Partnership 



Contents

- 1. Introduction
- 2. Methodology
- 3. Literature review
- 4. The projects
- 5. Achievements, lessons learned and recommendations

This project aimed to explore the links between adult learning, mental health and race equality. Experiencing social exclusion and discrimination, for instance related to ethnic background, can have a negative impact on mental health. This means that those at risk of social exclusion and discrimination are more likely to experience mental health problems. On the other hand, participation in adult learning can have a positive impact on mental health. It can contribute to the recovery process and help to promote social inclusion. Promoting access to learning for people with mental health difficulties is, therefore, a valid activity. However, when we explore the links between adult learning and mental health from a race equality perspective other factors come to bear, such as access to mental health services, appropriate support for people from black and minority ethnic communities and different levels of participation in adult learning among black and minority groups. This project has sought to explore some of the issues and, through action working, to address them.

1. Introduction

1.1 Aims

This briefing paper is about the Pathways to Learning and Skills project, which aimed to promote access to learning for people from black and minority ethnic communities who experience mental health difficulties. Mental health service users accessing learning in voluntary organisations often remain at the same level of provision, as progression routes to other educational opportunities are not available. Education providers have a remit to widen participation in learning. The project aimed to develop pathways to culturally-sensitive learning provision. It involved health and social care providers, voluntary and community groups, adults from black and minority ethnic groups experiencing mental health difficulties, and education providers.

The project worked with three learning providers in London¹. They were supported to achieve the following outcomes:

- To consult with service user groups to identify existing barriers to learning;
- The development of inclusive and culturally-appropriate learning opportunities and support pathways that enable black and minority ethnic service users to access learning;
- The development of new partnerships and capacity-building for effective collaboration between education and local community organisations and mental health user groups.

1.2 Who this paper is for and what it does

This briefing paper is aimed at practitioners and managers from education providers, the healthcare sector, mental health service user groups and the voluntary and community sector who work with people experiencing mental health difficulties. It sets out the methods used to achieve the project aims. A literature review explores the link between mental health, ethnicity and learning. This is followed by the experience of the three organisations who participated in the project. The lessons learned by the three organisations are highlighted. The project in this under-developed area of work has highlighted gaps and difficulties rather than provided a wide range of solutions.

1.3 Context

The Pathways to Learning and Skills project sits within a larger partnership project being undertaken by the National Institute of Adult Continuing Education (NIACE), the National Institute for Mental Health in England (NIMHE)² and the Learning and Skills Council (LSC) to promote access to education for people with mental health difficulties. The partnership project is working to implement the cross-government recommendations of the Social Exclusion Unit report (2004a) on Mental Health and Social Inclusion.

The project involved NIACE, a NIMHE representative, three London education providers, mental health service providers, local community groups and adults from black and minority ethnic groups who experience mental health difficulties. The project was funded by the Department of Health Section 64 Fund and ran from April 2005 to March 2006.

¹ College of North East London, Community Education Lewisham and Lambeth College

² NIMHE is part of the Care Services Improvement Partnership (CSIP)

1.4 Acknowledgements

This project could not have been undertaken without the support and contribution of the staff and students at the College of North East London, Lambeth College and Community Education Lewisham and the individuals and voluntary and community organisations who worked with the education providers. A special thanks also for the invaluable contribution, support, advice and time provided by Sara Stanton (College of North East London), Jane Myers (Community Education Lewisham), Zeina Ekuban (Lambeth College), Brendan McLoughlin (CSIP) and Kathryn James (NIACE).

2. Methodology

2.1 Design

The education providers

A mental health support practitioner was the contact person for each education provider. A work plan was developed with each practitioner. Based on their experience and local knowledge of the area, each of the practitioners worked with a black and minority ethnic community under-represented within their provision.

Each education provider aimed to provide learning opportunities for 10-15 adults who were not currently accessing learning. The project aimed to recruit a small number of learners because they were coming from groups that were currently not engaging in any learning. Small numbers could also ensure the availability of support and quality of learning experience.

To develop inclusive provision the practitioners worked across their institutions to build networks and capacity to support learning opportunities for those participating in the project. The practitioners also provided internal training to raise awareness of mental health and ethnicity issues. Contacts were made with mental health service providers and local voluntary and community groups. Organisations' level of involvement varied, reflecting each education provider's own work plans.

The project was designed to allow the participating educational practitioners to develop this new area of work while being flexible enough to fit it around their existing work in supporting learners with mental health difficulties. Partnerships between education providers and mental health service providers and users aimed to be sustainable beyond the duration of the project.

The learners with whom practitioners worked were an established Turkish population at Community Education Lewisham, asylum-seekers and refugees at College of North East London and black African-Caribbean men at Lambeth College. These groups do not easily access learning within these education providers and were felt to be under-represented within the student population.

Evaluation process

Each practitioner kept a record of their progress and personal reflections of their project. Some of the learners kept logs and photographs to give evidence of their progress. Practitioners received training in the *Catching Confidence* tool (Eldred *et al* 2005) and used it to evaluate learners' changes in confidence as a means of looking at improvements to well-being and health as a result of taking part in the project. The *Catching Confidence* tool allows learners to record, reflect and talk about personal benefits and challenges from participating in learning opportunities. It allows the learners to have a central role in the process of identifying their changes in confidence rather than involve someone else making that judgement. More specific health questionnaires, such as the General Health Questionnaire (2004), were also considered but thought to be inappropriate as they frequently concentrate on how 'poor' someone's (mental) health as opposed to the positive focus of the *Catching Confidence* tool.

2.2 On reflection

Data was collected and documented along the way; Section 4 presents a summary for each of the individual projects, while Section 5 provides a summary of lessons learned.

Regular project team meetings were essential to provide support for each other and to discuss the current challenges the education providers were facing, the evaluation strategy and future developments:

Working with people from other organisations allowed me to see that we are not alone, we have all faced similar challenges. Meeting regularly provided support and encouragement to keep going, we were all experiencing highs and lows in achieving our projects.

(Education provider)

While the education providers followed the project design, keeping to the timescale of the project was challenging because of external factors. For instance, it took the practitioners longer than planned to build relationships both within their education organisations and with community and healthcare organisations.

3. Literature review

3.1 Introduction

A literature review was carried out to see what lessons could be learned for the development of the project and to provide a context to the work. There appeared to be no literature or research that looked at learners from black and minority ethnic groups with mental health difficulties. This led the literature review to concentrate on three different areas:

- Black and minority ethnic groups and mental health
- Black and minority ethnic groups and adult learning
- Mental health and adult learning

3.2 Black and minority ethnic groups and mental health

Nationally there are proportionally more adults from black and minority ethnic groups who are diagnosed with mental health difficulties than from the white population. This appears to be related to two factors:

- Social and environmental issues linked with experiencing mental health difficulties; and
- Healthcare diagnosis procedures and stereotypes that persist.

