

# Learning and skills for people experiencing mental health difficulties

## Briefing Sheet

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Kathryn James

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Part of a series of NIACE briefing sheets on mental health

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# Learning and skills for people experiencing mental health difficulties

Local Learning and Skills Councils have a key role to play in encouraging the development of learning provision for people with mental health difficulties. This briefing sheet aims to demonstrate the need for adequate learning provision for people with mental health difficulties and how to go about developing such provision.

The information given in this briefing sheet is based on the work learning providers are already doing for learners with mental health difficulties and reflects the good practice that has been developed nationally. This paper is a result of what has been learnt over the years but also shows why the work needs further development.

This briefing sheet was originally written in June 2002. However, in light of recent policy developments, it is timely to update it.

The Disability Discrimination Act (Part 4) passed in September 2002 ensures that all learners with learning difficulties and disabilities, including mental health difficulties, have equality of access to learning and should not be disadvantaged in accessing and achieving in learning because of their disability. This has proved to be challenging for some providers, though the research project *Disability Discrimination Act: taking the work forward* by the Learning and Skills Development Agency (LSDA) is helping to address this.<sup>1</sup>

In June 2002 the National Institute of Mental Health in England (NIMHE) was formed to improve the quality of life for people of all ages who experience mental distress. Currently within the Department of Health, NIMHE works beyond the NHS to help all those involved in mental health to implement positive change in developing more flexible and responsive services and in promoting social inclusion. NIMHE has eight Regional Development Centres (RDCs) and national work programmes that are delivered through the RDCs. One of the work programmes is Social Inclusion, one strand of which is Access to Education.<sup>2</sup>

In 2003 NIACE formed a Partnership Project with NIMHE. The first stage of the project was to repeat the survey, first carried out in 1996, of levels of provision for adults with mental health difficulties in further education colleges and LEA Adult Education Services in England. The information is available as a national summary, but is also broken down to provide regional reports on provision, available in each of the eight RDCs. NIACE/NIMHE also has a survey of learning and skills provision offered by work-based learning providers and voluntary organisations available as a national summary. These reports are available from the NIACE website.<sup>3</sup>

The second stage of the NIACE/NIMHE Partnership Project has been to establish Regional Networks in each of the eight RDCs. As the North-East, Yorkshire and Humberside is covered by one RDC, it has two Regional Networks, (one for the North-East, and one for Yorkshire and Humberside) making a total of nine Regional Networks nationally which have common boundaries with regional LSC structures.

These are multi-disciplinary networks with representation from adult education services, local Learning and Skills Councils, learners/service users, and health and social care providers. The networks are tasked to:

- boost demand for learning among adults with mental health difficulties;
- build capacity of the sectors (adult education and mental health);
- ensure quality of provision and support; and
- raise achievement levels of learners with mental health difficulties.

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In June 2004 the Social Exclusion Unit (SEU) published a report *Mental Health and Social Exclusion* which has a number of cross-government recommendations, including some to be taken forward by the Department for Education and Skills (DfES) and the LSC. The report outlines a comprehensive programme to promote social inclusion for people experiencing mental health difficulties by tackling stigma and discrimination, challenging the low expectations placed on people experiencing mental health problems and by encouraging success and achievement. Contained in the report are performance indicators for the education work programme. These are to increase the number of people with mental health problems who have no qualifications and to increase the number of people with mental health problems achieving a qualification equivalent to NVQ Level 2.<sup>4</sup>

In December 2004, the LSC stated in *The Skills We Need: Our Annual Statement of Priorities* that it would respond to the SEU report by publishing proposals to improve services to learners with mental health needs.<sup>5</sup>

These developments represent huge steps forward in promoting access to learning and skills for people with mental health difficulties. Yet there is still much to be done. This briefing sheet aims to support local Learning and Skills Councils to take this work forward so that we can capitalise on these developments.

## What is mental health?

Mental health is about how we think and feel about ourselves and other people, and how we interpret events. It is influenced by our experiences and our expectations as well as by cultural, social and religious beliefs. It affects our capacity to learn, to communicate and to form and sustain relationships. It also influences our ability to cope with change, transition and life events.

