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Can Higher Education contribute to recovery in mental health? The barriers, challenges, experiences and outcomes of a widening access model within mental health.

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The Centre for Community and Lifelong Learning (CCLL) at the University of Wales, Newport, UK has delivered HE curriculum to service-users (within mental health) for over four years. Tutors, through the Bettering Wellbeing, Education, Health and Lifestyle Initiative (BeWEHL) deliver level four, undergraduate Group Research Skills, which aim to build confidence, contribute to raised aspirations but also support efficacy and capacity building to encourage critical discussion and debate around local community and personal issues.

This approach has been building in momentum where there is a growing awareness of the work being carried out by BeWEHL by other mental health service providers and service-users (particularly in Scotland). Furthermore, there have been significant outcomes that have not been easy to measure because these sit outside a 'traditional' HE framework meaning innovative assessment and measurement of progress has been necessary. These measurements have witnessed increases in levels of confidence, aspiration for further study, a noticeable level of group and individual autonomy and a challenge to the perception of not only what mental health 'looks like'. A challenge to the role HE can take as a vehicle towards recovery within mental health.

The tutors involved in both the delivery and research of this provision will argue that in spite of evidence showing that these gains have been significantly important for the individuals concerned, current approaches to treating low to medium mental ill health (depression and stress) in the UK, still seem to rely on expensive and time consuming clinical intervention (Repper and Perkins, 2003)—which we suggest often reinforces a disabling sense of *illness.* This makes an alternative, non-clinical approach to mental health promotion important because evidence continues to show that not only is such an approach significantly more cost effective—non-clinical intervention

contributes to a more moral question of—how can we strengthen positive, *social* aspects of an individuals' life encouraging wider coping skills—supporting an emotional resilience *towards recovery* that helps towards individual empowerment and autonomy away from clinical services*?* Using HE to address this question challenges both the 'traditional' role of HE and the role of HE in widening access because the aim of the BeWEHL approach is to build efficacy, contribute to capacity building and to encourage critical engagement within an individual's milieu that is not necessarily the traditional remit of HE.

BeWEHL, in order to achieve *and* evaluate these positive outcomes to recovery engages, trains and monitors individuals in research methods training—activities designed to critically assess the mental health services they are engaged with. Furthermore, specialised management of these activities allows for additional research and evaluation opportunities *within* mental health. This challenges, too, the role of the tutor because theirs is a mix of management, educational counselling, community development as well as research coordinator.

This approach allows for key decisions about *defining* progress and *what progress* should be (this is self-efficacy). This also allows for fact finding and problem identification which are undertaken by all key stakeholders at all stages—service-user and researcher alike[1] (Lucock et al, 2007). Service-users who are involved in this process are also engaged as (co) researchers and as such become agents of change that offers a much more ethnographic approach to research data collection. Thus, this also offers a changed identity from service-user dependent on support to student; to co-researcher or, even, lead researcher. This adds a particular value to the research process because this informs action and change from a multi-dimensional perspective—this is 'bottom-up' (Szmukler 2009; Lucock et al, 2007).

This approach challenges HE not only in its practical delivery—but also in its moral and economic roles while encouraging and offering opportunities to engage service-users in establishing, controlling and maintaining these collaborative frameworks.

This suggests that all services are best informed by both the provider and the receiver of these services. Often, within mental health, however, these services are

[1] Although, this is not to necessarily draw a distinction between the researcher and the service-user. As Rose (2008) points out, often both can be one of the same.

informed at a more clinical stage rather than a combination of social *and* clinical influences. Thus, targeting service-user based research and using this to locate areas considered for further research related to service experience such as stigma and negative approaches to mental health service delivery is important for ensuring that services meet the needs of those using them. Hence, using service-users to feedback through research led delivery means also these co-researchers are responsible for presenting and disseminating this research and research outcomes to other service-users *and* service providers.

The authors of this paper want to demonstrate that Further and higher levels of education are significantly important for this process and research citing service-user involvement both within the UK and across Europe (Maginess, 2010, Barry and Friedli 2008, WHO, 2001; 2002, 2004a 2004b, Lucock etal, 2007) supports this. That is, research suggests that for enhanced opportunities for influencing the services developed and received by groups—in this instance, mental health service-user groups, higher levels of knowledge, knowledge development and how this knowledge is transferred—lends itself to a HE framework that is not just about accreditation.

Thus offering the opportunities, where appropriate, for increased access to accreditation—as well as supporting educational progression routes and improved access to employment—is just one feature of the approach to learning.

This means that this paper will want to argue that the question “what is HE for” does pose significant challenges to both student and provider. However, at this moment, this transitional state of HE is a ripe opportunity to engage students in this debate and to encourage their input to shape the future direction of what form HE can or will take. While there are financial and, indeed, political questions that need significant attention, it is still the case that collaborative and ‘joined up’ approaches to HE delivery is still a significant means for engaging hard-to-reach students who can still benefit from HE embracing HE as a moral and intellectual experience—mental health is just one area.

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