Environmental factors linked with mental health

People with mental health difficulties are more likely to live in deprived areas, to be unemployed and to be socially excluded. A psychiatric survey in 2000 covering the UK interviewed a random sample of 2,046 respondents at the start of the study and again 18 months later. Eight per cent of the sample had mental health difficulties at the time of both surveys (a further eight per cent had mental health difficulties at the first interview only and five per cent at the second interview only). While the research did not look at ethnicity, it did identify that living in rented accommodation and experiencing life-threatening events, unemployment and being on a low-income were factors associated with mental health difficulties. People with low socio-economic status, were unemployed or had long-term illnesses were less likely to experience improved mental health. Improved mental health was associated with those in full-time employment (Singleton and Lewis 2005). Individuals from black and minority ethnic groups are more likely to experience racism, unemployment, homelessness, social exclusion, poor physical health and to live in deprived neighbourhoods, which can all contribute to poorer mental health (Social Exclusion Unit 2004a, NIMHE 2004a).

Accessing healthcare services and receiving an accurate diagnosis

There is a growing amount of literature to show that black and minority ethnic groups are more likely to be diagnosed with mental health difficulties than the white population. Adults from black and minority ethnic groups are six times more likely than their white counterparts to be detained under the Mental Health Act. Common mental health problems are higher among Irish men and Pakistani women; they are lower for Bangladeshi women (Social Exclusion Unit 2004a). Black and minority ethnic groups are also more likely to receive certain types of diagnosis and poorer service and support than the white population (NIMHE 2004a). According to the 2004 NIMHE report *Inside Outside* no mental healthcare research shows evidence that

black and minority ethnic groups are faring as well, or better than, white people in the UK. The differences that exist are not simply a result of environmental factors.

Black and minority ethnic groups have higher dissatisfaction with mental health statutory services and are twice as likely to disagree with their diagnoses than the white population (Social Exclusion Unit 2004b). Acknowledging and understanding cultural differences in relation to mental health issues is a concern:

Identifying mental illness across cultures, and particularly within refugee communities, is problematic (Watters 2001). For example, Kleinman (1997) makes reference to ‘category fallacy’ where, there is the imposition of concepts and classifications of mental illness as used in Western psychiatry on people from non-Western cultures.

(quote cited in Keating et al 2003)

There are many barriers to accessing appropriate healthcare services. These include barriers to accessing general practitioners (GPs) and appropriate care, which relate to language and cultural differences; discrepancy between patients’ and doctors’ views as to the nature of the presenting symptoms; a lack of knowledge about statutory services; and a lack of access to bilingual health professionals (NIMHE 2004a). GPs need to be able to identify the mental health difficulties that patients are experiencing. Evidence suggests that GPs’ decisions to refer patients with mental health problems to specialist services are also influenced by the patients’ ethnicity. For instance, black and South Asian patients are less likely to have their mental health problems recognised by GPs (NIMHE 2004a).

Distrust of mental health services due to the risk of misdiagnosis, stigma and fear within black and minority ethnic groups can also lead to delays in accessing and seeking professional help (Social Exclusion Unit 2004a). There is a need, therefore, to develop appropriate services, increase publicity about services available, address language barriers and develop culturally-sensitive services (Keating et al 2003). Discrimination exists throughout the healthcare sector, and black and minority ethnic groups find it difficult to access mental health services. The Government has recently been trying to introduce changes to address this, as discussed later in this paper.

People with mental health difficulties, practitioners and carers attended two consultation events for black and minority ethnic communities in 2002 and 2003 (Walls and Sashidharan 2003). The findings from the consultation were published in the report *Real Voices* (Walls and Sashidharan 2003). The report identified the following points that affect the adequacy of healthcare services, based on 477 returned questionnaires:

- Availability of services: 93% of respondents from black and minority ethnic groups felt that service access was problematic.
- Cultural awareness amongst staff: a very high proportion from all communities (94% of Irish, 88% of black, 86% of Chinese and 86% of Asian respondents) said that staff lacked cultural awareness and sensitivity.
- Language difficulties: 89% of Chinese, 86% of Asian, 74% of black and 59% of Irish respondents rate language issues as a problem.
- Availability of staff from black and minority ethnic groups within mental health service: a high proportion (84% of Chinese, 83% of Asian, 78% of black and 75% of Irish respondents) thought that there are not enough staff from black and minority ethnic backgrounds.
- Racism by staff: 78% of black, 61% of Asian, 49% of Irish and 44% of Chinese respondents believe that racism by staff is a problem.

-
- Interest from black and minority ethnic groups: 61% of black, 52% of Asian, 42% of Irish and 38% of Chinese respondents believe that the lack of community interest in mental health issues is a problem (Walls and Sashidharan 2003).

Some literature, including research on mental health provision for specific ethnic groups, does exist in relation to asylum-seekers and refugees (as a single group rather than specific nationalities), black African and Caribbean, Chinese and Irish communities. There is a lack of information available for other ethnic groups. Based on the literature that was available, the following section summarises some of the problems related to specific black and minority ethnic groups.

Asylum-seekers and refugees

Asylum-seekers and refugees are often exposed to severe physical and psychological trauma prior to coming to the UK. In their host country they can also experience social isolation, homelessness, language difficulties, hostility and racism, all of which are strong predictors of poor mental health (Department of Health 2005). A high proportion of asylum-seekers and refugees experience anxiety issues or depression (Social Exclusion Unit 2004b). This means that asylum-seekers and refugees are at high risk of developing mental health difficulties, yet they are also likely to be unaware that they are entitled to healthcare and mental health support, which means they can go without receiving any help (Centre for Ethnicity and Health 2004, Keating *et al* 2003). High levels of unmet need are compounded by the fact that healthcare employees are not adequately equipped to assess these needs. Health service employees are not sure of asylum-seekers' and refugees' rights to healthcare, and language differences can be a barrier. Mental health awareness and knowledge and information about mental health services are an area of concern for asylum-seekers and refugees (Keating *et al* 2003).

Chinese

Research into the mental health needs of Chinese communities found that mainstream GPs are not the first port of call; Chinese doctors and community workers are preferred. Barriers to accessing support related to not realising that their symptoms were related to mental health issues; not being fluent in English or having access to an interpreter; and not knowing what sort of mental health services are available (Chinese National Healthy Living Centre 1999).

Black African-Caribbean

A report by Keating *et al* (2002), found that 'Circles of Fear' stop black African-Caribbean people from engaging with mental health services. Mainstream services are experienced as inhumane, unhelpful and inappropriate. Care pathways for black people are problematic as they lack community-based crisis care. Conflict between professionals and service users is not always addressed in the best way. African-Caribbean people reported: more negative experiences of mental health services; higher levels of dissatisfaction with services; and more cases of being forcibly restrained than the national average. A high number thought that their cultural needs were not being taken into account and that the stigma around mental health difficulties was a barrier. Rethink has a national race equality advisor to lead service development for these communities and to ensure swifter diagnosis and appropriate care (Rethink 2000).