Positive mental health enables individuals to cope with and get the best out of life, whether within their personal lives, within families, in education and training, in employment and in their communities.

Mental health difficulties can affect anyone at any time in their lives. MIND (the mental health charity) estimates that one in four people will experience mental distress at some point in their lives that will prompt them to seek support whether through their GP, through counselling or other therapy.

Mental health difficulties are a major cause of ill-health and costly to health and social services. Research shows that in a year, 12,000,000 adults attending GP surgeries will have mental health difficulties, of which only 60 per cent (7,200,000) will be detected.<sup>6</sup> The majority (80 per cent) of those people who are diagnosed as having mental health problems will be experiencing anxiety and depressive states. Of those 60 per cent diagnosed as having mental health difficulties, 90 per cent (6,480,000) will receive the necessary support and treatment through their GP and 10 per cent (720,000) will be referred to specialist psychiatric services.

Forty per cent (4,800,000) of people experiencing mental health difficulties do not receive help of any kind. They may still continue to work, study, support families and get on with their lives. We need to be aware of this as their mental health difficulties may be affecting the quality and effectiveness of their experiences. Mental health difficulties are costly for employers. They account for 26 per cent and 15 per cent of days of certified incapacity to work in women and men respectively.<sup>7</sup>

Seeing someone's problems solely as an illness that requires medical treatment is a narrow interpretation and discourages us from thinking about other non-medical ways of supporting people with mental health

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difficulties. This is one of the reasons why people tend to use words such as mental health difficulties, mental or emotional distress or mental health service user rather than mental illness.

There is no one cause of mental health difficulties. Mental health is influenced by many factors such as genetic inheritance, childhood experiences, life events such as bereavement, divorce or redundancy and social determinants like housing, education, employment, financial security and access to healthcare.

However, it is important to remember that most people recover from mental health difficulties. Lifelong learning can be important in that recovery process and in maintaining positive mental health.

## The role of learning and skills in ensuring positive mental health

### Previous experiences of education

The school experience may be one of the influencing factors on a person's mental health and well-being. A positive experience of feeling valued and included, of achieving and learning important skills for life and of forming friendships will have a positive impact on a child's mental health. Recognition of these important protecting influences has been one of the reasons for the Healthy Schools Initiative.<sup>8</sup>

However, for some adults school was not a positive experience and may have been a time of bullying, stress, immense pressure to achieve, or associated with feelings of failure. Adults who leave school with poor literacy, language and numeracy skills often fall into this category. A survey conducted by the Basic Skills Agency showed that women with very low literacy skills are five times as likely to be classified as depressed as those with good skills. Men with very low literacy skills are three times more likely to be classified as depressed as those with good literacy skills.<sup>9</sup> Research also shows that men of working age who are unskilled are more than twice as likely to commit suicide than men in the overall population.<sup>10</sup> Acquiring skills for coping with life and improving life prospects are important for feeling in control and satisfied with life. This has an important impact on mental health and well-being. Conversely, not acquiring those skills can make a person vulnerable to mental health difficulties.

Furthermore, if the experience of acquiring those skills through early schooling was not positive it is likely to lessen a person's wish to return to learning as an adult. Strategies to widen participation in learning for adults with mental health difficulties need to be sensitive and address all the individual's concerns about accessing learning.

### The impact of learning on mental health

Research has shown that returning to learning as an adult does have a positive impact on an individual's mental health. Many adults attributed the impetus for returning to learning by their doctor, and when questioned 89 per cent said that returning to learning had a positive impact on their mental health.<sup>11</sup> Learners quote raised self-esteem, improved confidence, social activity and friendships, distraction from dwelling on problems, improved sleeping and a sense of hope and optimism as being the immediate beneficial effects on their mental health.

One woman said about herself after she had gone back into learning,

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*Yesterday I looked in the mirror and smiled at myself for the first time in four years.<sup>12</sup>*

These benefits arise because people learn new skills, regain former skills, improve job prospects, feel more empowered, have a structure and a purpose to their day and often acquire a new identity as learner and achiever.

