

McCarthy Kelly

University of Wales, Newport, UK

Understanding the challenges, experiences and changing identities of a Widening access framework within mental health. (0018)

Jayne Hunt Centre For Community and Lifelong Learning, University of Wales, Newport.

Jayne.hunt@newport.ac.uk

Overview

Hywel Dda in Chepstow, Lower Monmouthshire, South Wales, delivers high quality support to individuals who have a history of mental illness. CCLL became involved with Hywel Dda in the Spring of 2009. As a result, of CCLL's outreach team now delivers modules at Hywel Dda's mental health clinic, under the Certificate of Higher Education (Cert. HE) at level four—equivalent to first year degree level—offering 10 credits over 12 weeks. Once 120 credits have been gained, this achieves the Cert. HE and offers the foundation for further campus study at degree levels.

Student Profile

Individuals that attend the learning group have been referred by their Community psychiatric nurse or by other clinical practitioners meaning attendance is subject to specific criteria outside CCLL's control. Typically, these individuals have a history of depression, social phobia, lack of confidence/aspiration, a history of attempted suicide or self harm. The age of all individuals is between 18 and post 60. These factors

create a challenging environment whereby the concentration of dependency and support is often quite intense.

Progress

Since starting their studies with CCLL progress has been significant whereby the group has been nominated for Group Learners of the year with NIACE. In terms of their experiences, one student offered that “*this course has boosted my confidence in learning and meeting up with other people*” (student 1, 2011). Another “*Newport University [has] dramatically changed and improved my self-esteem, self confidence and my life in general*” (student 2, 2011). These statements offer evidence of how individuals *feel* about their learning and as such suggests that education achieves significant *personal motivation* (Chevalier and Feinstein, 2006) which also engenders a shared sense of social purpose and responsibility for each other within the group. This sense of responsibility is most evident with members of the group meeting, socially, outside of the regular meeting times—which is quite unusual in this environment.

One student has moved forward to Open University study while another has started to write a book charting their experiences of mental health. Other, more personal achievements have been noted in terms of motivation and this is important in terms of understanding how education can move individuals away from a sense of clinical dependency towards better mental health (Chevalier and Feinstein, 2006).

Pedagogic style/challenges

The teaching and learning style is one that fuses informal discussion within a specific subject area (negotiated at the start of term from CCLL’s portfolio). This often means

a format more akin to informal seminars that combine previous experience with discussion and debate. This recognises the whole person which helps towards undermining the often negative experience some have had of learning—especially at school (Mortiboys 2005). This ‘whole person’ approach seems to engender a safe environment with a sense of equality and freedom to express ideas and explore concepts—which is significantly valuable for those with mental health issues who often see themselves as educational and social ‘failures’ (Clinton, 1999).

Furthermore, students express a feeling of ‘being allowed’ to engage with HE—which often evidences a deep perception of a lack of self worth (Calder, 1993, pp.10-11). One comment from a student, which seems to suggest this lack of self worth had been negotiated—noted that the approach taken by CCLL offers “learning which is aspirational and inspirational, without prejudice or concern for our mental illness, or age, or apparent capability. This enthusiasm [for learning] encourages a self belief and a ‘can do it’ belief” (student 3, 2011).

Areas for concern

While noting the positive movements above, there are areas for concern—at least in terms of institutional expectations linked to submission and *financial return*. Individuals continue to cite that despite increased motivation, the steps towards submission are still quite a challenge. Often the skills needed to submit a 2,500 word essay (or equivalent) are one thing—the psychological barrier to completing the word count is another. Furthermore, the intensity of the 12 week, 10 credit format has proven to be another barrier to submission. That is, the expectation of failure seems to increase with the tight delivery schedule.

This means that the pressure for support can often move outside an education framework—become much more personal—and is often difficult to manage which can overshadow or ‘cloud’ educational support. Therefore, while the ‘whole person’ approach is necessary—it is still the case that a measure of ‘professional’ distance is significantly challenged.

Future plans.

Noting Clinton’s (1999) collaborative education approach, CCLL’s flexibility in learning—alongside Hywel Dda’s support—can offer a much more informal and longer framework, incorporating a more multi-level approach delivering both 5 and 10 credit assessments. The flexibility of 5 credits is that it is delivered over an academic year—rather than 12 weeks—through BeWEHL (**B**ettering **W**ellbeing, **E**ducation, **H**ealth and **L**ifestyle) which offers much more opportunity for a balance of support. Many of the barriers facing students within the 10 credit approach—such as essay completion—can be addressed within this more ‘spread out’ format—using group negotiated, multiple assessment methods including group work, project development, and community engagement—maintaining motivation, aspiration and a continued sense of inclusion and achievement.

Recognising that mental illness is increasing in the UK (Chevalier and Feinstein, 2006) this more collaborative approach is needed in order to meet the complexities of delivery this poses. CCLL’s multi-level approach continues to incorporate agencies such as Mind (mental health outreach) who, along with Hywel Dda are coordinating basic skills delivery (levels 1-3) across the learning spectrum. Hence, a ‘learning package’ approach—creating a ‘learning map’—now exists allowing communities to engage and explore opportunities, both ‘social’ and academic.

Conclusion

Mental illness is a significant issue not only for the national health of the UK—mental illness also contributes to significant economic losses within the workforce. Furthermore, and certainly as important, mental health problems are also contributing to a reduced quality of life. However, as noted, the concern of HE institutions is increasingly the financial returns—understandable, to a certain degree—rather than the long-term ‘non-financial’ returns such as motivation, aspiration and inspiration. As such, this discussion has begun to offer evidence that the *social* return still has a place *alongside* the academic/financial—however the purse is only so big.

References

CALDER, J. (ed.) (1993) *Disaffection and Diversity. Overcoming barriers for adult learners*, London: Falmer Press.

CHEVALIER, A AND FEINSTEIN, L (2006) *Sheepskin or prozac: the causal effect of education on mental health*. In: Séminaire économique de Louvain, 11 May 2006, Louvain-la-Neuve, Belgium. (Unpublished)

CLINTON, M. (1999), *Collaborative education and social stereotypes*. Australian and New Zealand Journal of Mental Health Nursing

MORTIBOYS, A (2005) *Teaching with emotional intelligence :a step by step guide for higher and further education professional*. London: Routledge

Students 1-3 taken from the Centre for Community and Lifelong learning Student evaluation—feedback taken during evaluation during academic terms 2010-2011 at Hywel Dda, Chepstow.