Women from black and minority ethnic groups

Keating *et al* (2002) undertook a study of ethnic diversity and mental health in London to explore the changes since a previous study in 1997. The study found that women from black and minority ethnic groups continue to be marginalised within current policy debates. “The over-representation of women in mental health statistics is not only due to these socio-economic vulnerability factors. It also stems from discriminatory attitudes within health and social care” (Keating *et al* 2002). Women are often viewed as stereotypes: for example African-Caribbean women are seen as loud and difficult; and Asian women’s problems are rooted in cultural conflict and family issues. Many women only access services at crisis points because of a lack of confidence and trust in services. Suicide and self-harm rates are higher among Asian, Irish, and African-Caribbean women than other groups. In London, there is a lack of specialist crisis or respite services for women from black and minority ethnic groups. Another London-based study identified that there was also a high psychiatric admission rate in the Irish community, particularly for women. Irish mental health service users consider local organisations as important sources of support rather than healthcare services (Muinteras 1996). There is a need for more support services to meet women’s needs, and healthcare employees need training on specific women’s cultural issues.

Government action

A number of local and national reports highlighted similar concerns about the ethnic inequalities in healthcare for people experiencing mental health difficulties (Keating *et al* 2003, NIMHE 2004a, Social Exclusion Unit 2004a, Walls and Sashidharan 2003). The reports call for changes within healthcare to ensure that more partnerships exist with black and minority ethnic community and voluntary organisations, families, carers and mental health service users in order to develop more inclusive and responsive services.

The report *Inside Outside – Improving Mental Health Services for Black and Minority Ethnic Communities in England* by NIMHE (2004a) for the Department of Health signalled reform of mental healthcare. Leading experts in the field were involved in public consultations and prepared the report, which identified three key objectives:

- To reduce and eliminate ethnic inequalities in mental health service experience and outcome;
- To develop the cultural capacity of mental health services; and
- To engage the community and build capacity through community development workers (NIMHE 2004a).

Engaging the local community is at the centre of service development. It can lead to services and workforce development that ensures services are:

- Available in accessible settings,
- Addressing language barriers, and
- Involving carers and community members.

Social inclusion is about recognising and respecting people’s different cultural and religious beliefs and inter-relationships between them (Social Exclusion Unit 2004a). This means ensuring that there are appropriate specialist services that remain integrated within mainstream health and social care organisations (NIMHE 2004a). The challenge is to eradicate inequality while celebrating and promoting diversity (Keating *et al* 2003). Partnerships and engagement with black and minority ethnic groups are key principles for achieving change.

The Department of Health produced *Delivering race quality in mental healthcare* (2005), which drew information from three publications, including *Inside Outside*. The action plan highlights the need to include communities when planning for healthier communities. The vision is that by 2010 there will be a service characterised by:

- Less fear of mental health services among black and minority ethnic communities and service users.
- A reduction rate of admission of people from black and minority ethnic communities to psychiatric in-patient units.
- More black and minority ethnic service users reaching self-reported states of recovery.
- Issues tackled in relation to service delivery and training of staff.

The action plan aims to work towards equality of access, experience and outcome. It notes that people want cultural backgrounds and personal values and beliefs taken into account. The action plan and the NIMHE and National Health Service strategic plan are committed to tackle stigma and discrimination on mental health grounds. *From here to equality 2004-2009* (NIMHE 2004b) proposes that the health service should be proactive in dealing with race issues, such as racist abuse. Care plans are to include ethnic origin and cultural needs, and there should be an ethnically-diverse workforce which receives appropriate training. Community-targeted approaches involving user groups and community participation are emphasised. Healthcare services should become more proactive in engaging with service users, carers and community services to ensure more appropriate responses. As part of this work a good practice guide about engaging mental health service users and their carers to develop mental health awareness training for healthcare staff has been developed (Tew *et al* 2004). A document has also been produced: *Celebrating our Cultures: Mental Health Promotion with Black and Minority Ethnic Communities* focuses on how to improve the mental health of everyone living in black and minority ethnic communities (Department of Health 2004).

Key points

- The high proportion of adults from black and minority ethnic groups being diagnosed with mental health difficulties is only partly due to social and environmental factors.
- There is a lot of misdiagnosis and discrimination, which leads to distrust and black and minority ethnic communities being reluctant to approach healthcare professionals about mental health.
- Recent reports into mental health difficulties experienced by black and minority ethnic communities have resulted in Government action being taken to address the inequalities they face.
- Service users and carers have a large role to play in improving services.
- Currently it is too early to assess the impact of the new policies.

3.3 Black and minority ethnic groups and adult learning

Black and minority ethnic groups make up eight per cent of the UK population; and they have a younger age profile than the whole population (Cabinet Office 2003). Within annual adult learning participation surveys it can be difficult to analyse the rates of participation among different black and minority ethnic groups, as the number in the sample are often small. However, there are some studies into learning participation among black and minority ethnic groups which have involved a large enough sample to see what differences exist within black and minority ethnic communities. Research has found that some black and minority ethnic groups are more likely to participate and do well in learning than other groups (Cabinet Office 2003).

In the Spotlight (Aldridge *et al* 2006), a NIACE briefing on participation in adult learning by black and minority ethnic communities, analysed data from the 2004 UK Labour Force Survey. The analysis found that 63 per cent of adults from black and minority ethnic groups participate in learning. However, this figure masks marked differences between black and minority ethnic groups. For instance, the national average participation rate is 64%, but among black and minority ethnic groups the rates vary, with black African (77%) and mixed ethnic origin (76%) above national average and Pakistani (48%) and Bangladeshi (40%) below average rates (see Table 1). Black Caribbean and Indian respondents participate at a level similar to that of the adult population as a whole.

Table 1 Participation in learning by ethnicity, 16 years and older

All respondents	64%
All adults from minority ethnic groups	63%
Black African	77%
Mixed ethnic origin	76%
Other minority ethnic groups	68%
Chinese	68%
Black Caribbean	65%
Indian	63%
Pakistani	48%
Bangladeshi	40%

Source: ONS Labour Force Survey, UK 2004, cited in Aldridge *et al* 2006

The national average participation rate in learning for 16-30-year-olds is 78%, and 74% for black and minority ethnic groups. This figure masks similar differences to those above, with participation ranging from 56% of Bangladeshi respondents to 82% of African respondents.

The proportion of all respondents with no qualifications was 17%. When broken down in relation to black and minority ethnic groups the survey shows large differences in the proportion of respondents with no qualifications: Bangladeshi 43%, Pakistani 32%, Other Minority Ethnic Groups 20%, Chinese 18% and Indian 16%, black African 15%, black Caribbean 14%, and Mixed Ethnic origin 13%. The National Centre for Social Research (2002) highlights similar findings with the proportion of respondents with no qualifications being highest among Bangladeshi (59%) and Pakistani (44%) respondents and lowest among white, Irish and black Caribbean respondents.

Overall, more men than women from black and minority ethnic groups participate in learning except for black Caribbean respondents. There is a slight decline in participation rates with age: Pakistani and Bangladeshi have low participation rates and then decline severely among the working age population (Aldridge *et al* 2006).

A similar study, *Light and Shade* (Aldridge and Tuckett 2003), was carried out using data from the 2001/2002 English Labour Force Survey. *Light and Shade* identified the same distinct participation in learning differences between different ethnic groups as highlighted in *In the Spotlight*. The data from both studies show that there is a need to focus on the sub-groups who are under-represented in learning, particularly Pakistani and Bangladeshi communities, as well as women from a number of minority groups (Aldridge and Tuckett 2003; Aldridge *et al* 2006).