Others learners reported:

*I think I found some social skills again that I thought that I had lost. I spent so much time avoiding people in the past that I forgot how to communicate.<sup>13</sup>*

*Yes, I get the chance to get out and I take my baby out more. I'm mixing with all kinds of people. The benefits are for everything – for my kids, for a job. I don't want to be a burden on anyone.<sup>14</sup>*

Participation in adult learning is an important factor in improving poor mental health and helps to maintain positive mental health. The Tomlinson Report published by the Further Education Funding Council (FEFC) in 1996 highlighted that adults with mental health difficulties have traditionally been excluded from adult education and that provision was patchy in quality and availability.<sup>15</sup> The survey of provision in further education colleges and LEA Adult Education Services conducted by NIACE and NIMHE shows that although the overall level of provision has increased there are still varying levels of provision regionally.<sup>16</sup>

## How do mental health difficulties affect an individual's ability to participate in learning?

We know that every learner is different and has different learning needs. How mental health difficulties will affect an individual's ability to participate in learning will differ from person to person. The golden rule is that each learner will need to be given time to help them identify their learning needs. The following list gives an indication of the sort of learning needs a person experiencing mental difficulties may have, or how mental health difficulties may affect a person's learning:

- anxiety about accessing learning;
- anxiety about ability to learn;
- poor concentration – as a result of anxiety or as a side effect of medication;
- attendance and retention may be poor – due to the fluctuating nature of mental health;
- people with mental health difficulties may need to access learning at a lower level than they have previously attained or may need to access higher level courses on a part-time basis; and
- there may be unpleasant side-effects of medication – mornings may be a difficult time, people may experience feelings of sluggishness, and so on.

People, accessing learning for the first time as an adult and for the first time since experiencing mental health difficulties, will not necessarily know what their learning needs are. When they have settled down they will become more independent in their learning than they had first imagined. Others, due to fluctuating mental health, may need more support at some times and less at others. A learning provider needs to have a flexible and individualised system of learning support.

One of the key findings of the SEU report *Mental Health and Social Exclusion* is that frequently professionals have low expectations of people with mental health difficulties. It is not unheard of for people to be told they

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will never work again. In the learning and skills sector we have to be careful not to have low expectations of learners with mental health difficulties by making assumptions about whether or not a learner will want to do an accredited course or access learning on a busier main campus. Providers have to find the right balance between supporting learners in safe and welcoming environments and in enabling learners to reach their full potential.<sup>17</sup>

## What is good quality learning provision for people with mental health difficulties?

There is no such thing as a typical learner with mental health difficulties and therefore learning provision needs to be flexible enough to reflect that fact. People with mental health difficulties may have held down long-term or professional jobs before becoming ill, some may never have worked before. A number of people may have higher-level qualifications while others may need to develop literacy, language and numeracy skills. Experience of mental health difficulties varies from one person to the next; even among people with the same diagnosis. There is no one type of learning provision that suits all learners with mental health difficulties but there are some strategies that learning providers can use to make sure that the provision that is available is inclusive and meets the needs of all learners. Since the introduction of the Disability Discrimination Act (Part 4) many of these strategies are now required under the law. Under the Act, providers have to take a whole organisational approach to make sure that learners or prospective learners with learning difficulties or disabilities, including mental health difficulties are not disadvantaged because of their disability. This includes marketing and recruitment strategies, how learners are supported to disclose learning difficulties and disabilities, and what reasonable adjustments may be put in place to support learners with learning difficulties and disabilities.

### ● **Partnership and collaboration**

Good partnership working between education and mental health services ensures that potential learners with mental health difficulties get to hear of the range of provision on offer and can be supported to make the initial contact with a learning provider. Mental health and education staff can work together to make sure that learners are well supported in making the transition to a learning environment while ensuring that there is clear definition between the roles of educators and mental health staff. Partnership and collaboration should also involve learners so that provision that is set up reflects the interests and needs of the learner group.

### ● **Guidance**

As there is no typical learner with a mental health difficulty it is important that potential learners have access to impartial educational advice and guidance about the range of opportunities on offer so that they are allowed to access the most appropriate learning opportunity for them, with the right level of support. Support to access the most appropriate learning opportunities maximises the chances of success and is crucial in building an individual's confidence in their ability to be an independent and successful learner under the Disability Discrimination Act. As anxieties are allayed and confidence increases, learners may then progress on to more challenging learning or build up the number of hours that they may wish to study. Ongoing guidance is therefore important.