The surveys tell us who is, and who is not, learning but does not explain why these differences exist and whether there are barriers to these groups who are under-represented in learning. Reasons why certain ethnic groups participate in learning more than others are not always clear and more research is needed. The differences may relate to the cultural importance given to adult learning, the cultural appropriateness of the learning opportunities available, the environment such as the venue, and background/ethnic origin of the tutor delivering the learning (White 2002, McNulty 2003, Aldridge and White 2005). Black African-Caribbean learners are more likely to be satisfied with their adult education experience than Pakistani and Bangladesh learners (Aldridge and White 2005).

Key points

- Taken together, participation in learning by black and minority ethnic groups is similar to that of the whole population, but a closer look shows large disparities between different ethnic groups.
- Bangladeshi and Pakistani groups are least likely to participate in learning, especially women.
- Rates of participation in learning by adults of black African and mixed ethnic origin are higher than the national average.
- It is unclear why these large disparities between ethnic groups exist.

3.4 Mental health and adult learning

There is a link between health and learning: those with low educational achievement are also more likely to have poor health (Hammond 2002). Many people who experience mental health difficulties also have low-level qualifications, with one in three having no qualifications at all (Social Exclusion Unit 2004).

Participating in adult learning can have a positive affect on people's mental health and general well-being and can be an important factor in improving poor mental health (James 2005). Learning can help people to deal with stress and increase their self-esteem and resilience to challenges they face (Hammond 2002).

Learners who experience mental health difficulties often cite the following changes as a result of participating in learning: an increase in self-esteem and confidence, a sense of purpose, reduced isolation, more friendships, better coping mechanisms and a sense of hope in being able to deal with any problems.

People require different levels of support and at different stages of their learning. Any learning opportunities need to be flexible to reflect the learners' different needs. "How mental health difficulties will affect an individual's ability to participate in learning will differ from person to person" (James 2005). Mental health difficulties may affect a person's learning through:

- Anxiety about their ability to learn
- Anxiety about accessing learning provision
- Poor concentration sometimes as a side-effect of medication
- Irregular attendance
- The need for part-time courses or courses at certain times of the day (James 2005).

There needs to be provision available that is supportive and offers a safe environment while allowing the learners to reach their potential and to engage in the learning that they want to do. Learners with mental health difficulties can be supported through assistance with travel, tutor and peer support and mentoring and outreach to encourage uptake (Social Exclusion Unit 2004a).

Despite the potential benefits of learning for people with mental health difficulties, suitable provision can be limited. In 1996, the Tomlinson Report *Inclusive Learning* (FEFC 1996) highlighted that adults with mental health difficulties have often been excluded from adult education. While provision has increased since 1996, there are still regional disparities in provision (James 2005, Wertheimer 1997). Practitioners and professionals frequently have low expectations of what people with mental health difficulties can achieve (Social Exclusion Unit 2004). There is a lot of stigma and ignorance about mental health problems among some staff and students (James 2005).

“Developing inclusive learning for adults with mental health difficulties means not only responding to the different learning and support needs of each individual, but also doing so at each stage along their learning journey... we can also facilitate and nurture the growth in self-confidence, self-esteem and well-being by the way we organise the curriculum and learning environment, thereby enabling learners to become more independent and, in turn, to require less or different support...”

(LSDA and James 2004).

Mental health difficulties are a form of unseen disability, which can be overlooked. Failure to recognise the full range of needs for learners with mental health difficulties can lead to exclusion under the Disability Discrimination Act (DDA) part 4. Since 2002, the Special Educational Needs and Disability Act means that learning providers have a legal duty not to discriminate against disabled students. From September 2005, all institutions have had to make reasonable adjustments in order to provide access for disabled students (Social Exclusion Unit 2004b).

In August 2006 the LSC produced *Improving services for people with mental health difficulties*, a strategy outlining four broad aims to improve services for learners with mental health difficulties. These aims have been aligned with their *Annual Statement of Priorities* (LSC 2006b) and *Further Education: Raising Skills, Improving Life Chances* (DfES 2006). The document highlights the need for education providers to work closely with the health and social care sectors, employment services and the voluntary and community sector to achieve the aims. The broad aims cover:

- Building capacity – to increase awareness of mental health issues and achievement in learning. Good practice will be shared.
- Boosting demand for learning – by making sure that more people with mental health difficulties, including black and minority ethnic groups, are given support and learning opportunities that reflect their needs and aspirations. This includes improved information, advice and guidance.
- Ensuring quality of provision so that any learning experience is positive and successful. This will involve different approaches to suit different learners’ needs.
- Raising the achievement level of learners with mental health difficulties in order to ensure that they are reaching their potential. This includes clear and supported progression routes.

A pilot project involving five sites focused on understanding and challenging the barriers that learners with mental health difficulties face in accessing and progressing in adult education. In relation to developing inclusive learning provision the sites identified that they needed to:

-
- tackle discrimination and stigma against people with mental health difficulties within learning environments;
 - raise awareness of the needs of learners with mental health difficulties; and
 - have individualised and appropriate curriculum and support packages for learners that are flexible, responsive, promote empowerment and growth in confidence (LSDA and James 2004).

The literature therefore highlights the point that good learning provision for people with mental health difficulties requires a holistic approach where the provider considers all aspects of their provision from referral routes, staff awareness training to services offered by the provision and progression opportunities. It is essential that learning providers build partnerships and collaborate with mental health services and service users to ensure provision reflects the learner's interest and needs (Social Exclusion Unit 2004b, LSDA and James 2004).

Key points

- Learning can have a positive effect on an individual's mental health and well-being. Learning can play an important role in improving poor mental health providing that the support is available from the learning providers and other support workers.
- While action is being taken to tackle barriers to learning and the stigma around mental health, adults with mental health difficulties still experience difficulties within educational organisations.
- Learning helps adults deal with stress and increases their resilience to life's challenges.
- Learners need a supportive environment that is ongoing and individualised to their needs to ensure inclusive learning opportunities.
- Adult learning opportunities can be an important part of the recovery journey and a means to promote social inclusion for mental health service users.

3.5 Black and minority ethnic groups, mental health and learning

The literature in relation to mental healthcare highlights that a higher proportion of black and minority ethnic groups have mental health difficulties than the white population. A vast amount of current work is aimed at addressing this difference through improving healthcare for people from black and minority ethnic groups who experience mental health difficulties: by more consideration of cultural issues and language barriers; by employing more adults from black and minority ethnic groups; and by encouraging community participation. Partnerships between healthcare, the voluntary and community sector, families and carers are needed to take the work forward. Taking preventative steps and treating people at appropriate times is only likely to be achieved when communities feel they can seek support and receive the right diagnosis.

The literature around participation in learning points to some black and minority ethnic groups not participating and achieving in learning. Learning can have many positive benefits to people experiencing mental health difficulties providing that the support is available from the learning providers and other support workers. To encourage and enable participation in learning would help to improve individuals' self-esteem and resilience in dealing with problems (Hammond 2002, James 2005).

Many black and minority ethnic groups with mental health difficulties could benefit from entering learning. However, at the moment the links between healthcare, support workers and adult education providers are not always a priority or promoted. The lack of literature in this area would suggest that the benefits and challenges in enabling black and minority ethnic adults with mental health difficulties to participate in learning have not been fully explored. For instance, the Social Exclusion report (2004) on mental health has a section on black and minority ethnic groups and mental health and another section on mental health and learning, but it does not specifically pull the issues in these sections together.

Some adults from black and minority ethnic groups experience multiple barriers of lack of access to education and to adequate mental health support. This group is also likely to be difficult to reach as they do not always come forward for help because of mistrust of health professionals (and education providers in some cases). Health services and education providers need to work together to ensure that more people from black and minority ethnic groups with mental health difficulties can participate in learning opportunities with adequate support.

Research into ethnicity and mental health

There is a need for research and development into mental health difficulties that explore the connection between healthcare and learning possibilities for people with mental health difficulties. Any ethnic monitoring of services needs to be sensitive to local needs, and data collection must show relevance to local service development (Department of Health 2005). There is a need to ensure in particular that black and minority ethnic older people, recent migrants, women and asylum-seekers and refugees have their voices heard (Department of Health 2005).

There has also been little research on perceptions, experience and level of engagement of carers from black and minority ethnic groups in relation to mental health services (NIMHE 2004a). Where minority ethnic community groups have carried out research in this area they have found that relatives from black and minority ethnic groups often feel left out of treatment decisions, are concerned about the doses of medications used and do not receive enough information on how to support their relatives and how to campaign on behalf of service users (NIMHE 2004a).

The National Centre for Social Research (2002) found that qualitative interviews allowed researchers to see the language that different black and minority ethnic groups use to describe different mental health difficulties. The data alerts us to:

- The language used to describe physical and emotional states.
- The way respondents see physical and emotional mental health as linked intimately, such that they are often described together.
- Little variation in experiences across ethnic groups in terms of narrative data.
- The significance of family tensions which is highlighted in all groups
- Experiences of racism which are pervasive and powerful. Racial hostility and violence have a huge impact and affect people's ability to live tolerable lives.
- Financial difficulties are often key components of personal distress.

There is a need for more culturally-relevant research in the area of mental health and black and minority ethnic groups (NIMHE 2004a, Department of Health 2005).

Key points

- Environmental factors mean those most likely to experience mental health difficulties are also most likely to have low qualifications and barriers related to social exclusion and poverty.
- Education providers need to be aware that, on the whole, people from black and minority ethnic groups are more likely to be given certain diagnoses and treatments that are culturally-determined rather than a reflection of their actual mental health difficulties.
- There needs to be (more) learning provision that targets black and minority ethnic communities who are under-represented in adult learning and who also have a high chance of being diagnosed with or experiencing mental health difficulties.
- Reasons why certain ethnic groups participate in learning more than others are not always clear.
- Partnerships between healthcare providers and education providers have a role to play, particularly considering what the positive benefits of learning can be to people who experience mental health difficulties.
- There is a lack of research and literature relating to the multiple barriers experienced by specific black and minority ethnic communities in relation to healthcare, mental health and learning.

4. The Projects

This Section describes the three case studies. It outlines what each case study did during the first year of the project and highlights the achievements and challenges they faced along the way. These cases did not set out to be examples of good practice: rather they wanted to explore different ways to engage with people from black and minority ethnic groups who experience mental health difficulties and do not currently access learning opportunities. The projects are still evolving and will continue after the project is finished. The overall lessons learned from these cases after one year are covered in Section 5.

4.1 College of North East London (CONEL)

Background

The mental health service at CONEL exists to support people to access mainstream education. The focus is on removing initial and ongoing barriers to learning by putting the necessary support and adjustments in place within the college. Within the college there was a lack of support for asylum-seekers and refugees experiencing mental health difficulties in spite of the large number of asylum-seekers and refugees in the local area.

Who was involved?

- The college mental health support worker
- Local mental health organisations
- Ten people who were learners or about to enrol in the college.

Aims

The project aimed to meet more effectively the needs of asylum-seekers and refugees within CONEL and to ensure that they were receiving appropriate mental health support where necessary. This was to be done by establishing a Learner Mental Health Forum within the college for asylum-seekers and refugees. The forum was to be held monthly to allow informal sharing of information and to engage members in a more formal activity, in line with a pre-determined agenda chosen by the group.

How the project has developed

The project progressed in unexpected ways. In addition to trying to develop the mental health forum, Enrichment Services³ in the college decided to carry out some sessions for learners on a range of mental health issues. This resulted in meetings to promote better communication and liaison between Enrichment Services and Mental Health Services so that the two services could work closely and prevent work being duplicated. The mental health worker therefore designed and delivered mental health awareness training, including awareness of asylum-seekers' and refugees' needs, for Enrichment staff. As a result of these sessions, the mental health worker and learners were asked to chair a discussion in the college for all

³ Enrichment Services enable students to develop their personal, sporting and social interests in addition to learners' main studies. The Enrichment Programme at CONEL is designed to help learners extend education, social and personal growth beyond academic courses; provide an opportunity to develop interests which extend skills and try something new. This is common to almost all 6th Form Colleges and many FE Colleges.

learners around mental health and issues of concern for people from black and minority ethnic groups; with a week of mental health awareness being run by Enrichment Services.

Working with colleagues at the college proved to be challenging, particularly where staff had preconceived ideas about mental health

(Mental health support worker)

A Turkish-speaking learner began to co-facilitate the mental health forum with the mental health worker and ESOL tutor. Group members included a mix of enrolled and prospective learners and were all self-referred. Deciding the format and location for the group required negotiation with college management, as well as with the learners. These challenges were overcome through ongoing discussions and staff development sessions. Eventually it was agreed that the forum could be held within the college, even though not all of the group members were currently enrolled in the college.

Members of the mental health forum decided on the topics and activities through regular review meetings. Areas of interest to be discussed included immigration, stigma and discrimination, citizenship and strategies to manage mental health distress in learning environments. The group members supported each other to take up learning opportunities and the forum provided an opportunity to discuss wider personal issues that affect learning participation and mental health and well-being.

Being able to meet people in similar circumstances really helps me to keep coming here [to the college]

(Forum member)

Links were made with a homeless people's professional theatre company. The mental health worker and Turkish-speaking learner planned to carry out some mental health training for the theatre company staff and in exchange the professional theatre company would run some sessions on theatre and performance art for the forum.

Records and evaluation

The following items were kept and documented to keep a record of progress of the project:

- Minutes of meetings and agendas
- Copies of flyers and marketing leaflets
- Copies of information
- Contact details of members attending group
- Learning logs and photos.

Future developments

The project will be embedded within the mental health service at CONEL. The project will continue with learners taking more of a lead as their skills and confidence develop. Learners were and will continue to be supported with any applications to mainstream courses at CONEL.