### ● **Learning support**

This may mean support to access learning such as assisting people through the enrolment process or being with them for the first few sessions. It can also mean study support and strategies to deal with the stress of learning. Learners may just want to know that there is a named person available who

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they can turn to and talk about any concerns to do with their learning. This kind of emotional support can be the kind of support that can help a learner to continue with their learning, however, learning support staff have to be experienced enough to recognise the boundaries to the work that they are doing. Support from mental health services can be crucial at such times. Other learners may need the kinds of additional support which any other adult learner might require, such as dyslexia support. Learning support needs to be arranged during the guidance process so that the learner goes on to a learning programme fully aware of what to expect and how to get the support they need. Some learners may require higher levels of emotional support or individual reassurance, for example, at the beginning of a course but this will probably decrease as they become more independent in their learning. Learning support should also be flexible enough to be able to respond to need when and if a difficulty arises.

### ● **Curriculum**

Some learners may want to go on to courses that are specifically set up for mental health service users because that may feel more comfortable and because they can be a helpful first step back into learning. Not all learners would want this and it should not be assumed. When setting up this kind of provision, building in progression routes to other opportunities is important. Consultation with mental health service users will make sure that an appropriate curriculum is set up. Although leisure, arts-based or personal development type courses have been popular, it is important not to make assumptions about what learners may want to study. Provision that allows people to get back into work is also important. Assumptions should not be made about the type of learning that people with mental health difficulties may want to access on mainstream provision, although some learners may benefit from accessing learning opportunities that offer more flexibility and blocks of learning. Some learning opportunities may take place in hospitals or day centres while other programmes may take place within the premises of the learning provider. Consultation with mental health service providers and users of mental health services will enable the provision to be set up in the most appropriate place. Both types of provision need to be available and learners should be able to progress between them according to their needs. Guidance and support to progress on to mainstream opportunities, or from outreach venue to a more formal educational environment, is particularly important. Good provision should have strategies in place that enables learners to achieve and move on at their own pace. Flexibility of provision is important to allow for periods when learners are unable to attend because of their mental health. Accreditation needs to be available to learners who wish to work towards it. However, for some learners the most important achievement will be to attend regularly and to participate in the learning environment. This needs to be recognised but should not be used as an excuse for not offering accreditation and progression opportunities to those who wish to attain them.

### ● **Quality**

There is no doubt that provision set up specifically for people who use mental health services should adhere to the same quality standards as provision for other learners. Learning providers that have good quality provision have set up learner focus groups or forums that allow learners to feedback their views on their learning experiences, which learning providers have then been able to incorporate into their development plans. Good quality provision exists where policies and procedures have been set up that are respectful to the rights and privacy of individuals and yet provides an environment where learners can feel free and safe to disclose their mental health needs and receive any necessary support. Consideration is given to how much a learning provider needs to know about a person's mental health and how this might affect the learning needs of an individual learner.

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### ● **Staff development**

This may be a new area of work for a learning provider and it may therefore be appropriate to set up mental health awareness for all staff – teaching and non-teaching. It can encourage a culture of openness and acceptance, particularly for staff involved with learners with mental health difficulties. This may take the form of one-to-one mentoring or supervision with mental health service staff to make sure that good practice is developed. Staff supervision and support has shown to be vital in ensuring the well-being of staff working closely with this learner group, and for the development of best practice. Linking up with other providers and agencies can be a good way to share best practice and network. The NIACE/NIMHE Partnership Project has set up Regional Networks to facilitate the spread of positive practice and to explore and learn about particular issues affecting learners with mental health difficulties. The networks also seek to develop resources and get involved in further projects, the findings of which are further disseminated. Membership of the networks is free and is a positive staff development opportunity for both local Learning and Skills Council staff as well as learning providers.

These points, highlighting good learning provision for people with mental health difficulties, are not conclusive and there are useful resources available that give information and examples of good practice. These are listed in the references and useful publications section at the end of this document.

## **The ‘win:win’ situation**

Encouraging and enabling people with mental health difficulties to access learning opportunities can only be advantageous to all individuals and agencies concerned.

## **Ensuring equality of opportunities and promoting social inclusion**

Enabling access to learning and skills for people with mental health difficulties is about ensuring equality of opportunity. People who are labelled as mentally ill are often stigmatised and discriminated against in many ways. Only 13 per cent of people with mental health difficulties are in employment, compared with 33 per cent of people with other long-term health problems. A 1996 survey of people with mental health difficulties revealed that 47 per cent had been abused or harassed in public; 14 per cent had been physically attacked and 26 per cent had been forced to move house because of harassment.<sup>18</sup> These statistics show how undervalued and unwanted people with mental health difficulties can easily feel. Such feelings can affect confidence and self-esteem, and also affect an individual's desire or ability to participate in learning. When rejection and abuse are frequently experienced, why should a person believe that a learning provider would welcome them?

Learning can provide a first-rung to re-building self-esteem and confidence which can enable people to access further learning, employment or other services. Participation in learning can provide a feeling of being wanted and included. One learner said:

*I was made to believe I was worth something and had a lot to offer.*<sup>19</sup>

Unemployment, homelessness, poverty, economic insecurity, job insecurity, unsatisfactory work situation

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and social isolation are risk factors that potentially influence the development of mental health difficulties. Participation in learning with the right support and guidance gives people the chance to do something about their situation. It provides opportunities, choices and ‘an escape route’. Another learner said his participation in learning was:

*A light at the end of the tunnel I could aim for. There was some hope. I've been suicidal thinking I was going nowhere.*<sup>20</sup>

Although participation provides a positive effect on individuals' mental health by raising self-esteem and confidence it also helps mitigate negative influences on mental health such as poverty, unsatisfactory employment and social isolation. People have a right to access opportunities that allow them to fulfil their potential and get on in life.

## Benefits for learning providers

Learning providers who proactively encourage the participation of people with mental health difficulties and who have set up support systems specifically for their needs are increasing. Often providers recognise the need to address this area of work, but do not know how and who to make contact with in mental health services. Equally, anecdotal evidence from mental health service providers shows that awareness of the benefits of participation in learning for their service users is also patchy. Where such awareness exists, development of collaboration between mental health services and learning providers is hampered by not knowing whom in adult education and skills to contact, and how provision can be set up and funded. The work that is being done through the NIACE/NIMHE Regional Networks should facilitate partnership working at a local level and enable providers to learn from local and regional examples of best practice.

The benefits for learning providers are numerous. Learning providers will be able to widen participation with new and different learners. Given the prevalence of mental health difficulties it is quite likely that many people with mental health difficulties already do access learning opportunities but feel afraid or unable to disclose their learning needs. They may be unaware that a learning provider could support them more appropriately in their learning. Learning providers need to make a clear statement about their provision for learners with mental health difficulties. Some learning providers may already provide much of the necessary support but in failing to put a name to it are not making it as readily accessible as they could. Learners may develop mental health difficulties while they are in learning. Having the support available will allow the learner to continue in their learning or to easily return to learning when they are feeling able. This will help learning providers to improve the attendance, retention and attainment of their learners.

Working with learning providers to help them identify what support they already provide and where they fail to meet learners needs will also help them to meet the requirements of Part 4 of the Disability Discrimination Act. Learning providers will need to think about the implications of the Act with regard to their learners with mental health difficulties. Providers can find this challenging because mental health difficulties can be a hidden disability, and because of the high levels of stigma and discrimination associated with mental health problems, learners with mental health difficulties may be reluctant to disclose their support needs. Resources to support providers in implementing the Act are set out in the LSDA's research project *Disability Discrimination Act: taking the work forward*.<sup>21</sup>

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## Benefits for mental health services

Mental health services are concerned with the rehabilitation and recovery of people who are experiencing mental health difficulties. They are also concerned with helping their service users to achieve and maintain a satisfactory quality of life. Ensuring that mental health professionals are aware of the positive impact learning can have on recovery and quality of life is an important part in the promotion of learning and skills to all sections of the community. Mental health services can be supported to meet the standards laid out in the National Service Framework, particularly with regard to mental health promotion and the daytime activity and employment of people with mental health difficulties.<sup>22</sup> Participation in learning for people with mental health difficulties promotes greater social inclusion and can enhance greater understanding and tolerance of the needs of people with mental health difficulties.