4.2 Community Education Lewisham

Background

Mindlift is part of Community Education Lewisham. Mindlift offers support and advice about courses to local people who experience mental health difficulties who wish to engage in learning. The project was to work with the local established Turkish population, as only a few of them were currently accessing learning and no-one experiencing mental health difficulties had approached Mindlift.

Who was involved?

- Mindlift Manager and staff have helped with the outreach work
- Lewisham Community Arts Project
- 11 learners.

Aims

To undertake an outreach project to Turkish-speaking adults in Lewisham experiencing mental health difficulties who were currently not accessing the provision. Links with existing Turkish organisations and community groups were to be established to increase awareness of Community Education Lewisham and the Mindlift service. A short course was to be set up, based on the requests of the recruited learners. A tutor with knowledge and experience on mental health problems would take the course. Ongoing information, advice and guidance were to be available.

How the project developed

The outreach work was time-consuming and challenging, as community mental health services proved disappointing in their response. When approached by outreach workers, people were interested in Community Education Lewisham but were wary of any form of mental health service bias.

Despite using a translator, there was great difficulty in drafting appropriate and acceptable publicity materials that dealt with mental health. This was one of our biggest challenges

(Mindlift manager).

It emerged that mental health issues are not openly discussed among the Turkish community. Therefore, general publicity was used rather than material that carried specific mental health references. Appointments with Community Groups then allowed discussion about the mental health dimension to the work.

The two Turkish-speaking outreach workers identified 11 adults who wanted to participate in a course. Together the students decided that they would like a Turkish Foil-Embossing course. This course was set up to run weekly for five weeks at a local community centre. The students were given information and support to familiarise themselves with the venue. Three of the students also enrolled for additional courses following a meeting with other departments to assure them of immediate places on the courses while their interest was high. Learners commented that:

This course has been very useful and makes me happy.

I started coming to this class because I wanted things to improve. I have found the class very good with the help of the tutor. I liked the course and made new friends.

A programme of further support for each student has been established to enable them to access further courses and to investigate work and training opportunities.

Records and evaluation

The course was recorded and evaluated according to Community Education Lewisham procedures:

- Enrolment forms,
- Mindlift Student Information Forms
- Additional support forms
- Individual Learning Plans
- Student achievement records

Photographs were also taken of students' work. The outreach workers took photographs to record community outreach. Students completed two pieces of work within the class, which were framed for them to take home. They also kept a record of the *Catching Confidence* tool. This group of students were initially a little hesitant about engaging with *Catching Confidence*. It was made clear that they would own the outcome and that no individual would be named if details were passed on as part of the project.

Future developments

There is continuing help for students to access further courses and to investigate work and training opportunities. A course for a new group of Turkish students who experience mental health difficulties began in summer 2006. Students from the first course helped to recruit students for the second one. A process was established with the ESOL department to fast-track Turkish-speaking students in to Mindlift in order to help them continue to progress.

4.3 Lambeth College

Background

Lambeth College's outreach and intake covers mostly Lambeth and South London. Lambeth College's mental health team works with different centres that support people with mental health difficulties. The college chose to work with black African-Caribbean men who were all mental health service users. All of the men attended one of two resource centres and were not engaging in learning.

Who was involved?

- The mental health course manager
- College music tutor and other colleagues
- Two support centres
- Six to 10 learners a week

The Mental Health Course Manager and music tutor at the college developed and ran the project. The tutor provided professional musical input and directed the learning part of the project. Three people at the centres helped with the project and were responsible for the support needs of the groups. The number of service users involved in the project fluctuated on a weekly basis because of learners' personal circumstances. The project started with 12 and had between six and 10 learners a week.

Aims

Based on consultation with the centres, the project engaged the users in an activity that would stimulate them and promote learning through the use of music and the forming of a music group. The long-term aim was for participants to progress to further learning either at the centres, local provision or at the college. The music group had to be sustainable and to be run in a way that allowed the learners to take ownership of the group. The project would help the users at the centres make more social contact with each other.

How the project developed

Starting the project took longer than planned due to the need to organise and co-ordinate many set-up meetings with the centres' staff and managers. It took time to build relationships with the representatives at the centres. An initial meeting with the user group was held where the group were told about the music project and their opinion about how to progress was sought. Building the interest of the group and dealing with their suspicions about why the project existed was challenging. The mental health support worker wanted to ensure that the participants saw the activity as their project where they could make decisions about how it developed in order for it to be successful in the long term. Encouraging the group to work as a team was challenging as they were used to participating in individual activities at the centre. Barriers were removed when the group began talking about music and they worked well together.

Over time it became clear that the centres wanted to work at different paces and achieve different aims. Work continued with the slower-paced centre and a good working relationship developed. The progress of the group was slow and it was restless to begin with as it took longer than expected for the musical instruments to be delivered.

The most challenging part was keeping the idea alive, fresh and moving along at an appropriate pace for everyone involved. Maintaining a good sense of humour was important especially when things stalled

(Mental health support worker)

Once formed, the music group developed their own aims:

- to work towards a performance within the community;
- to develop personal and musical skills;
- to use new skills to support others who join the centre or who were previously uninterested in the music group.

The learners have developed their musical skills. There has also been a marked change in the group: they are more relaxed, confident and work well together. The manager at the centre is pleased with the progress so far.

It has helped me to make more friends. I like to do drumming with my friends. I have always been interested in music and I'm glad to be working with music again

(Member of the music group)

Records and evaluation

Minutes of the meetings, 'to do' lists and tutors' reflective notes were kept. The learners did not keep any records. With more time and discussion the learners will develop their intentions with regards to further learning. The *Catching Confidence* tool will be used once the relationship with the group develops.

Future developments

There are volunteers available to continue working with the group. The group plans to continue to perform at forthcoming functions and some of the men plan to progress by attending music or other classes available at the college. The fact that the learners already know the support worker should make the transition easier.

5. Lessons learned

This Section outlines the lessons learned from the overall project, including the three case studies. It is hoped that sharing experiences will encourage and inspire other education and healthcare providers to develop similar projects. Many of the lessons learned by the practitioners could relate to a wide range of outreach work and not just specifically working with adults from black and minority ethnic groups who experience mental health difficulties.

Networking and building partnerships

Building partnerships and networks to ensure the project would be sustainable was achieved gradually and involved more time than expected. Important points identified by the practitioners were:

- Maintaining new partnerships takes time to develop before work that involves the learners can even begin.
- The use of outreach workers already established in the community is invaluable.
- Sometimes much liaison and working with a lot of people were needed in order to support and enable just one learner to participate.
- A lot of time was needed to build relationships and to become a familiar face, yet if a contact left the process had to start again.
- Knowledge about local community activities and work increased because of going out into the community more frequently.
- The contact with community organisations changed the organisations' perceptions about what education providers can do. Boundaries and roles were challenged.

Support

Being able to share challenges and successes through regular project team meetings enabled the mental health support workers to see that everyone experienced similar issues and helped everyone to stay focused and motivated. Engaging support from a wide range of organisations was also important to maintain the project momentum. Developing support was helped by:

- Finding out what resources were available in the community and utilising them as much as possible.
- Keeping 'gatekeepers' (people who are in a position to influence access to potential learners and organisations) interested and informed, as they played an important role in reaching potential learners.