The SEU report *Mental Health and Social Exclusion* is a key policy document in the modernisation agenda. In modernising services, mental health service providers will be required to be more outward looking and to support service users to access mainstream community facilities such as adult education, leisure services, and employment, rather than attempt to meet those needs within their own services. Being able to establish local partnerships between mental health services, primary care services and local learning and skills providers will be crucial in supporting that process.

## The role of the Local Learning and Skills Councils

Local Learning and Skills Councils can support the development of learning and skills provision for people with mental health difficulties in several ways.

### *Acquiring a strategic overview of local provision*

Mapping current provision by identifying what exists, where it exists and what is missing allows local Learning and Skills Councils to gain a clearer picture of what opportunities are available to people with mental health difficulties. It will also show how learners are enabled to achieve and progress from one learning opportunity to another, or into employment. Making sure that all local provision is accessible and is offered in venues and at times that learners want to learn is important. Regionally, a great deal of useful information is available in the NIACE/NIMHE surveys on local provision. This provides useful benchmarking data by which the effectiveness of local and regional development work can be judged.

Other useful information and contacts are available on the NIMHE Regional Development Centre websites. The Public Health Observatories' website also provides local information on health needs.<sup>23</sup>

### *Key questions*

- What mapping of local provision have you carried out with regard to the learning needs of people with mental health difficulties?
- What data sources could you use to assist in your mapping exercise?
- Do you have a vision in mind of what learning and skills provision for people with mental health difficulties could look like to match against existing provision?

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## ***Facilitating local collaboration and partnership working between learning providers and mental health services***

Local Learning and Skills Councils are well-placed to involve themselves in partnership working between local colleges, local authorities, voluntary sector, mental health services, and Strategic Partnerships and Learning Partnerships. Involvement in local Primary Care Trust meetings that address health improvement targets or in mental healthcare trust national service framework standards would be a good starting point. If no such local forums exist then it may be useful to convene meetings between local learning providers, health improvement managers for the Primary Care Trust or with day service managers for the Mental Healthcare Trust. The Regional Directors, or Social Inclusion Leads at each NIMHE Regional Development Centre can provide local contacts and may give support in facilitating partnership working. This could be supported at a strategic level or at a practitioner level through the NIACE/NIMHE Regional Networks. Local Learning and Skills Councils can also support collaboration by recognising that this work needs time and resources so that trust can be established, provision can be developed and procedures set up. Also by recognising the need for staff development with mental health service staff and also with staff in learning provision so that any fears are allayed and learning environments become more welcoming. Lastly, by recognising the need to have a named person to lead in the development of provision so that service users and providers know who to refer to and contact.

### ***Key questions***

- Do you have a model of how effective partnerships should look?
- Do you have a clear idea of how the widening participation, equal opportunities and health inequalities agendas can be tied together to enable cross-sector partnerships to flourish?
- Do partnerships or forums already exist in your area which you could have an input into?
- Are the needs of all people with mental health difficulties being addressed through existing partnerships? This includes people living in hospitals, young people with mental health difficulties, people with learning difficulties and mental health difficulties and people from black and ethnic minority communities with mental health difficulties?
- Who are your local partners?

### ***Learning providers' development plans***

It is important that the needs of this group of learners are put into the development plans of local providers, so that action will have to be taken, and reported to the LSC. Such action might include consultation with mental health service users and mental health service providers including the voluntary sector. Providers may also invest in appropriate staff development. Working with local providers to ensure that the needs of this group of learners are included in their development plans shows the local Learning and Skills Councils' intention to take action in this area of work.

### ***Key questions***

- How are the learning needs of people with mental health difficulties addressed in a provider's plans?
- Have local providers consulted with mental health service users about the type of provision that is on offer or that will be developed?
- Are local providers working in partnership with local mental health services or primary care services?
- How are local providers addressing issues of quality and staff development in their organisations?

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## **Formula funding**

Learning providers may have difficulty in seeing how this area of work can be funded. Consequently, provision is often non-formula funded through short-term grants. This can make the work fragile and vulnerable. It could be argued that when funding is short-term raising expectations with a learner group who can be emotionally vulnerable is damaging to the learners and to the credibility of the learning sector if the provision is not sustained. Supporting learning providers to fund provision through formula funding can help to embed provision and make it sustainable. Advising learning providers on the possible funding routes to adequately support in-depth guidance, outreach guidance and learning, flexible learning support and small group sizes is crucial in ensuring the development of appropriate provision. Providers may be wary of offering accreditation so may need to consider how they can do this in a sensitive and supportive manner.

### **Key questions**

- Are you clear on how formula funding can support the learning and skills needs of people with mental health difficulties?
- Are you aware of how additional support units can be used to support provision for people with mental health difficulties without further labelling and stigmatising learners?
- Are you aware of other sources of funding that could support the development of new projects and initiatives, eg. Local Intervention Funds, Co-financing ESF monies, health improvement monies?
- Are you clear how short-term project funded provision can be embedded into mainstream funded provision?
- Are you aware of other sources of funding for individual learners such as Direct Payments?
- Do you need to elicit the support and expertise of other teams within the local Learning and Skills Councils or Regional Additional Learning Support Champions to enable you to do this?

## **Judging the effectiveness of provision and measuring achievement**

Adults with mental health difficulties will access learning for a variety of reasons – as a stepping stone to returning to work, to acquire qualifications, for pleasure, interest and personal development or as an integral part of their recovery journey. The effectiveness of provision needs to be judged by how far learners are enabled to achieve their learning goals. However, progress towards these learning goals is often not always straightforward, particularly for learners with mental health difficulties. The LSC needs to apply sensitive and supportive interpretation of measures such as attendance, retention and attainment so that they do not act as barriers to setting up provision or disadvantage individual learners. Recognising learning outcomes that show an improvement in an individual's sense of well-being and confidence in ability to learn would represent a big step forward in supporting learners with mental health difficulties. For example, a learner may show achievement in learning by attending, participating in discussions and by increased confidence in their own ability. That same learner may then need to repeat the course because having become a more relaxed and confident learner, they may now be ready to take in the content and achieve other learning outcomes such as accreditation.

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## Key questions

- Do you have a clear idea of what good quality learning provision for people with mental health difficulties should look like?
- Are you aware of the Common Inspection Framework and how that relates to provision for people with mental health difficulties?
- Are you aware that from April 2005, the Adult Learning Inspectorate will distinguish on the quality of provision for learners with different disabilities including people with mental health difficulties in all inspection reports? <sup>24</sup>
- Do you, or any of the local learning and skills providers, have procedures in place to consult people with mental health difficulties about the development of quality provision?
- Have you made use of any of the resources and support (publications, conferences, email discussion groups) available to develop your own understanding of appropriate and good quality provision?

## Finally

Please contact NIACE if you would like to discuss any of the contents of this briefing sheet or would like to take any of these points further.

## References

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## Useful organisations

### Learning and Skills Development Agency (LSDA)

Regent Arcade House, 19–25 Argyll Street, London, W1F 7LS

[www.lsda.org.uk](http://www.lsda.org.uk)

### Mental Health Foundation

Sea Containers House, 20 Upper Ground, London, SE1 9QB

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

### The National Institute of Adult Continuing Education (England and Wales) (NIACE)

21 De Montfort Street, Leicester, LE1 7GE

[www.niace.org.uk](http://www.niace.org.uk)

### Pavilion

The Ironworks, Cheapside, Brighton, East Sussex BN1 4GD

[www.pavpub.com](http://www.pavpub.com)

### Sainsbury Centre for Mental Health

134–138 Borough High Street, London SE1 1LB

[www.scmh.org.uk](http://www.scmh.org.uk)

### SKILL

Chapter House, 18–20 Crucifix Lane, London SE1 3JW

[www.skill.org.uk](http://www.skill.org.uk)

### National Institute of Mental Health in England (NIMHE)

NIMHE Central Room 8E46, Quarry House, Quarry Hill, Leeds, LS2 7UE

[www.nimhe.org.uk](http://www.nimhe.org.uk)

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**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](mailto:enquiries@niace.org.uk)

Website: [www.niace.org.uk](http://www.niace.org.uk)

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