Being based within an education provider

Having mental health support workers based within the education provision to support students and staff was an advantage to this work because:

- It provided an opportunity to develop the work within the organisation.
- It offered direct access to other members of staff and managers, which outside organisations may struggle to reach.
- Details about what courses were available could also be easily accessed.
- Contacts were used to fast-track students onto courses to ensure learners' motivation was kept and

progression opportunities seized.

- Staff and learners knew where to find the mental health support workers.
- Awareness about mental health and ethnicity among all staff and students was raised through training sessions and awareness events.

Outreach

Recruiting learners to the project was, as expected, challenging. Overall, the best ways to access the learners included:

- Outreach to specific community organisations and speaking directly to staff and members of groups.
- Written publicity was culturally-sensitive and not as useful as face-to-face contact. However, face-to-face contact was time-consuming and expensive to fund.
- Working with a 'gatekeeper' who was well-known and had a good relationship with the targeted groups proved essential to access learners.
- Existing learners from the targeted group helped recruit people to the project.
- Putting a face to a name in people's minds meant they knew who to approach in the education provision for support and advice.

Cultural issues

Overall more cultural issues emerged than were anticipated. Some of the issues that arose were:

- It was sometimes difficult to phrase information about mental health so that it was culturally appropriate, particularly where no words or phrases relating to the concept of mental health exist. For example, when using flyers to try to encourage people from the Turkish community to access the learning provision.
- Even with the aid of interpreters, language and cultural perceptions of mental health were major challenges.
- Practitioners needed to make no assumptions, particularly about family structures and who has an influence on whether someone takes up a learning opportunity or not – this is where community outreach workers were invaluable.
- Consulting learners helped practitioners ensure any courses offered were culturally appropriate and that the learners would identify with and want to take part.
- Some learners had experienced different education systems outside of the UK or had negative experiences in the UK: these barriers needed to be addressed when it was their first time back into learning. Learners at the mental health forum at CONEL particularly highlighted some of these issues during discussions.
- When required, interpreters were sometimes expensive and needed to be arranged in advance. Practitioners did not always have confidence in the interpreters.
- Staff needed to be as sensitive to cultural backgrounds as mental health issues; again this links to wording and the use of translators.

Learners

Involving the learners throughout the project was essential and led to the following lessons:

- Initially, start with a small number of learners, establish the project and then try to build numbers in order to ensure learners receive the support they require.
- Put in place ongoing support for learners beyond the time of the course so that they can progress on to other learning opportunities and remain motivated to continue.
- Have a range of other service providers informed of and linked to the project to offer students additional/follow on services.
- As with all learners, it is important to ask individuals what they want from the project. Also, make the most of the skills of the learners from Day One to ensure that they feel valued, to build their confidence and skills and to create ownership of the project.
- Encourage or enlist learners to record their own development. This can include photos and video. These records, along with opportunities to reflect on personal developments, help participants see the value of what they have achieved and the wider benefits of learning. It also makes it easier to engage learners in a dialogue about themselves and learning.
- Learners bring a diverse range of issues with them that do not necessarily relate to mental health or learning. For instance, many asylum-seekers requested information related to living in the UK from college staff.
- Retaining students over the summer when classes stop is important. The real proof of success for one practitioner was how many learners returned to some type of course after the long summer break.

Environment

Throughout the project, time was taken to reflect on the work. As part of this process it was highlighted how physically daunting an education organisation can be to someone who is not familiar with one.

It has made me realise how we need to offer more support to ensure the learning environment is less daunting for new students. We need to work with the students so that they look around the college prior to when the courses begin.

(Education practitioner)

This is particularly true when a support worker cannot always guarantee to learners that they will always personally be there to support them and be their point of contact. Entering the provision can be helped by:

- Taking steps to familiarise learners with where the learning will take place.
- Work towards learners being college-ready. Learners who took part in the project would not be ready to go to college without the support from the support worker and other colleagues.
- Consideration to whether the learners need someone to go with them to begin their course, such as 'study buddies' and support when travelling to and from college.

Funding

Extra funding from the project allowed more outreach and support to learners than is normally available.

- The funding made a difference to the type of course that could be offered, for instance being able to purchase good-quality art materials and music equipment.

-
- Project-based funding in some cases clashed with the structure of the education providers' funding systems, which were not flexible enough to accommodate one-off projects. Funding methodology can restrict development work with some groups of learners. For instance, one education practitioner found it difficult to ensure the funding for the project was ring-fenced by the finance department and not used in other budget areas.
 - It has been good to have flexible funding and a level of freedom in how to develop provision to ensure learner needs were being met.

Time

The whole process was more time-consuming than expected, especially when trying to network and start the project. In future the practitioners would:

- Decide on a model for running the group early on: enrolment and other factors impinged on available time and held up discussions with colleagues and other organisations.
- Run taster sessions during the long summer break for students to keep them motivated until enrolment in September.
- Not worry if the project goes through peaks and troughs! All of the projects experienced small challenges, barriers and successes along the way.

Spin-offs

The project has resulted in the following spin-offs:

- Developing travel or study buddies with the learners who took part in the project to help other new learners to attend college regularly.
- Starting a music portfolio class for existing college students and for the people who participated in the project.
- The support workers have been inspired to develop more project approaches, as it has been great to have the time to work with learners rather than concentrating on management and college issues.

On reflection

On reflection everyone involved in the project was pleased that they were able to engage with learners who they have been unable to reach. It has been possible to:

- Establish good working links with community organisations. Practitioners know about more organisations and agencies within their area.
- Raise awareness of mental health issues, particularly in relation to ethnicity, among staff and local community groups, through training and awareness events.
- Ensure a range of other service providers are informed of and linked to the project and that learners can be offered additional and follow-on services by them.
- Gain enthusiastic support and commitment from other colleagues, organisations and potential learners.
- Feel that the project has developed, particularly when learners and managers discuss plans to carry the work forward.
- The project has been an interesting and rewarding learning experience for everyone involved.

6. Conclusion

The project has highlighted how much targeted services and strategies do enable adults from black and minority ethnic communities to access learning opportunities. All of the education providers are continuing to develop their projects into their established work.

As a result of the projects and literature review the following recommendations have been identified.

Education providers

Aligning the LSC *Improving services for people with mental health difficulties* document (2006a) with the LSC *Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities* (2006c) signifies a commitment to develop more accessible learning opportunities for people who experience mental health difficulties. Some of the points that have emerged from the literature review and from carrying out the project highlight similar points to the LSC documents (2006a, b and c), namely:

- More work is required to build partnerships with healthcare professionals and local community organisations in order to develop and maintain inclusive learning and training opportunities for people who experience mental health difficulties.
- There needs to be more learning provision that targets black and minority ethnic communities who are under-represented in adult learning and who also have a higher probability of being diagnosed with mental health difficulties or of experiencing mental health difficulties.
- There needs to be provision and support available for learners to progress from small classes to larger mainstream education classes so that they do not remain in the same type of provision.
- Education providers need to be aware that, on the whole, people from black and minority ethnic groups are more likely to be given certain diagnoses and treatments that are culturally-determined rather than a reflection of their mental health difficulties. This means education providers should not rely completely on diagnosis when assessing learner needs.
- Steps need to be taken to address the under-representation in learning of certain ethnic groups, for example Bangladeshi and Pakistani adults, particularly women.

Health sector

- In order to implement Government policies and recommendations the health sector would benefit from engagement with education providers to ensure learning opportunities are available.
- Adult learning needs to be promoted as an important part of the recovery journey and as a means to promote social inclusion for mental health users. This may involve capacity-building within the workforce so that staff are confident in establishing partnerships with adult learning providers and in supporting service users to access learning and skills opportunities.
- The development of culturally-sensitive mental health services and support must address social inclusion and social mobility issues as well to ensure that services users from black and minority ethnic groups are afforded the same life opportunities and chances that support positive mental well-being.

Local community organisations

- More community organisations should be encouraged to join partnerships with education and healthcare providers, although financial and time constraints can hinder this development.
- Community organisations have an essential role to play in accessing and recruiting people to participate in adult learning. They are particularly good at reaching people in their community who may experience mental health difficulties who do not seek medical support.

Research

- More research and development work into the barriers that adults from black and minority ethnic groups experience in participating in learning is needed, in particular for people with mental health difficulties.
- Why certain black and minority ethnic communities with mental health difficulties are more likely to enter learning than others is unclear.
- This research focussed on three groups from the black and minority ethnic communities, but their experiences may not reflect the experiences of others. Collecting and sharing more examples of practice in this area for different ethnic groups may help us to understand more clearly the particular needs of different groups of learners, encourage and inspire education providers and other providers to develop their provision.

References

- Aldridge, F. and Tuckett, A. (2003), *Light and Shade*, NIACE, Leicester
- Aldridge, F., Dutton, Y. and Tuckett, A. (2006), *In the Spotlight*, NIACE, Leicester
- Aldridge, F. and White, L. (unpublished 2005), *Charting the experience and achievements of black adult learners*, NIACE, Leicester
- Cabinet Office (2003), *Ethnic minorities and the labour market*, Final report, Cabinet Office, London
- Centre for Ethnicity and Health University of Central Lancashire (2004), *Young refugees and asylum-seekers in Greater London: vulnerability to problematic drug use*, Final report, University of Central Lancashire for Mayor of London, London
- Chinese National Healthy Living Centre (1999), *Barriers to meeting the mental health needs of the Chinese communities*. Chinese National Healthy Living Centre, London
- Department for Education and Skills (2006), *Further Education: Raising Skills, Improving Life Chances*
- Department of Health (2004), *Celebrating our Cultures: Mental Health Promotion with Black and Minority Ethnic Communities*, executive summary, Department of Health, London
- Department of Health (2005), *Delivering race quality in mental healthcare – an action plan for reform inside and outside services and The Government’s response to the independent inquiry into the death of David Bennett*, Department of Health, Gateway Reference: 4393, London
- Eldred, J., Ward, J., Snowdon, K. and Dutton, Y. (2005), *Catching Confidence: The nature and role of confidence*, NIACE, Leicester
- FEFC (1996), *Inclusive Learning: Report of the Learning Difficulties and/or Disabilities Committee*, HMSO, London
- General Health Questionnaire (2004)
<http://www.workhealth.org/UCLA%20OHP%20class%202004/GHQ%20and%20scoring.pdf>
- Hammond, C. (2002), *Learning to be Healthy* The Centre for Research on the Wider Benefits of Learning, London
- James, K. (2005), *Learning and skills for people experiencing mental health difficulties*, Briefing sheet, NIACE, Leicester
- Keating, F., Robertson, D., Francis, E. and McCulloch, A. (2002), *Breaking the Circles of Fear: A review of the relationship between mental health services and African-Caribbean communities*, Sainsbury Centre for Mental Health, London
- Keating, F., Robertson, D. and Kotecha, N. (2003), *Ethnic Diversity and Mental Health in London – recent developments*, working paper, King’s Fund, London
- LSC (2006a), *Improving services for people with mental health difficulties*, Learning and Skills Council, Coventry
- LSC (2006b), *Annual Statement of Priorities for 2006/2007*, Learning and Skills Council, Coventry
- LSC (2006c), *Learning for Living and Work: Improving Education and Training Opportunities for People with Learning Difficulties and/or Disabilities*, Learning and Skills Council, Coventry
- LSDA and James, K. (2004), *Disability Discrimination Act: taking the work forward. Research and development projects 2003/5 Project 16* Developing inclusive provision for learners with mental health difficulties
- McNulty, D. (2003), *Working with Asian heritage communities*, Lifeline 10, NIACE, Leicester
- Muinteras, A. (1996) *Researching Irish Mental Health: Issues and Evidence – A study of the mental health of the Irish community in Haringey*.
- National Centre for Social Research (2002), *Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) – Quantitative Report a survey carried out on behalf of the Department of Health*, The Stationery Office, London

-
- NIMHE (2004a), *Inside Outside – Improving Mental Health Services for Black and Minority Ethnic Communities in England*, Department of Health
- NIMHE (2004b), Strategic plan to tackle stigma and discrimination in mental health, Department of Health
www.nimhe.org.uk
- Rethink 2000, *Change*, Rethink, London
- Singleton, N. and Lewis, G. (2005), *Better or worse: a longitudinal study of the mental health of adults living in private households in Great Britain – Report based on surveys carried out by the Office for National Statistics in 2000 and 2001 for the Department of health and the Scottish Executive Health Department*, National Statistics, TSO, London
- Social Exclusion Unit (2004a), *Action on mental health – a guide to promoting social inclusion*, Office of the Deputy Prime Minister, London
- Social Exclusion Unit (2004b), *Mental Health and Social Inclusion*, Office of the Deputy Prime Minister, London
- Tew, J. Gell, C. and Foster, S. (2004), *Learning from experience a good practice guide – involving service users and carers in mental health education and training*, produced for Higher Education Academy/NIMHE/Trent Workforce Development Confederation
- Walls, P. and Sashidharan, S. P. (2003), *Real Voices – Survey findings from a series of community consultation events involving Black and Minority Ethnic groups in England*, Department of Health
- Wertheimer, A. (1997), *Images of Possibility*, NIACE, Leicester
- White, L (2002), *Engaging black learners in adult community education*, Lifeline 4, NIACE, Leicester



NIACE

21 De Montfort Street, Leicester LE1 7GE

Tel: +44 (0)116 204 4200

Fax: +44 (0)116 285 4514

Minicom: +44 (0)116 255 6049

Email: enquiries@niace.org.uk

Website: www.niace.org.uk

Typeset and designed by Creative, Langbank.

Printed in Great Britain by Spectrum, Leicester

© copyright 2007 National Institute of Adult Continuing Education
(England and Wales)

Company registration no. 2603322

Charity registration no. 1002775

All rights reserved. No reproduction, copy or transmission of this publication may be made without the written permission of the publishers, save in accordance with the provisions of the Copyright, Designs and Patents Act 1988, or under the terms of any license permitting copying issued by the Copyright Licensing Agency.